CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. — Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☒	☐	☐

REMARKS:

C P Force — Records Management Officer — 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

3. APPROVED: CITY COMPTROLLER

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

DEATHS

BEGINNING 1940

EP 23407-

FILED ON FILM

IN

NUMERICAL ORDER

70775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 70775

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Warren Pa (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Conewango St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** VICTORIA E. ANNA

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 1 1885

8. AGE: Years 55 | Months 0 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Albert J. Anna
13. Birthplace N. Y.

MOTHER 14. Maiden Name Gertrude Wagner
15. Birthplace N Y

16 (a) Informant Priscilla Anna
(b) Address Warren Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/40 (month) (day) (year)
(c) Cemetery or crematory .....
Location Warren Pa

18 (a) Funeral director Philips Henry Sons
(b) Address 2024 Orleans St

JUL 5 — 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 5 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death Circulatory Collapse

Due to Bronchopneumonia

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm T. Muse M.D. M. D.
Address Wm T. Muse M.D. Date signed 7/6/40

VS 3

F 70776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 70776

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Snyder (55416)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Howard W. Snyder
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 13, 1903
8. AGE: Years 36 Months 6 Days 22 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name William Leonard
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Wheeler
15. Birthplace Balto. Md.

16 (a) Informant Hospital Records
(b) Address City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6th 40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's P.E.
Location Hampden
18 (a) Funeral director Loudon Funeral Home
(b) Address 7401 Belair Rd.
JUL 5 - 1940 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1940 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to July 4, 1940, and that I last saw her alive on July 4, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration 1922
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 7-4-40

VS 3

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 70777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

For Registrar's Use Only F 70777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dept. Public Welfare Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 So Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Simms

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1916

8. AGE: Years 23 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER 12. Name Albert Green

13. Birthplace Alabama

MOTHER 14. Maiden Name Willie Mae Ham

15. Birthplace Alabama

16 (a) Informant Willie Mae Simms

(b) Address 327 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 40 (month) (day) (year)

(c) Cemetery or crematory Veale.

Location Alabama.

18 (a) Funeral director Isaiah D Brandon

(b) Address 108 W Mosher Montgomery St

JUL 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 3 53 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Stab wound of left subclavian vein.	
Left hemothorax	
Exsanguination	
Acute alcoholism	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Homicide
(b) Date of occurrence 6/30/40
(c) Where did injury occur? Charles + Hill Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stab wound with butcher knife

23. Signature [illegible] M.D. Medical Examiner.

Date signed 6/30/40

VS-6

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 6

70778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1313 Registered No. F 70778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 W. Franklin St.
(c) Hospital or institution:

1313

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W. Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Frances S. Allen Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife James Powell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/7/1889

8. AGE: Years	Months	Days	If less than one day
51	4	25	hr. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Willis Allen
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Mary C. Marshall
15. Birthplace Howard County, Md.

16 (a) Informant Bertha Green (Daughter)
(b) Address 837 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 6 (day) 1940 (year)
(c) Cemetery or crematory West Liberty
Location Alpha Maryland

18 (a) Funeral director Charles S. Cooper
(b) Address 574 N. Calhoun St.

19 (Date received by registrar) JUL 5 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1940, at 12 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 19 40 to 7/2 19 40
and that I last saw h[illegible] alive on 7/2 19 40.

Immediate cause of death

Chr. Nephritis

Due to Acute Dermatitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bertha Green M. D.
Address 2134 D.K. Date signed 7-4-40

VS 3

VS 3

70779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 70779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: THE JOHNS HOPKINS HOSPITAL 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 MADISON AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY MITCHELL (19716)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/23/40

8. AGE: Years | Months | Days | If less than one day: 4 hr. 50 min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name WILLIE MITCHELL
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name DELPHIE EPES
15. Birthplace VIRGINIA

16 (a) Informant MRS WILLIE MITCHELL
(b) Address 1524 MADISON AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location JUL 3 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (c) JUL 5 - 1940 (Date rec'd by registrar) Per Huntington Williams, M.D. Registrar 5742

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1940, at 4:36 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1940 to 6/23 1940, and that I last saw him alive on 6/23 1940

Immediate cause of death: atelectasis of lungs — Duration: 1 day.
Due to: Prematurity.
Due to:
Other Conditions: Maternal toxemia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Oneirstreet M. D.
Address Johns Hopkins Hosp. Date signed 7-2-40

VS 3

70780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. F 70780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Abbott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Drummond (200342)

3 (b) If veteran, name war

3 (c) Social Security Account No. Single

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/40

8. AGE: Years	Months	Days	If less than one day
			10 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Drummond
13. Birthplace Virginia

MOTHER
14. Maiden Name Helen Elizabeth Giles
15. Birthplace Maryland

16 (a) Informant Mrs George Drummond
(b) Address 1605 Abbott St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 3 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 5744

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1940 to 5/30 1940 and that I last saw him alive on 5/30 1940

Immediate cause of death: Asphyxia

Due to: Aspiration of meconium and amniotic fluid

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Omerstreet M. D.
Address Johns Hopkins Hosp. Date signed 7-2-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70781

F 70781

VS 3

5744

F 70781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 70781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital of inst. (yrs., mos., or days) 0 10 2
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 GREENMOUNT AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY WATKINS (200423)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: FEMALE
5. Color or race: BLACK
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 3, 1940
8. AGE: Years | Months | Days | If less than one day: 2 hr. 40 min.
9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JAMES WATKINS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARY SOARES
15. Birthplace RHODE ISLAND

16 (a) Informant MRS. JAMES WATKINS
(b) Address 812 GREENMOUNT AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL- 3 = 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 5 = 1940 (Date rec'd by registrar) Huntingtown, Md. Incidents

L 5743

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 3 1940, at 3 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1940 to 6/3 1940, and that I last saw her alive on 6/3 1940.

Immediate cause of death: PREMATURITY — Duration
Due to: Syphilis (?)
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy PREMATURITY, Syphilis (?)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Onerstreet M. D.
Address Johns Hopkins Hosp. Date signed 7-2-40

Use typewriter or pen and ink; if pencil, write the entry legibly. Do not write in the margin. Be sure the causes of death clearly and legibly.

70782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. E 70782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution: University Hospital. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St Mary's.
(c) City or town Chaptico.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Bush.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race B.

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-40

8. AGE: Years 0 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Chaptico Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Vernon Bush
13. Birthplace Chaptico, Md.

MOTHER
14. Maiden Name Louise Baker
15. Birthplace 2

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 3 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 5 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

5739

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 24 1940, and that I last saw him alive on June 13 1940

Immediate cause of death Intracranial hemorrhage — Duration 2

Due to Prematurity — 7 days.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address University Hospital. Date signed 7-3-40 (M. D.)

Cause of death is especially important. Physicians: please write the

70783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a ✓

F 70783
Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. Strickers St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Shearen Allen

3 (b) If veteran, name war: No

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Allen

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) May 11 - 1903

8. AGE: Years 37 | Months 1 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Atlanta, Georgia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Allen (Wife)
(b) Address 909 N. Strickers St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory ...
Location UNIVERSITY MEDICAL SCHOOL JUL 5 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 5 - 1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)
1.3788

VS 3

MEDICAL CERTIFICATION

P

20. DATE OF DEATH 6 - 22 - 1940, at 8.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 30 - 1940 to 6 - 22 - 1940 and that I last saw him alive on 6 - 22 - 1940

Immediate cause of death: Aortic Insufficiency — Duration: 3 mo?
Due to ...
Due to ...
Other Conditions: Edema of Extremities + Enlarged Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature C. F. Mahoney M. D.
Address Provident Hosp. Date signed 7/3/40

VS 3

F 70784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 ✓ Registered No. E 20784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital 26-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 14 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d). Street No. 1322 Highland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruby Gregory

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HAROLD GREGORY

6 (c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): OCT. 7 1914

8. AGE: Years: 25 | Months: 8 | Days: 2625 | If less than one day: hr. min.

9. Birthplace: AGUSTA SPRINGS VIRGINIA (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: WILLIAM R. MAYS.
13. Birthplace: VA.

MOTHER
14. Maiden Name: VIOLA -UNKOWN
15. Birthplace: AUGUSTA SPRINGS VA.

16 (a) Informant: HAROLD GREGORY (HUSBAND.
(b) Address: 1322 S. HIGHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 6-40 (month) (day) (year)
(c) Cemetery or crematory: MOUNT CARMEL
Location: ODONNELL ST.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) Date rec'd by Reg. (b) Registrar: JUL 5 - 1940 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-3- 1940, at 7-15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy requested (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy requested (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Acute chronic hemorrhage	
Due to Crushed chest	
Other Conditions Fractured ribs Brain bruise & laceration (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-3-40
(c) Where did injury occur? Balto. (City or town) Co. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury While operating Durant a struck pole and turned over

23. Signature Howard J. Moeller M.D. Medical Examiner.
Date signed 7-4-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70785 ✓ E 20785

F 70785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 70785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 E. OLIVER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 E. OLIVER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HARRIET LAMBDEN

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife HARRY L. LAMBDEN

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) SEPT. 18 1875

8. AGE: Years 64 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace MILLERSVILLE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name AUGUST CRUTCHLEY
13. Birthplace MILLERSVILLE MD.

MOTHER
14. Maiden Name ANNIE HAWKINS
15. Birthplace MILLERSVILLE MD.

16 (a) Informant HARRY L. LAMBDEN (HUSBAND
(b) Address 1735 E. OLIVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 6/40 (month) (day) (year)
(c) Cemetery or crematory WOOD LAWN
Location WOOD LAWN MD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JULY 7 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH JULY 3 1940 at 4/45M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 3 1940, and that I last saw h.e.r. alive on July 2 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
General Arteriosclerosis	
Due to Arteriosclerotic Cardio Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. B. Yarck M. D.
Address 601 N. Luzerne Date signed 7/5/40

JULY 7 1940

F 70786

70786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1228

F 70786

Registered No.

Please write the causes of death clearly and legibly. Physicians: please be especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ½ Day

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Liverpool 6 England
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Plumpton St
(If rural give location)
(e) If foreign born, how long in U. S. A., ½ Day years

3 (a) FULL NAME Michael Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1915

8. AGE: Years	Months	Days	If less than one day
25	?	?	hr. min.

9. Birthplace Liverpool, England (Town, county, and state)
10. Usual Occupation Seaman S/S Hatasu
11. Industry or business Steamship Line

FATHER
12. Name Thomas Burke
13. Birthplace England

MOTHER
14. Maiden Name Frances
15. Birthplace England

16 (a) Informant Michael Burke
(b) Address 3 Plumpton St., Liverpool 6, England

17 (a) ~~Removal~~ Burial (b) Date thereof 7-6-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E. Willis Somerville
(b) Address 1003 W. Baltimore St.

19 (a) 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1940 to July 4 1940, and that I last saw him alive on July 4 1940.

Immediate cause of death	Duration
Respiratory failure	5 min.
Due to Peritonitis	2 Days
Due to Intestinal obstruction	11 Days
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Band of adhesions
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. G. Coughlan
Address University Hospital Date signed 7/7/40
M. D.

F 70787

LB 56910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

477 ✓

Registered No. F 70787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 W. Lee St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1869 ?

8. AGE: Years 71 ? | Months 1 ? | Days 17 ? | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Joseph Wallace (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Belle (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-40 (month) (day) (year)
(c) Cemetery or crematory Bryan's Chapel
Location Port Royal, Md.

18 (a) Funeral director Mrs. George L. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) JUL 5 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1940, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1940, to 7-2- 1940, and that I last saw h im alive on 7-2- 1940.

Immediate cause of death: Carcinoma of Lung and Generalized Metastasis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Lehaker M. D.
Address Balto City Hosp. Date signed 7-3-40

Correct age is especially important. If uncertain, please write the cause of death clearly and legibly.

F 70788

BALTIMORE CITY HEALTH DEPARTMENT 159

CERTIFICATE OF DEATH 56890

Registered No. F 70788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2540 Fleet Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Schoeppe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/40

8. AGE: Years | Months | Days | If less than one day: 23 hr. 45 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Arthur Schoeppe
13. Birthplace Maryland

MOTHER
14. Maiden Name Norma Jackewitz (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BALTO CITY HOSPITAL (Burial, cremation, or removal) (b) Date thereof 7-1-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 Filed JUL 5 1940 Recorded by Huntington Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/40 19 , at 1:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26/40 19 to 6/27/40 19 , and that I last saw him alive on 6/27/40 19 .

Immediate cause of death: Prematurity (24 weeks) — Duration: 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Brammer Dawn M. D.
Address Balto City Hosp. Date signed 6-27-40

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 70789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH GIBSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1883

8. AGE: Years 57 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin Williams
13. Birthplace Laurel, Md.

MOTHER
14. Maiden Name Ella Hall
15. Birthplace Ellicott City, Md.

16 (a) Informant Ella Gibson
(b) Address 1623 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Av.

19 (a) JUL 5 - 1940 (Registrar's signature) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 7-5-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 5 1940

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70790 F 70790

CERTIFICATE OF DEATH

160a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Stuart

If U. S. Veteran specify WAR

(a) Residence: No. 4027 Hilkeno Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Leslie Stuart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Cleo Irma Cobb

16. BIRTHPLACE (city or town) (State or country) Portsmouth, Va.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem. Date 7/6 1940

19. UNDERTAKER Geary & Tarbox

(Address) Baltimore, Md.

20. FILED JUL 5 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1940, to July 5, 1940

I last saw her alive on July 5, 1940. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due Hemorrhagic Disease of The Newborn	3 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Collins M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

K132

F 70791

KIZZ

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1758

Registered No. F 70791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Rural - Beltsny
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME John Krizz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years About 51 | Months | Days | If less than one day hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Farm hand

11. Industry or business

FATHER 12. Name Not known
13. Birthplace Russian

MOTHER 14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mr. John A. Stettiankoujec
(b) Address 423 S. Paca St.

17 (a) Burial (b) Date thereof July 6, 1940
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Stettiankoujec Jr.
(b) Address 423 S. Paca St.

19 (a) (Date received by Registrar) Huntington Williams M.D. Registrar

JUL 5 - 1940

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3-1940 at 1:50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest-Coro. Inquest thereon and from the evidence obtained by said Inquest-Coro. Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Shock — Duration

Due to Fractured skull

" rib

Due to Hemorrhage and Emphysema

Other Conditions Multiple contusions + bruises

(Include pregnancy within 3 months of death)

Major findings:
Of operations

autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-1-40
(c) Where did injury occur? Howard Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? Yes
(Specify type of place)
(e) Means of injury Trampled upon by a bull + crushed

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-4-40

F 70792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89B

Registered No. F 70792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 Monument
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 E. St. Spanows pt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jonathan A Marks

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-07-3414

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Violet M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1900

8. AGE: Years	Months	Days	If less than one day
39	8	18	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Time Keeper. Bethlehem Steel

11. Industry or business

FATHER
12. Name James L Marks
13. Birthplace Pa

MOTHER
14. Maiden Name Evelyn M Peters
15. Birthplace Pa

16 (a) Informant Mrs Violet M Marks
(b) Address 529 E St Sparrows Point Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) Date received by Local Registrar JUL 5 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to July 3 1940, and that I last saw him alive on July 3 1940

Immediate cause of death Meningitis — Duration 24 hours

Due to { Mastoiditis

Due to { Petrositis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations Petrositis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar F. Berens

Address Sinai Hospital Date signed 7/7/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a

Registered No. F 70793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 N Gilmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Gilmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA E SANGSTON

3 (b) If veteran, name war None
3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-1857

8. AGE: Years 83 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name James E Sangston
13. Birthplace Balto Md

MOTHER
14. Maiden Name Laura F. Sangston
15. Birthplace Balto Md

16 (a) Informant Ethel B Sangston
(b) Address 1428 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) Date thereof 7-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wellington Cook
(b) Address 1367 Pennsylvania Ave Balto Md

19 (a) JUL 6-1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 5 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said 4 (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerotic gangrene of both feet	[illegible]
Due to: Arteriosclerosis, general	
Due to:	
Other Conditions: Renal calculi	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier Jr. Medical Examiner. M.D.
Date signed 7-5-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

483

Registered No. F 70794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3815 Ellerslie Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Ellerslie Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Hill

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4. 1874

8. AGE: Years 65 | Months 7 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Mitchell
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Eva Yeffe
(b) Address 3815 Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)

(c) Cemetery or crematory Mowland Park
Location Baltimore Co Md

18 (a) Funeral director Wilbur Cook
(b) Address 1217 E Fayette St Baltimore, Md

19 (a) Date received by registrar JUL 6 1940

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940 at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to July 4 1940 and that I last saw h[illegible] alive on July 3 1940.

Immediate cause of death: Cancer of Uterus and Bladder — Duration: Three years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Fred B Jewett M. D.

Address 2576 Dumas Ave Date signed July 6/40

70795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. F 70795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 S. Fremont st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Fremont st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Lehnert

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sarah E. Lehnert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 15th 1870

8. AGE: Years	Months	Days	If less than one day
69	6	19	hr. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation: Court Attache
11. Industry or business: Balto City

FATHER
12. Name (Unknown) Lehnert
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace "

16 (a) Informant: Sarah E. Lehnert
(b) Address: 227 S. Fremont st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) Jan 6 1940 (Date received) Registrar for Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4th 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1939 to July 4 1940, and that I last saw h[illegible] alive on July 4 1940.

Immediate cause of death: Chronic
Myocarditis
Due to: Endocarditis

Duration

Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Dan Trawler
Address: 177 W Lee Date signed: 7/4/40

VS 3

F 70796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B ✓ 18508 SD

Registered No. F 70796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimorecity Hospitals 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 Dover Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Rachael Crowley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 Months Days If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Daniel Crowley
13. Birthplace Maryland

MOTHER 14. Maiden Name Frances
15. Birthplace Washington, D.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Daniel L. Brown
(b) Address 1054 W Montgomery St

JUL 6-1940 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3- 1940, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-A- 1939 to 7-3- 1940 and that I last saw h.e.s. alive on 7-3- 1940.

Immediate cause of death Cerebral thrombosis — Duration 24 yrs

Due to Gen. A cerebral A-5. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Schlossman M. D.
Address Balto City Hosp. Date signed 7-5-40

VS 3

F-70797

F 70799 LB 56214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. F 70797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 22-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Perry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Jeremiah Wesley Haif

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-7856

4. Sex: Male

5. Color or race: Brown

6 (a) Single, married, widowed, or divorced: married (sep.

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1878

8. AGE: Years 62 | Months 0 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Stevador

11. Industry or business

FATHER
12. Name Isaac
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Anderson
15. Birthplace Md.

16 (a) Informant Dr. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Balto City

18 (a) Funeral director Donald L. Brown & Son
(b) Address 1011 W. Montgomery St

19 (a) JUL 6 1940 (Date rec'd by Reg'r) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1940, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1940, to 7-3 1940 and that I last saw him alive on 7-2 1940.

Immediate cause of death: Adenocarcinoma of Esophagus

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Adenocarcinoma of esophagus
Of autopsy:

Duration: 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder, M. D.
Address Balto. City Hosp. Date signed 7-4-40

VS 3

Correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

F 7079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B Registered No. F 70798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Hampton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? at least 36 years

3 (a) FULL NAME John Edward Boylan

3 (b) If veteran, name war 2 no

3 (c) Social Security Account No. 213-14-2121

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife no record
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1862

8. AGE: Years 77 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Ireland Westminster Md. (Town, county, and state)

10. Usual Occupation none — Laborman

11. Industry or business — C & P Tel Co

FATHER
12. Name James Boylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget
15. Birthplace Ireland

16 (a) Informant Mrs. Chenpiet
(b) Address Brooklyn, Md — R F D #9

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster Md.

18 (a) Funeral director William Cook
(b) Address 1202 St. Paul St

19 (a) JUL 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940 to July 4 1940 and that I last saw him alive on July 4 1940

Immediate cause of death	Duration
Carcinomatosis	3 months
Due to Carc. of stomach & metastases	1½ yrs.
Due to	
Other Conditions Cachexia, anemia, etc	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ca of stomach —
Of autopsy Widespread metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp. Date signed 7/6/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. F 70799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Barclay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 54
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Barclay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK J. WOODS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1892

8. AGE: Years	Months	Days	If less than one day
49	8	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hudson Woods
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Alice Ford
15. Birthplace Baltimore, Maryland

16 (a) Informant John Woods
(b) Address 2002 Barclay St.

17 (a) Burial (b) Date thereof 7/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Lusk
(b) Address 5306 Harford Road

19 (a) JUL 6-1940 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 6 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cardiac disease	
Valvular, aortic	
Due to Stenosis	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaker M.D.
Medical Examiner.
Date signed 7-4-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70800

Type or print all information and be careful to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Adell Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Adell Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Wannenwetsch = John G. Wannenwetsch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Kate L.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 5. 1860

8. AGE: Years	Months	Days	If less than one day
79	10	29	____ hr. ____ min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Frederick G. Wannenwetsch
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Reinhardt
15. Birthplace Germany

16 (a) Informant Dr. Jack Wannenwetsch
(b) Address 4402 Adell Terrace

17 (a) Burial (b) Date thereof July 6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1900 Eutaw Place

19 (a) JUL 6 — 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-1940 at 6:55 A.M. (date)

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-4-40

VS 6

70801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

923 Registered No. F 70801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 Brantley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Brantley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Minor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1894

8. AGE: Years 46 | Months | Days 15 | If less than one day hr. min.

9. Birthplace Richmond Va (Town, county, or state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Chas. D. Dillard
13. Birthplace Va

MOTHER
14. Maiden Name Hester Lackey
15. Birthplace Va

16 (a) Informant Edw. Dillard
(b) Address 1037 Brantley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. Co. Md

18 (a) Funeral director Wm. Frances A. Heward
(b) Address 5715 W. Biddle St

19 (a) JUL 6-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1940 to July 3 1940, and that I last saw h alive on July 3 1940.

Immediate cause of death Cerebral Hemmorrhage
Duration May 30 1940
Due to Acute Interstitial Nephritis
Due to
Other Conditions Mitral Regurgitation 3 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Young M. D.
Address 1429 Monument St Date signed July 5, 1940

VS 3

F 70802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 70802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Nicklas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1868

8. AGE: Years 72 | Months - | Days 4 | If less than one day hr. mjn.

9. Birthplace Northumberland Co. Va
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Burrly Corton

13. Birthplace Va

MOTHER 14. Maiden Name Eliza Taylor

15. Birthplace Va

16 (a) Informant Carroll Nicklas

(b) Address

17 (a) Burial (b) Date thereof 7-7-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Heathsville
Location Northumberland Co Va

18 (a) Funeral director Mrs Frances A Hinely

(b) Address 578 E Biddle St

19 (a) JUL 6 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940 at 5 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940 to July 5 1940, and that I last saw h[illegible] alive on July 3 1940.

Immediate cause of death
Coronary Thrombosis
Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 week
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. S. Nicklas M. D.

Address 76 Eutaw St Date signed 7-7-40

VS 3

Duplicate for use of Vital Statistics Division. Fill out completely. Write the cause of death clearly and legibly.

70803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1555 Carswell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1555 Carswell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Taylor

3 (b) If veteran, name war No

3 (c) Social Security Account No. no

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Phillip Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1866

8. AGE: Years 74 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER
12. Name Bernard Mc Keown
13. Birthplace Ireland

MOTHER
14. Maiden Name Sindy
15. Birthplace Ireland

16 (a) Informant Gordon Taylor (son)
(b) Address 1555 Carswell St

17 (a) Burial (b) Date thereof 7/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto, Md

18 (a) Funeral director George J. Roth Jr
(b) Address 2324 Harford Ave

19 (a) JUL 6 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 4:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h.. death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Gudebrod M.D.
Medical Examiner.
Date signed 7/6/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 70807 ✓ BALTIMORE CITY HEALTH DEPARTMENT 131a Registered No. F 70807

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 William
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Franklin Gronewell

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1880

8. AGE: Years	Months	Days	If less than one day
59	9	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sanitary Sewerage Dept. Balto. City

FATHER
12. Name John T. Gronewell
13. Birthplace Norfolk, Va.

MOTHER
14. Maiden Name Emma J. Coyle
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Alice E. Gronewell
(b) Address 1002 William St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1940 at 2.00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 5 1940 and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to hypertension	
Due to	
Other Conditions Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Wilson Washes M. D.
Address 412 N. Dallas Ave. Date signed July 8 1940

Write the causes of death clearly and legibly.

70805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 70805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hosp 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 E Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Halverson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 23 days.

8. AGE: Years | Months | Days: 23 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Sarah Halverson

15. Birthplace Pennsylvania

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUL 6 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JUL 6 - 1940 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

5745

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1940, at 3:30 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1940, to July 6, 1940, and that I last saw him alive on July 6, 1940.

Immediate cause of death Broncho-pneumonia

Due to Staphylococcus septicus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman M. D.
Address Franklin Square Hosp. Date signed 7/4/40

Please write plainly. Physicians are requested to report causes of death clearly and legibly.

VS 3

F 70806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. F 70806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maple Shade Cambridge & Kenyon House
(c) Hospital or institution: 526 N Chapelgate Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E Henrietta St
(If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME Elizabeth V. Holstead

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1860

8. AGE: Years 79 | Months 8 | Days 13/2 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Sarah Price
15. Birthplace Not Known

16 (a) Informant Robert W. Holstead
(b) Address 12 E Henrietta St

17 (a) Burial (b) Date thereof July 8 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.

18 (a) Funeral director G. Howard Strong
Address 715 Light St

19 (a) JUL 6 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cancer of Bladder — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandiver M.D.
Medical Examiner.

Date signed 7/6/40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write the cause of death which is especially important. Please correct

VS 6

F 70807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 70807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 21 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Balto~~ Balto
(c) City or town ~~Balto~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 Rensehart St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hunt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace West Indies (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name /

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 7 9 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Baltimore

18 (a) Funeral director Walter B. Spriggs

(b) Address 1309 W. Hamburg St.

19 (a) Filed JUL 6 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing injury of cervical (5) spinal cord

Due to Fracture dislocation of 4-5 cervical vertebrae

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/2/40
(c) Where did injury occur? 850 Rensehart st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fall down stairs

23. Signature Wm. Blanchard Leigh M.D. Medical Examiner.

Date signed 7/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

F 70808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E ✓ Registered No. F 70808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Halcyon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Halcyon Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mary A. Frey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Emanuel R. Frey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 4, 1851

8. AGE: Years 88 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gottlieb Karcher
13. Birthplace Switzerland

MOTHER
14. Maiden Name Unknown
15. Birthplace Switzerland

16 (a) Informant Miss Cora Frey
(b) Address 2811 Halcyon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address Martin & Park Aves.

19 (a) JUL 6 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1940, at 3½ M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/1/40 19 , to 7/5/40 19 , and that I last saw h alive on 7/6/40 19

Immediate cause of death: Pulmonary Edema — Duration: 1 DAY
Due to Cardiac failure — 1 month
Due to Ca of Lung Metastatic — (?)
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Karcher M. D.
Address 4331 Harford Rd Date signed 7/6/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70809 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 93D F 70809

Registered No.

1. PLACE OF DEATH Carmelite Monastery
CITY OF BALTIMORE: (No.) Caroline & Biddle St., 10 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 77 yrs., mos., ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mother Mary Seraphim - Byrnes — If U. S. Veteran specify WAR

(a) Residence: No. Caroline & Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): Nov 2, 1873

7. AGE: Years 66 | Months 68 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia

FATHER

13. NAME: Peter Byrnes

14. BIRTHPLACE (city or town) (State or country): Philadelphia

MOTHER

15. MAIDEN NAME: Lucy Butler

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Sister M. Teresa
(Address) Caroline & Biddle Sts

18. BURIAL, CREMATION, OR REMOVAL: Monastery Garden Date July 8 - 1940
Place 1739 E. Biddle St.

19. UNDERTAKER: Henry Hoeche & Sons Inc
(Address) 1201 E Eager St.

20. JUL 6 - 1940 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Early in 29 to July 4 1940
I last saw h[illegible] alive on July 3 1940. Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance: Myocarditis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. J. Sterly M. D.
(Address) 110 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 70810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 70810
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME William H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-6960

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mary H. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1875

8. AGE: Years 64 | Months 10 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Harford Co., Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Louis A. Brown

13. Birthplace Hartford Co., Md.

MOTHER 14. Maiden Name Elizabeth Heath

15. Birthplace Hartford Co., Md.

16 (a) Informant Mrs. Sarah Smith

(b) Address Aberdeen, Md

17 (a) Buried (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Union M E

Location Aberdeen

18 (a) Funeral director Henry Tarring Son

(b) Address Aberdeen Md.

19 July 7, 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1940, at 12 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1940, to 7-6 1940, and that I last saw him alive on 7-6 1940.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Generalized arteriosclerosis

Due to

Other Conditions Hypochromic anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. J. Maloney M. D.

Address President Hospital Date signed 7-6-40

VS 3

F 70811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 169

F 70811

Correct age is especially important. Physicians: please write the information above as correctly, supplied by the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 9/4
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Fallston
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~
(If rural give location)
(e) If foreign born, how long in U. S. A.? 61 years

3 (a) FULL NAME John S. Livingston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1870

8. AGE: Years	Months	Days	If less than one day
69	9	15	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Railroad

FATHER
12. Name Alexander Livingston
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha Gibson
15. Birthplace Ireland

16 (a) Informant A. D. Livingston
(b) Address 708 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Johns Cem.
Location Hyde

18 (a) Funeral director Chas. P. Scott.
(b) Address Bentsville, Md.

JUL 7 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 1 14/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26-1940 to 7-6-1940 and that I last saw him alive on 7-6-1940

Immediate cause of death: Pulmonary Embolism — Duration: 1 day
Due to: Multiple Fractures
Due to:
Other Conditions: Contusions and lacerations
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-20-40
(c) Where did injury occur? Hogbridge Pa. Md. R.R. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Railroad (Specify type of place) While at work? Yes
(e) Means of injury Motor-car pumped rails.

23. Signature Geo. B. Sybert M. D.
Address 2802 Harford Ave Date signed 7-6-40

Howard J. Madden M. D.
Asst. Medical Examiner.

70812

HEALTH DEPARTMENT—CITY OF BALTIMORE

70812

CERTIFICATE OF DEATH

N 161-C

1. PLACE OF DEATH Woman's Hospital 15-5

Registered No.....

CITY OF BALTIMORE: (No.....St., 15.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth 7.....yrs.....mos.....da.

2. FULL NAME Baby Girl Krome

If U. S. Veteran specify WAR.....

(a) Residence: No. 2618 Forest Park Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1940 @ 12:26 P.M.

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME Aaron Krome

14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

MOTHER

15. MAIDEN NAME Augusta Kaplan

16. BIRTHPLACE (city or town) Balto., Md.
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rondale Date 7/7/40 19

19. UNDERTAKER Sol Lerner Bros
(Address) 1624-26 N. Fulton Ave

20. FILED JUL 7 - 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1940, to July 5, 1940

I last saw her alive on July 5, 1940. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hereditary hemorrhagic disease of Sutherland type	Since birth
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?.....Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Lynwood D. Linn M. D.

(Address) Woman's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/64-L F 70813
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 S Patterson Pk. (If rural give location) S Ponca Street
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB T TARANOWSKI OR TARANS

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9981

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1917

8. AGE: Years	Months	Days	If less than one day
23	7	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Buffer

11. Industry or business Standard Sanitary

FATHER 12. Name Jacob Taranowski
13. Birthplace Poland

MOTHER 14. Maiden Name Frances Palewicz
15. Birthplace Baltimore Md

16 (a) Informant Mrs Frances Spinata (Mother)
(b) Address 910 S. Ponca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Balto. County

18 (a) John M Daley Funeral director
(b) Address 461 S. Chester Ward

18 (a) (Date received by local registrar) (b) Clayton Williams Registrar

JUL 7 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940, at 4:55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head

Due to: Suicide,

Due to: mental depression

Other Conditions (Temporary insanity)

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration.

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 5th, 1940
(c) Where did injury occur? Hereford Ave near Ormsell St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? —
(e) Means of injury Revolver bullet

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed July 5, 1940

correct age is especially important. Physicians: please write the

F 70814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193-D Registered No. F 70814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 W. Barre
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 W. Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Anthony E. Geidt

3 (b) If veteran, name war no
3 (c) Social Security Account No. no

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1867

8. AGE: Years 72 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired - Iron Moulder
11. Industry or business Winkelstal Co.

FATHER
12. Name Anthony E. Geidt
13. Birthplace Germany

MOTHER
14. Maiden Name Julia A. Kirchainer
15. Birthplace Germany

16 (a) Informant Emma M. Geidt
(b) Address 713 W. Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. Mud John W. Teufel Son
(b) Address 801 W. Fayette St.

19 (a) Date received JUL 7 1940 (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940 at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1940 to 7/4 1940 and that I last saw h[illegible] alive on 7/4 1940

Immediate cause of death	Duration
Acute Cardiac Failure	1 da.
Due to Arterio Sclerotic Cardio Vascular Disease	
Due to Secondary Anemia	5 Yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph G. Laukaitis M.D.
Address 6 E. Fayette St. Date signed 7/4/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AaCo. 5-31 2500

F 70815

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70815

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9492 N. Wolfe St. 7-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Campbell

(a) Residence: No. 9492 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Campbell

6. DATE OF BIRTH (month, day, year) — - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Epps

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dinah Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Gilbert Campbell
(Address) 92 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Va Date 7-8 1940

19. UNDERTAKER Adolphus Halstead
(Address) 918 Pennsylvania Ave.
Huntington Williams, M.D.

FILED JUL 7 - 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to July 5, 1940

I last saw ... alive on July 5, 1940 death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 10
Pulmonary Edema	July 5

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dan'l L. Beyer M. D.

(Address) 1420 E. Chase St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 7 1940

F 70816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 G

F 70816 Registered No.

LB 56895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Blanche Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1921

8. AGE: Years 18 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace D. C.

MOTHER
14. Maiden Name Margaret Freeman
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holstead
(b) Address 916 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Lexington Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1940, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26- 1940, to 7-4- 1940, and that I last saw h-r alive on 7-4- 1940.

Immediate cause of death: Coma Edema of Lungs — Duration 1 day

Due to: Acute Lobar Pneumonia Right Upper Lobe — 2 wks

Due to: Generalized Anemia — 3 wks

Other Conditions — Fever

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp Date signed 7-5-40

JUL 7 1940

Please write the causes of death clearly and legibly. Physicians: please write age if especially important.

M. D. S. 1208-0

70817

HEALTH DEPARTMENT—CITY OF BALTIMORE

70817

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Stricker St. 16-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Columbus Jones

(a) Residence: No. 1115 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Jones

6. DATE OF BIRTH (month, day, year) March 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) May, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Switzerland Co. Virginia

FATHER

13. NAME Oliver Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Olivia Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Jones
(Address) 1115 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Co. Va. Date 7/8 1940

19. UNDERTAKER Geo. L. Kelpor
(Address) 303 Pressman

FILED JUL 7 1940 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5- 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1939 to July 5 1940

I last saw h... alive on July 5th 1940 Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	12-21-39

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Ed. Campbell M. D.

(Address) 639 N. Carey St. Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70818 / 32-F 70818 Registered No.

F 70818

1. PLACE OF DEATH: Church Home + Infirmary
(a) Baltimore City, Maryland
(b) Street address Broadways Fairmount Ave.
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Foster Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Annie Helbinger Bartels

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Albert Bartels
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 10 1880

8. AGE: Years 59 | Months 7 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Andrew Helbinger
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline —?
15. Birthplace Germany

16 (a) Informant Patient
(b) Address 2533 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof J-8-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location
18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Rd
(c) (Date rec'd by registrar) JUL 7-1940 (b) Lexington 6 Williams (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 8:59 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6 P.M. July 5 1940 to 9 A.M. July 5 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death
Gangrene of the small intestine
Due to Strangulated Hernia
Due to Constriction Ring

Duration
Between 24 hours and 7 days, probably more than that. Thrombosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —
23. Signature Paul Joseph Kaminski
Address Church Home + Infirmary Date signed 7-6-40 M. D.

Please write the causes of death clearly and legibly. Physicians: please write a supplementary report if necessary.

F 70819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/61

F 70819
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6002 Belloca Ave
(c) Hospital or institution: Edgewood Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6517 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella J. Conner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Hugh Dawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1 1875

8. AGE: Years 65 | Months 5 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace New Offord Pa
(City, county, and state)

10. Usual Occupation Retired

11. Industry or business School Teacher

FATHER 12. Name Augt Teibe
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline E. Mellom
15. Birthplace Pa

16 (a) Informant Louise McCadden
(b) Address New Offord Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-40 (months) (day) (year)
(c) Cemetery or crematory New Offord Pa
Location

18 (a) Funeral director Leonard Funk
(b) Address 5305 Harford Rd

JUL 7 1940 (b) Huntington Williamsport Pa
(Date rec'd by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1938 to July 6 1940 and that I last saw h[illegible] alive on July 6 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: May 28-40
Due to Arteriosclerosis — 3yrs
Due to Diabetis Mellitus — 3yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lee Stubbert
Address 4116 Northern Parkway Date signed 7/6/40

Please write the causes of death clearly and legibly. Physicians: please write correct age as especially important.

F 70820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 70820
Registered No.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave & Caton Ave
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Vincents Infant Asylum
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gerald F. McDonald

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th 194

8. AGE: Years	Months	Days	If less than one day
	7	31	hr. min.

9. Birthplace Baltimore Md,
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Helen McDonald
15. Birthplace Pluta Pa

16 (a) Informant St. Vincent's Infant Asy
(b) Address Reisterstown Md

17 (a) Burial (b) Date thereof July 7th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Glenmore Hills Road

18 (a) Funeral director Wm. J. Fahey & Son
(b) Address 1318 Light St

19 (a) 1940 (b) Huntington, Md.
(Date rec'd by registrar) (Signature of

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1940, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1940, to 7/6 1940, and that I last saw h[illegible] alive on 7/6 1940.

Immediate cause of death
Prematurity

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Parks M. D.
Address [illegible] Date signed 7/6/40

Please write in ink. Physicians: please write the causes of death clearly and legibly.

70821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a ✓

F 70821
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Luxton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Luxton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Hyman J. Sacks

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county and state or country)
10. Usual Occupation Gas Station
11. Industry or business

FATHER
12. Name Joseph Sacks
13. Birthplace Russia

MOTHER
14. Maiden Name Hinda
15. Birthplace Russia

16 (a) Informant Lena Sacks
(b) Address 1630 Luxton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-40 (month) (day) (year)
(c) Cemetery or crematory
Location Rosedale

18 (a) Funeral director Geo. E. Lewis
(b) Address 1429 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 7 – 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 7:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940 to July 6 1940 and that I last saw h[illegible] alive on July 6 1940

Immediate cause of death: Acute Cardiac failure — Duration: 3 days
Due to: Leukemia — Duration: 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer
Address 506 E. North ave Date signed 7/7/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 70822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 70822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Bowser Sr
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Caroline Bowser
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 4, 1860
8. AGE: Years 80 | Months 3 | Days 2 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business Helper B&O R.R

FATHER
12. Name George Bowser
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Catherine Frantz
15. Birthplace Balto. Md

16 (a) Informant Caroline Bowser
(b) Address 1711 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director A. Raymond Evans
(b) Address 1600 or 1604 Linden Ave
19 (a) July 7 1940 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940 to July 6 1940, and that I last saw him alive on July 6 1940.

Immediate cause of death	Duration
Exhaustion	2 days
Due to Arteriosclerosis (Indefinite)	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. L. Campbell M.D.
Address 1644 Hanover St Date signed 7.6.40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

70823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

E 70823
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hospital
(b) Street address
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Skinner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Arnetta Skinner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1899
8. AGE: Years 43 | Months | Days | If less than one day hr. min.
9. Birthplace Edenton N. C. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Manuel Skinner
13. Birthplace N. C

MOTHER
14. Maiden Name Modie Bonner
15. Birthplace N. C

16 (a) Informant Arnetta Skinner
(b) Address 1012 W. Franklin St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs Tate R Williams
(b) Address 3221 Schroeder St
19 (a) (Date rec'd by registrar) (b) Registrar

JUL 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 6:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940, to July 4 1940, and that I last saw h.m. alive on July 4 1940.

Immediate cause of death: Acute Pulmonary Edema — Duration: 1 hr.
Due to: Syphilitic and Hyperten-
Tensive Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd O Graves M. D.
Address Maryland Hospital Date signed 7-4-40

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write in ink. Use no abbreviations or symbols except those approved by State Department of Health.

F 70824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

Registered No. F 70824

Please answer questions fully and correctly. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM GOODE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6956

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Roseanna Goode

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Sope, Va (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER 12. Name Wash Goode

13. Birthplace Charlotte Co Va

MOTHER 14. Maiden Name Nan Baker

15. Birthplace Charlotte Co. Va

16 (a) Informant Lena Goode

(b) Address 233 N Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)

(c) Cemetery or crematory Sope

Location Charlotte Co. Va.

18 (a) Funeral director Mrs Katy R Williams

(b) Address 322 N Schroeder St

19 (a) JUL 7 - 1940 (Date rec'd by registrar) Katy R Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 5 40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions — no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations — no
Of autopsy — as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 7-5-40

VS 6

once

VS 6

70825 382262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 56-E F 70825 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Pittsburgh (If outside city or town limits, write RURAL and give town)
(d) Street No. 3347 Delaware Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha E. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-23-87

8. AGE: Years	Months	Days	If less than one day
53	5	14	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace PA

MOTHER
14. Maiden Name Jennie Kidney
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-40 (month) (day) (year)
(c) Cemetery or crematory Union Dale cem
Location Pittsburg Pa
18 (a) Funeral director John O. Mitchell
(b) Address 1900 Centre Ave
19 (a) July 7 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 7 1940, and that I last saw her alive on July 7 1940.

Immediate cause of death: Pituitary Tumor, Benign. — Duration: Symptoms 3 mo
Due to
Due to
Other Conditions: Craniotomy, Removal Pituitary Tumor
(Include pregnancy within 3 months of death)
Major findings: Of operation: Pituitary Tumor
Of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Grace
Address Johns Hopkins Hosp. Date signed 7-7-40 M. D.

VS 8

F 70826

VS 3

70826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634 Registered No. F 70826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2329 Arunah Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Arunah ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Cornelia A. French

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bernard A. French

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1896

8. AGE: Years 44 | Months 4 | Days 1 | If less than one day: hr. min.

9. Birthplace: W. Virginia Edinborough
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John Jacques
13. Birthplace: Keyser, W. Virginia

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Bernard A. French Jr
(b) Address 4000 Montevue Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: Wilson Dickey & Son
(b) Address: York - Pennsylvania Ave

19 (a) JUL 7 1940 (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-1940, at 6:10 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy person, and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry, and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Asphyxiation — Duration:
Due to: Illuminating Gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence: 7-6-40
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury: Inhalation of illuminating gas

23. Signature: Howard J. Madden M.D.
Medical Examiner.
Date signed 7-6-40

VS 6

correct age is especially important. Physicians, please write the causes of death clearly and legibly. Every item of information should be carefully supplied. PRINT WITH INDELIBLE INK.

VS 6

F 70827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70827

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George R. Bull

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Emily (nee Brown)

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Dec 21 1899

8. AGE: Years 40 | Months 6 | Days 16 | If less than one day ... hr. — ... min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business Balto. Co. Police

FATHER 12. Name George W. Bull

FATHER 13. Birthplace Balto. Co., Md.

MOTHER 14. Maiden Name Alice Button

MOTHER 15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Geo. R. Bull

(b) Address Texas, Balto. Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1940 (month) (day) (year)

(c) Cemetery or crematory Jessops

Location Sparks, Maryland

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Md.

19 (a) July 7 1940 (Date rec'd by local registrar) (b) Number of Certificate Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1940, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1940, to July 7, 1940, and that I last saw him alive on July 7, 1940.

Immediate cause of death Carbon monoxide inefficiency — Duration

Due to Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M. D.

Address Franklin Square Hosp. Date signed 7/7/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

F 70827

VS 3

F 70828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70828

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington, D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4th & Channing Sts NE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. John E. Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1872

8. AGE: Years	Months	Days	If less than one day
68	5	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Priest

11. Industry or business ministry

FATHER
12. Name Jos A. Graham
13. Birthplace Md.

MOTHER
14. Maiden Name Norbrown
15. Birthplace

16 (a) Informant St. Vincents Catholic Home
(b) Address 4th & Channing St NE. WASH. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Washington D.C.

18 (a) Funeral director G.T. Saffell
(b) Address 475 H St. N.W. Wash. D.C.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1940 to 7-7 1940 and that I last saw h~~e~~ alive on 7-7 1940

Immediate cause of death acute Cardiac failure — Duration

Due to Hypertension C.V. Disease a Arteriosclerosis

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard L. Sabatini M. D.
Address St Jos Hosp. Date signed 7-7-40

VS 3

70829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70829

CERTIFICATE OF DEATH 99 D F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St, Ward 20-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Carrie Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2538 W. Fairmount Ave. St, Baltimore Ward, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced (Husband of) (or) WIFE of John H. Miller

6. DATE OF BIRTH (month, day, year) Oct. 24th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	9d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Milton Penn.

FATHER

13. NAME Anson Longer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Fannie A. Martz

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Anna Halstein

(Address) 2539 Hollins St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place London Park Date July 10th 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

JUL 8 - 1940 19

Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940 to July 7, 1940

I last saw her alive on July 7 1940. Death is said to have occurred on the date stated above, at 4:42 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-1-40
Arteriosclerotic Cardiovascular disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Lurie M. D.

(Address) South Balto. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

70829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70829

F 70830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 70830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3920 W. Garrison Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 3920 W. Garrison Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret T. Mc Guire

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 15th 1895

8. AGE: Years 45 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sell

FATHER 12. Name John T. Mc Guire
FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Johanna Coffey
MOTHER 15. Birthplace Ireland

16 (a) Informant Grace Mc Guire
(b) Address 3920 W. Garrison Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/9/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Charles
Location Pikesville Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar
JUL 8 - 1940 Hunting K. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1940, at 4:45 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to July 7 1940, and that I last saw her alive on July 6 1940.

	Duration
Immediate cause of death Carcinoma (Breast)	3 yr
Due to Metastasis to numerous bone joints	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Emory M. D.
Address 4936 Park Heights Ave Date signed 7-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 70831

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 E. Fayette st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 E. Fayette st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 4

3 (a) FULL NAME Mary A. Burness

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: William C. Burness
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1857

8. AGE: Years	Months	Days	If less than one day
82	11	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Godfrey Groninger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant George Burness
(b) Address 3604 E. Fayette st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 8th 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940, to July 5 1940, and that I last saw h alive on 19

Immediate cause of death

Chr. Myocarditis — Duration 3/1/1940

Due to

Due to

Other Conditions Arteri Sclerosis — 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William C. Burness
Address 501 Kenwood Ave Date signed 7/6/40

F 70832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
92-D

F 70832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Windsor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Morris O'Connor

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218-01-4568

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Lena O'Connor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16th 1889

8. AGE: Years	Months	Days	If less than one day
51	1	21	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Journeyman
11. Industry or business Blacksmith

FATHER
12. Name Eugene O'Conner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara E. Collins
15. Birthplace Washington D.C.

16 (a) Informant Mrs Lena O'Conner
(b) Address 2757 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery or crematory Congressional
Location Washington D.C.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

JUL 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1940 to July 7, 1940 and that I last saw him alive on July 7 1940.

Immediate cause of death — Duration

Chronic Valvular Diseas of Heart — 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. C. Weller M. D.
Address 757 W North Ave Date signed 7/8/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. In

F 70833

JUL 8 1940

70833

F 70833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F Registered No.

The item of information should be carefully supplied. Every item must be answered, or "unknown" or "none" inserted where correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 E. Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 E Lafayette ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara B Barton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 23 1873

8. AGE: Years 67 | Months 5 | Days 13 | If less than one day ....hr. ....min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Colton

13. Birthplace England

MOTHER 14. Maiden Name Mary Stout

15. Birthplace Baltimore

16 (a) Informant Samuel L. Barton

(b) Address 2111 E. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-1940 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern ave

18 (a) Funeral director Henry Lutz

(b) Address 1203 N. Broadway

19 (a) July 8 1940 (Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to July 6 1940, and that I last saw her alive on July 6 1940.

Immediate cause of death	Duration
Carcinoma of Liver and Gall Bladder	1 year
Due to	
Due to	
Other Conditions Cachexia and metastasis (Include pregnancy within 3 months of death)	14 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Sweeting

Address 2025 E Northern Date signed 7/8/40

F 70834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V47-D

F 70834
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Rose Lyons
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Benjamin Lyons
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 84 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Herman Rosenbloom
(b) Address 1023 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-40 (month) (day) (year)
(c) Cemetery or crematory Ritz Chapel Cem
Location Washington Blvd
18 (a) Funeral director Isaac Davis Inc
(b) Address 1431 E. Balto. St.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

July 8 - 1940 Hunter Lon Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940; at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 7 1940, and that I last saw h[illegible] alive on July 7 1940.

	Duration
Immediate cause of death: Terminal pneumonia	24 hrs.
Due to: Neoplasm - carcinoma	over
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilkes M. D.
Address Sinai Hospital Date signed July 7

F 70835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1130

F 70835 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information for items 1 to 17 must be supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 (Dallas) St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Dallas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Mamie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frank Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13 1889

8. AGE: Years	Months	Days	If less than one day
50	10	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Cox
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Berry
15. Birthplace Md.

16 (a) Informant Frank Smith
(b) Address 521 Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Auburn Cemetery
Location

18 (a) Funeral director Wm. R. G. Elliott & Daughter
(b) Address 124 N. Carlton St.
(c) JUL 8 — 1940 Huntington Williams Mgr.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to July 5 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death

Due to Sub acute Nephritis
Associated

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

Duration	
April 1	1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Allen M. D.
Address 5 E. Lexington St. Date signed July 8 40

F 70836

F 70836

70836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5704 Bland Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boone

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. .....

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-6-40

8. AGE: Years ..... Months ..... Days ..... If less than one day 1 hr. 20 min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Bertram L. Boone 2nd
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Dorothy Nance
15. Birthplace Balto Md.

16 (a) Informant Bertram L Boone 2nd
(b) Address 5704 Bland Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1940 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Md.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W Baltimore

(Date received) JUL 8 1940 (By) Huntington Williams Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1940 to 7-6 1940 and that I last saw h(M) alive on 7-6 1940

Immediate cause of death	Duration
premature (5½ mos)	
Due to premature separation of placenta	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Geo B Lybert M. D.
Address 7807 Harford Rd Date signed 7-6-40

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

Registered No. F 70837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ weeks 27
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2426 Oakley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) FULL NAME SACHS, JOSEPH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Rachael

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Ho Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business —

FATHER
12. Name Samuel Sachs.
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie ? .
15. Birthplace Russia

16 (a) Informant Sam Sachs son
(b) Address 3812 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1940 (Month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location Belair Rd

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W North ave

19 (a) 7-8-1940 (Date rec'd by registrar) (b) Huntington Wilkinson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 4.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 8 1940, and that I last saw him alive on July 7th 1940.

Immediate cause of death: Obstruction from metastasis

Due to Carcinoma

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Abner Willen
Address Sinai Hospital Date signed July 10

If age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The correct

70838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1940 F 70838
Registered No.

1.-PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Breitwest Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Breitwest Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine H. Ellis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Raymond L. Ellis
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1894

8. AGE: Years	Months	Days	If less than one day
46	5	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation house wife
11. Industry or business at home

FATHER
12. Name Charles Boetzel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Horn
15. Birthplace Germany

16 (a) Informant Mr Raymond L Ellis
(b) Address 2003 Breitwest Ave.

17 (a) burial (b) Date thereof 7/8/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md
18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins Street.

JUL 8 - 1940 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940 at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 5 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death	Duration
Coronary Thrombosis.	2 Days.
Due to (a)	
Due to (b)	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify (yes or no) place)
(e) Means of injury

23. Signature [signature]
Address 882 W. Lombard St. Date signed 7/7/40

VS 8

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 70839

F 70839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-8 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Mayfield Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Mayfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Helen Jachowski

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph F. Jachowski | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1887

8. AGE: Years 53 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business at home

FATHER
12. Name Andrew Pachuwa
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Joseph F. Jachowski
(b) Address 2806 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road.

18 (a) Funeral director John Conway & Son
(b) Address 901 Hollins Street.

19 (a) (Date received by registrar) Function of Vital Statistics (b) Registrar

JUL 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2nd 1940 to July 5th 1940, and that I last saw her alive on July 5th 1940

Immediate cause of death Uraemic Coma — Duration 36 hrs

Due to Chronic nephritis — Duration 22 mos

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. J. McDermott

Address 1136 Poplar Grove St. Date signed 7/7/40 (M. D.)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 70840 Registered No.

The item of information should be carefully supplied. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 229 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Hillen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5 ✓

3 (a) FULL NAME Floyd Jones (50809)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7705

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1900

8. AGE: Years	Months	Days	If less than one day
39	7	22	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Sally Stokes
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Berkeville
Location Va

18 (a) Funeral director Elroy O. Wilson
(b) Address 1002 Bolton Ave

19 Filed July 8 1940 (b) Signature of local registrar Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1940 at 6:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20, 1939, to July 6, 1940, and that I last saw h im alive on July 6, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	June 1939
Due to	
Due to	
Other Conditions: Tuberculosis of the left knee (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Talesi M. D.
Address Balto. City Hospitals Date signed 7-6-40

F 70841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 70841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. 3003 Elliott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. M. Heiget.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1648

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie Heiget

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1858

8. AGE: Years 81 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Canton Lumber

FATHER
12. Name M. Heiget.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Annie Heiget
(b) Address 3003 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd & Stemmers Run

18 (a) Funeral director J. Stemmers Son
(b) Address 32 S. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 8 1940 Ovs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 1.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to July 7 1940, and that I last saw him alive on July 7 1940.

Immediate cause of death Arteriosclerosis. — Duration 1939.

Due to

Due to

Other Conditions Cer. Duct. Myo. — 24 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J Kavanagh
Address 3328 McElderry St. Date signed 7/9/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70842

CERTIFICATE OF DEATH

V 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Ann St. Ward)

Registered No.....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

If U. S. Veteran specify WAR.....

2. FULL NAME Helen Mozek

(a) Residence: No. 405 S. Ann ox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul Mozek

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Zelakowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Paul Mozek

(Address) 405 S. Ann ox

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 9 1940

19. UNDERTAKER Fred W Ozmanski

(Address) 1980 Eastern Ave

FILED JUL 8 - 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to July 6, 1940

I last saw h[er] alive on July 6, 1940 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	7/1/40
Other contributory causes of importance Diabetes Mellitus	1937

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) William L. Roamer M. D.

(Address) 801 Kenwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2340 Annapolis Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 Annapolis Rd. Westport
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7296

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: amrried

6 (b) Name of husband or wife Louise Jenkins

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 7/19/96

8. AGE: Years 43 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Cons. Gas & Electric Co.

FATHER
12. Name Wm. M. Richardson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Agnes M. Balderston
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Louise J. Richardson
(b) Address 2340 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemy.
Location Woodlawn, Md.

18 (a) Funeral director John. O Mitchell & Son
(b) Address 1900 Eutaw Place, Baltimore, Md.

JUL 8-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to July 6 1940 and that I last saw him alive on July 6, 1940

Immediate cause of death Coronary Thrombosis — Duration 2 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Balderston

Address 2301 Annapolis Rd. Date signed 7/8/40

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70844

HEALTH DEPARTMENT—CITY OF BALTIMORE

70844

CERTIFICATE OF DEATH

1. PLACE OF DEATH Woman's Hospital 27-12 Registered No.
CITY OF BALTIMORE: (No. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Inez Marie Thompson
If U. S. Veteran specify WAR

(a) Residence: No. 403 Lake Ave St., MD Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas P. Thompson

6. DATE OF BIRTH (month, day, year) July 20. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48.	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Booze.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary M. Gaun

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Chas. P. Thompson
(Address) 403. E. Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral. Date 7/9 1940

19. UNDERTAKER Thos. J. Keeney
(Address) 1600 Hollins Ave

20. FILED 19 Huntington Williams, Registrar

JUL 8 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1940 to 7/5 1940
I last saw h.er alive on 7/5/40 1940. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries	

Other contributory causes of importance:
Starvation

Was an operation performed? yes Date of 5/29/40
For what disease or injury? Intestinal obstruction
Name of operation Colostomy
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lynwood S. Timm M. D.
(Address) Woman's Hospital

Instructions should be strictly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70845
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Busby St. City Jail
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Craven

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1891
8. AGE: Years 49 yrs | Months | Days | If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Baltimore City Jail
(b) Address Records.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 8 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 8 - 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D. 3347

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/1940, at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21/1940, to 6/30/1940, and that I last saw h[illegible] alive on 6/30/1940.

Immediate cause of death	Duration
Congestive Heart Failure	12 hours
Due to Chronic Myocarditis	6 mos
Due to Chronic Alcoholism	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None found

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Waithe M. D.
Address Baltimore City Jail Date signed 6/30/40

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

70846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70846
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Olive St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM WATTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY MEDICAL SCHOOL JUL 8 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JUL 8 1940 (Date rec'd by registrar) (b) Registered No. F-70846

Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
Mdlr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wolkenmacher M.D.
Medical Examiner.

Date signed 7-1-40

over

M. D. R. 1208-5

F 70847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70847

CERTIFICATE OF DEATH

V 83-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 W 33rd St. 13th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. John J. Duggan Sr.

(a) Residence: No. 927 W. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Margaret Duggan

6. DATE OF BIRTH (month, day, year) Dec 12, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 61	Dec. 6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milling & Lathes

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Huntington W. Va.

FATHER

13. NAME Patrick Francis Duggan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bettie Lee Duggan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Marie Caldwell.
(Address) 927 W. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 8 1940

19. UNDERTAKER Albert W. Berezon
(Address) 1440 E. Huntington Ave.

JUL 8 - 1940

20. Filed ..... 19....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938 to July 7, 1940
I last saw ... alive on July 6, 1940 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Hemorrhage,	July 7
Pulmonary Edema,	July 6

Other contributory causes of importance
Arteriosclerosis
High blood pressure

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Zimmerman M. D.

(Address) 9857 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70848 F 70848

BALTIMORE CITY HEALTH DEPARTMENT 13-B Registered No. 56944 SD

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 O'Donnell Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3. (a) FULL NAME Christoper Furst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 'Jan. 9, 1871

8. AGE: Years	Months	Days	If less than one day
69	5	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Everhart Furst
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Scmeiser (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 '40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director John F. Miller
(b) Address 634 Jefferson St.

19 (a) 7-10-40 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1940, at 11:49 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1940 to 7/6 1940, and that I last saw h alive on 7/6 1940.

Immediate cause of death Tuberculosis of the lungs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Edema

23. Signature B Ott

Address Date signed 7/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

57101 Registered No. F 70849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2267 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1866

8. AGE: Years	Months	Days	If less than one day
73	6	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Matilda
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Balto Md.
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) JUL 8 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1940 to 7-7 1940, and that I last saw h[illegible] alive on 7-7 1940

Immediate cause of death: Bronchopneumonia
Due to: Subarachnoid Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy As above

Duration
1 day
96 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 70850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70850 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 342 Bloom st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 342 Bloom st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celeste Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	24	hr. min.

9. Birthplace Wash. D C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Ringgold
13. Birthplace Orangeburg, N. C.

MOTHER
14. Maiden Name Mary King
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mable Davis
(b) Address 342 Bloom Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (d) (Signature of registrar) (b) Huntington Williams, M.D.

JUL 8 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 9:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular renal disease
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 7/6/40

VS 6

70851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A Registered No. 20851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5201 ANTHONY AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5201 ANTHONY AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME CARMINO DAMBROSIA

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY L. DAMBROSIA
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) FEB. 12 1873

8. AGE: Years 67 | Months 4 | Days 21 | If less than one day: 23 hr. ..... min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation RETIRED WATCHMAN
11. Industry or business FOR PENNA. RR.

FATHER
12. Name UNKOWN
13. Birthplace ITALY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace ITALY

16 (a) Informant MARY L. DAMBROSIA (WIFE)
(b) Address 5201 ANTHONY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 9/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 7-10-40 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 5 40 at 5/45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1940 to 7-5 1940, and that I last saw him alive on 7-5 1940.

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Cardiovascular — renal disease	2 yrs?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 621 Hanford Rd Date signed 7/6/40

70852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 FLEET ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 FLEET ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PETER URBANSKY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 1 1895

8. AGE: Years 44 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name JOHN URBANSKY
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKOWN
15. Birthplace POLAND

16 (a) Informant MATILDA KRAUSE (SISTER)
(b) Address 637 S. BELNORD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8/40 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilley & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 6 40, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940 to July 6 1940 and that I last saw him alive on July 5 1940

Immediate cause of death Coronary Thrombosis, Duration
Arteriosclerosis
Myocarditis
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Tumasonis M. D.
Address 1179 East — Ave. Date signed 7/7/40

JUL 8 1940

... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rose Wall Beach, Sparrows Point
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HERMAN H. ROLFES

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Agnes (d) ROLFES

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nove. 2, 1884

8. AGE: Years 55 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED MOULDER

11. Industry or business

FATHER
12. Name Anthony ROLFES
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace MD.

16 (a) Informant MARIE RUBELING (DAUGHTER)
(b) Address 7821 OLD HARFORD RD.

17 (a) BURIAL (b) Date thereof JULY 9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) ..... (b) .....
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/40, 19..., at 8 00 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from 7/1 19..., to 7/6 19..., and that I last saw h... alive on 7/6 19 40

Immediate cause of death. Tuberculosis of the Lungs — Duration Jan. 1938

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of p...) While at work? .....
(e) Means of injury .....

23. Signature [signature] M.D.

Address ..... Date signed 7/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

VS 3

70854

HEALTH DEPARTMENT—CITY OF BALTIMORE

70854

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hospital for Women of Maryland (Street)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Crouch Barrett

(a) Residence: No. 1 West Franklin St., — Ward. —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J. Barrett

6. DATE OF BIRTH (month, day, year) May 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
63	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William J. Crouch

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Isabella Chrismer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Bernard J. Barrett

(Address) 1 West Franklin

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cathedral Cem. Date 7/9 1940

19. UNDERTAKER Henry G. Pearson & Son

(Address) 805 N. Edward St

20. FILED JUL 8 — 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940 to July 6, 1940

I last saw h— alive on July 6, 1940 Death is said to have occurred on the date stated above, at 9½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast, metastatic,	Right 1938
	Left 1939
Other contributory causes of importance: Metastases on Lungs	Multiple June 1940

Was an operation performed? yes Date of 1939

For what disease or injury? Carcinoma of Breast

Name of operation Mastectomy, Radical

What test confirmed diagnosis? ~~Autopsy~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thomas T. Galvin M. D.

(Address) 113 W. Monument St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0855

HEALTH DEPARTMENT—CITY OF BALTIMORE 70855

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Odonnell St. 1-1 Ward) 124-a

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Kowalska

If U. S. Veteran specify WAR

(a) Residence: No. 2814 Odonnell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon Kowalski
6. DATE OF BIRTH (month, day, year): 1875
7. AGE: 65 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Stanislaus Lewatojski
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: Sickierska
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Martha Kowalska
(Address) 2814 Odonnell St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 7-10 40

19. UNDERTAKER: John Duda
(Address) 2334 Hudson St

20. FILED Huntington Williams, M.D. Registrar.

JUL 8 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1940 to July 6, 1940
last saw her alive on June 25, 1940 Death is said to have occurred on the date stated above, 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic atrophic cirrhosis of the liver.	Years ago
2) Chronic valvular heart disease	Immemorial Years ago
3) Arteris-Sclerosis	Years ago
Other contributory causes of importance: Mitral insufficiency	6-25-40

Was an operation performed? No Date of
For what disease or injury?
Name of operation?
What test confirmed diagnosis? Symptoms and death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. B. Bromwell, M. D.
(Address) 3037 Odonnell St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70856

Grove D Easton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 70856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grove D. Easton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Martha Easton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1856

8. AGE: Years	Months	Days	If less than one day
83	10	8	hr. min.

9. Birthplace Carrol County (Town, county, and state)
10. Usual Occupation Retired farmer
11. Industry or business

FATHER
12. Name Andrew J. Easton
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Shipley
15. Birthplace Maryland

16 (a) Informant Paul Easton (Son)
(b) Address Rd. Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1940 (month) (day) (year)
(c) Cemetery or crematory Deer Park
Location Smallwood

18 (a) Funeral director C. M. Walty
(b) Address Westfield Md.

19 (a) JUL 8 1940 (Date received by registrar) (b) Paterson Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1940, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to July 7, 1940, and that I last saw him alive on July 7, 1940.

Immediate cause of death Pulmonary embolism, right.

Due to unknown cause

Due to

Other Conditions Cystitis, Benign Prostate Hypertrophy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostate hypertrophy.
Of autopsy Embolism, pulmonary, right.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Kams M. D.
Address 4 E Preston St Baltimore Md. Date signed July 8 1940

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

Balto Md

70857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 70857
Registered No.

Every item of information should be carefully supplied. Write plainly, with unfading ink. Every item is especially important. Physicians: please write the correct age to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 Iceland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Flores

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1940

8. AGE: Years	Months	Days	If less than one day
	1	34	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Lockermore Grosss
13. Birthplace Md

MOTHER
14. Maiden Name Mary Crawford
15. Birthplace Virginia

16 (a) Informant Katrine Crawford
(b) Address 627 Iceland St GRANDMOTHER

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 8 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 8 - 1940 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 4 1940, and that I last saw deceased alive on July 4 1940.

Immediate cause of death	Duration
Broncho pneumonia hypostatic	
Due to Malnutrition, Cachexia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Broncho pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Bruce, M.D.
Address University Hospital Date signed 7-6-40

VS 2

F 70858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 70858 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 S. Patterson Pk. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Patterson Pk. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

15

3 (a) FULL NAME Emilia Tolsky
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Adam Tolsky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Anthony Myslánski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Sophia Uczynski
(b) Address 6 S. Patterson Pk. Ave.

17 (a) Holy Rosary (Burial, cremation, or removal) (b) Date thereof 7/8/40 (month) (day) (year)
(c) Cemetery or crematory
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St.

19 (a) JUL 8 1940 (Date received) Huntington Williams (Registrar) M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1940 to July 5 1940 and that I last saw h-er alive on July 5 1940

Immediate cause of death Arteriosclerosis Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Thurnowski M.D.
Address 2579 Eastern Ave. Date signed 7/7/40

VS 3

70859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

Registered No. F 70859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Edgewood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Jones

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: NONE
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alberta Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct 28 1899
8. AGE: Years 40 | Months 8 | Days 8 | If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Insurance Agent
11. Industry or business

FATHER
12. Name: Elmer J. Jones
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Almira Starkey
15. Birthplace: Md

16 (a) Informant: Mrs Alberta Jones
(b) Address: 2014 Edgewood St

17 (a) Burial Town (Burial, cremation, or removal) (b) Date thereof 7/9/40 (month) (day) (year)
(c) Cemetery or crematory Burial Town
Location: Burlington Md

18 (a) Funeral director: Fulton Est
(b) Address: 1214 E Lond St
(Date received by registrar) JUL 8 1940 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1940, at 10:15 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy • Inquiry thereon and from the evidence obtained by said Autopsy • Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration
Due to: 2nd degree burns
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 7-6-40
(c) Where did injury occur? Downtown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury: Burned after while smoking a cigarette

23. Signature: Howard J. Sheldon M.D. Medical Examiner.
Date signed 7-7-40

Nurse after

F 70860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70860

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Wicklow Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Wicklow Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip G. Ryan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Carrie E. (McCormick)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1877

8. AGE: Years	Months	Days	If less than one day
62	8	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Insulator Co.

FATHER
12. Name Daniel J. Ryan
13. Birthplace Wales, Ireland

MOTHER
14. Maiden Name Mary C. Rapp
15. Birthplace Maryland

16 (a) Informant Mrs. Catherine M. Fiede
(b) Address 3101 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Avenue

18 (a) Funeral director Witzke (Harry)
(b) Address 4101 Edmondson Ave

19 JUL 8 - 1940 (Date received by Registrar) (b) Huntington Nitkatch, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to July 6 1940 and that I last saw him alive on July 6, 1940.

Immediate cause of death	Duration
Cardiac failure	3 wks.
Due to Carcinoma Fractum	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Fractum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Rupp, M.D.
Address 3330 Edmondson Ave Date signed 7/9/40

F 70861

LB 56995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 70861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Kane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	12 10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name John Schaffer
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Warnick
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof July 9 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd
18 (a) Funeral director Henry H Wyble
(b) Address 4406 Edmondson Ave
19 JUL 8 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-40 19 , at 8¼ PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1940, to 7-4 1940, and that I last saw her alive on 7-4 1940.

Immediate cause of death	Duration
Cardiac failure	15 yrs.
Due to Arteriosclerosis	15 yrs.
Due to	
Other Conditions Peptic ulcer - bleeding	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Marx Hirschstein M. D.
Address Balto City Hosp. Date signed

FURNISH WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓

Registered No. F 70862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General DOA.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 129 E Clement St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Krummel

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-4613

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Krummel

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 2, 1862

8. AGE: Years 78 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Boiler Works

FATHER 12. Name Henry Krummel

13. Birthplace Ger.

MOTHER 14. Maiden Name Julia ?

15. Birthplace Ger.

16 (a) Informant Mrs. C. E. Krummel

(b) Address 129 E. Clement

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Location Frederick Ave.

18 (a) Funeral director J. J. M. Cauley

(b) Address 120 E. Fort Ave

19 (a) JUL 8-1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 6.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Kelbeck M.D. Medical Examiner.

Date signed 7/8/40

Correct age is especially important. If any entries are unknown, state the fact.

VS 6

VS 6

380077
F 70863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-D

Registered No. F 70863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No. Kent Island
(If rural give location)
(e) If foreign born, how long in U. S. A.? over years

3 (a) FULL NAME James Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-98

8. AGE: Years 42 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Oyster Dredging

11. Industry or business

FATHER 12. Name John Frazier
13. Birthplace Md

MOTHER 14. Maiden Name Izzie Bailey
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 8 - 1940
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) JUL 8 - 1940 (Delivered by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 2 1940, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to July 2 1940, and that I last saw h[illegible] alive on July 2 1940.

	Duration
Immediate cause of death Myocardial Insufficiency	2 mo.
Due to Cachexia	[illegible]
Due to Carcinoma of Penis & metastases	?
Other Conditions Uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations Biopsy showed carcinoma of Penis
Of autopsy Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Frazier M. D.
Address Johns Hopkins Hosp Date signed 7-3-40

VS 3

5752

HEALTH DEPARTMENT—CITY OF BALTIMORE

70864 Bromley CERTIFICATE OF DEATH 61 F 70864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Rosemont St. 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Joseph Slater

If U. S. Veteran specify WAR

(a) Residence: No. 3306 Rosemont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of William Slater Sr.

6. DATE OF BIRTH (month, day, year) Mar. 25 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Connolley

14. BIRTHPLACE (city or town) County Cork (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Cain

16. BIRTHPLACE (city or town) County Cork (State or country) Ireland

17. INFORMANT William Slater, Jr.

(Address) 3306 Rosemont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] 7/10, 1940

19. UNDERTAKER [illegible]

(Address) 15 [illegible]

20. FILED JUL 8 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1940, to July 7, 1940

I last saw h[illegible] alive on July 6, 1940 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1935
Cerebral arteriosclerosis	1936
Chronic nephritis	contributory
Diabetes mellitus	1932

Other contributory causes of importance:

Cerebral thrombosis	3 days
Pulmonary edema	3 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George Pacyna M. D.

(Address) 4716 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

VS 9

70865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 70865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2932 E. Monument St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 7 years

3 (a) FULL NAME Mrs. Mary Lupinek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Joseph Lupinek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1871

8. AGE: Years: 68 | Months: 7 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Czechoslovakia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: CZECHOSLAVAKIA

MOTHER / FATHER

12. Name: Peter Slifka

13. Birthplace: Czechoslovakia

14. Maiden Name: Anna Hlika

15. Birthplace: Czechoslovakia

16 (a) Informant: Joseph Lupinek
(b) Address: 2932 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-40 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md.

18 (a) Funeral director: Frank Grach & Son
(b) Address: 1160 N. Chester St

19 JUL 8 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 7 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death: Circulatory Failure — Duration

Due to: Carcinoma of Pylorus, Operation Refused.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Pylorus
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. D. McClung, M. D.
Address: Mercy Hospital Date signed: 7/7/40

Correct age is especially important. Physicians, please write plainly.

VS 3

70866 340 743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-a

X F 70866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County A A
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathleen Smith

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Latham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-23-06

8. AGE: Years 35 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER'S FATHER

12. Name Frank Davis -

13. Birthplace N. Carolina -

14. Maiden Name Fannie Daniels

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 7/9/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Portsmouth Va.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

JUL 9 1940 (Date rec'd by local registrar) Huntington Williams M.D. Registrar

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1940, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1940 to July 7, 1940, and that I last saw her alive on July 7 1940.

Immediate cause of death Carcinoma of cervix uteri, with extension to rectum and recurrence — Duration 1 year +

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of cervix
Stricture of rectum
Of autopsy Carcinoma of cervix extending through rectum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Thomas E. Benner M.D.

Address Johns Hopkins Hospital Date signed 7/8/40

F 70867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

Registered F 70867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Philadelphia Rd (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME JOHN FRANK

3 (b) If veteran, name war: no

3 (c) Social Security Account No. Not known

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of ~~husband or~~ wife Ada B. Frank

6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1900

8. AGE: Years 39 | Months 9 | Days 3 | If less than one day .....hr. .....min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Filling Station

FATHER
12. Name John Martin Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Mercyanna (Unknown)
15. Birthplace Poland

16 (a) Informant Mrs Ada B. Frank
(b) Address 3518 Philadelphia Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Stanislaus
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 S. Paul St

JUL 9 - 1940 (Date rec'd by registrar) Hunting & Williams, Mgrs

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subarachnoid	
Due to Fracture, base of skull	
Due to.....	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 7, 1940
(c) Where did injury occur? Palace & O'Donnell Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? —
(e) Means of injury Injured crashed into auto

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 7-8-40

VS 6

F 70868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-7

F 70868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Little Sisters of the Poor.
(c) Hospital or institution: 1200 Valley St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A Adams

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No NF
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 21 1865
8. AGE: Years 74 | Months 9 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Music Teacher Retired
11. Industry or business

FATHER
12. Name John A Adams
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Carroll
15. Birthplace Md

16 (a) Informant Susan E Adams
(b) Address Emmorton Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Catholic
Location Baltimore Md
18 (a) Funeral director Mahoney Bro
(b) Address 1217 E Fayette St
19 JUL 9 1940 (Date rec'd by local registrar) Wilmington Williams M.D. registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to July 8 1940, and that I last saw her alive on July 8 1940.

Immediate cause of death	Duration
Acute Dilatation Heart	1 Day
Due to Chronic Myocarditis	1 Yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M.D.
Address 1631 E. North Ave Date signed 7/8/40 M. D.

F 70869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-c

F 70869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1242 Sargeant St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21-26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 Sargeant St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Leon Wilson

3 (b) If veteran, name war none

3 (c) Social Security Account No. 216-09-6398

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucille Wilson
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) June 22 - 1904

8. AGE: Years	Months	Days	If less than one day
36		15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Assistant Manager
11. Industry or business Transfer Business

FATHER
12. Name Benjamin B. Wilson
13. Birthplace Berks Co. Pa.

MOTHER
14. Maiden Name Christine Schroth
15. Birthplace Baltimore, Md.

16 (a) Informant Frederick Wilson
(b) Address 1102 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Cem
Location Baltimore Md

18 (a) Funeral director Frank H. Seitz
(b) Address 914 W 36 St

19 (a) JUL 8 - 1940 (Date rec'd by Registrar) (b) Huntington Williamson, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-1940, at 6:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of Brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-7-40
(c) Where did injury occur? Own room (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted wound of head

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-7-40

correct age is especially important. Physicians: please write plainly.

F 70870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70870 Registered No. 1370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD # 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jasper Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Adeline

6 (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) March 23, 1855

8. AGE: Years	Months	Days	If less than one day
85	3	16	hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Scott
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Strickland
15. Birthplace Penna

16 (a) Informant Adeline Scott
(b) Address Elkton, Md

17 (a) Burial (b) Date thereof 7 11 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosebank Cem
Location Calvert Md

18 (a) Funeral director Ralph M Reed
(b) Address Rising Sun Md

19 (a) Date rec'd 1940 (b) Registrar

Huntington Williams, M.D.

VS 3

correct age is especially important. Physicians, please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 1 27 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1940 to 7/9 1940, and that I last saw him alive on 7/9/40 19

Immediate cause of death	Duration
Urinary Retention due to Benign Prostatic Hypertrophy	8 days
Due to Cardiac Decompensation	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Frederick Johnston Jr.
Address Md General Hosp. Date signed M. 7 D. 9/40

70871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70871

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Ella Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-6947

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wallace Hawkins

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 31, 1880

8. AGE: Years 60 | Months 3-7 | Days | If less than one day hr. — min.

9. Birthplace Ellicott City Maryland (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business private family

FATHER 12. Name Thomas Patterson

13. Birthplace Ellicott City Md

MOTHER 14. Maiden Name Frances Nelson

15. Birthplace Ellicott City

16 (a) Informant Mabel Monetor

(b) Address 598 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto. Co. Md.

18 (a) Funeral director Wm. H. Grauer & A. Hennessy

(b) Address 597 W. Biddle St.

19 (a) Date received (Registrar) JUL 9 1940 (b) Registrar Hunter Lee Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1940, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24- 1940, to 7-8- 1940 and that I last saw her alive on 7-7- 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to Arteriosclerotic Myocarditis — Duration unknown

Due to Uremia — Duration unknown

Other Conditions Nephritis — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
029 N. Strieker St. Date signed 7-8-40

70872

HEALTH DEPARTMENT—CITY OF BALTIMORE

70872

CERTIFICATE OF DEATH

V 131-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Biddle St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Carrie L Wright

(a) Residence: No. 532 N. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 1 1873

7. AGE: Years 66 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME Lilian H. Gray

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Eliza J. Waple

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs James Wright 537 N. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Auburn Date: 7-9-40

19. UNDERTAKER (Address): Marguerite A. Higgins 978 N. Biddle St

Filed ... 19... Registrar.

JUL 9 1940 Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 4 1940 to July 6 1940

I last saw him alive on July 5 1940. Death is said to have occurred on the date stated above at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal - Vascular	Mch.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

7/8/40 (Signed) Dr. Slater (Address) 1 W. Mt. Royal M. D.

70873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70873

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Scott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Scott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 yrs years

3 (a) FULL NAME Elizabeth Larner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife late Wm J. Larner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name John Surma
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Anna E. Shay
(b) Address 414 Aspen St N.W. Wash D.C.

17 (a) burial (b) Date thereof 7/10/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 3800 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901 W Fillmore St

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JUL 9 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1940 at 4:44 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 5 1940 to July 6 1940 and that I last saw him alive on July 6 1940

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension Cardiovascular

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Rubens M. D.
Address 203 Calhoun Date signed

70874

BALTIMORE CITY HEALTH DEPARTMENT 123 F 70874

CERTIFICATE OF DEATH

55667 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
9 Street No. 1819 Hope Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME John L. Shoemaker

3 (b) If veteran, name war yes - WWI

3 (c) Social Security Account No. 217-03-3905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1896

8. AGE: Years	Months	Days	If less than one day
43	10	20	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Odd Jobs Bottle Washer

11. Industry or business

FATHER
12. Name Luther Shoemaker
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Keefer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Balto. Co. Md.

18 (a) Funeral director George D. Rath Inc
(b) Address 738 Hanfield Ave Dam

19 (a) 10 (Registered by registrar) (b) Registrar
Huntington Station, Md.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-40 1940, to 9-8 1940 and that I last saw him alive on 9-7 1940

Immediate cause of death Generalized peritonitis — Duration 2 weeks

Due to Ruptured diverticulum of Colon (??) — Duration 2 weeks

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Some
Of autopsy Some

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Kent M.D.
Address Balt City Hosp Date signed 9-9-40

F 70875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

Registered No. F 70875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 Fawcett Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Fawcett Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Buchman

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
76 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Dorothy Baker
(b) Address 432 Fawcett St

17 (a) Burial (b) Date thereof July 9, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 36 N. Paca Street

JUL 9 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7- 1940, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary Disease	
Due to Arteriosclerosis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 7-8-40

correct age is especially important. Physicians: please write the

F 70876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1-B

Registered No. F 70876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3729 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3729 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9631

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jesse R. Phillips
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 25 1879

8. AGE: Years 61 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business W. P. A.

FATHER
12. Name Wm. N. Hull
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Battersell
15. Birthplace Md

16 (a) Informant Jesse R. Phillips
(b) Address 3729 Falls Rd.

17 (a) Burial (b) Date thereof June 11 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Roland Ave.

18 (a) Funeral director Blenkinsopp & Sons
(b) Address 3615-17 Gleatmont Ave.

(a) JUL 9 1940 (b) Huntington Pitts
(Date rec'd by registrar) (Signature of registrar)

correct age is especially important. If uncertain, please write "about."

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to July 8, 1940; and that I last saw h[illegible] alive on July 8, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr
Due to	
Due to	
Other Conditions Chronic Nephritis	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe, M.D.
Address 1331 E. North Ave. Date signed July 9, 1940

VS 3

70877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 70877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S. Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

241

3 (a) FULL NAME Herbert Needle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: School Boy

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-29-1927

8. AGE: Years 12 | Months 6 | Days 10 | If less than one day hr. — min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Jacob Needle
13. Birthplace Russia

MOTHER 14. Maiden Name Lena Cohen
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-40 (month) (day) (year)
(c) Cemetery or crematory Lotte Mortuary and Chapel
Location Mt. Carmel

18 (a) Funeral director Jas. E. Lewis Jr.
(b) Address 1432 E. Baltimore St.

19 (a) — (Date rec'd by registrar) (b) Huntington Williamsport, Md.

JUL 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1940, to July 9, 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death Bronchopneumonia due to complications

Due to Intestinal Obstruction

Due to Congenital rectal defect with Colostomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Congenital rectal defect Colostomy.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. G. Conglulan M. D.
Address University Hospital Date signed 7/9/40

CORRECT AGE IS ESPECIALLY important. Approximate ages are not acceptable.

F 70878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 70878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 E. Eager Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Baby Boy Giovanis

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) July 8th 1940

8. AGE: Years	Months	Days	If less than one day
			4 hr. 40 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Gus T. Giovanis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lois Jordan
15. Birthplace Baltimore, Md.

16 (a) Informant Hospitals Records
(b) Address

17 (a) Burial (b) Date thereof July 9th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

19 July 9 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1940, to July 8, 1940 and that I last saw h[illegible] alive on July 8, 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Nothing found.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 7/8/40

VS 3

379 F 70879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 70879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 John St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Hardcastle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara
6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): 1862

8. AGE: Years: 78 | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Alex Hardcastle
13. Birthplace: Md.

MOTHER
14. Maiden Name: Handiman
15. Birthplace: Penn — Pecunda

16 (a) Informant
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 40 (month) (day) (year)
(c) Cemetery or crematory
Location: Denton Md.

18 (a) Funeral director: John O. Mitchell & Sons Inc
(b) Address: 1900 Eutaw Place

19 (a) (Local registrar) (b) Huntington Williams M.D. Registrar

JUL 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1940, to July 8 1940, and that I last saw him alive on July 8 1940.

Immediate cause of death: heart failure — Duration: 2 mo.

Due to: arteriosclerotic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Sidney Mayer, Jr. M.D.
Address: Balto. Date signed 7/8/40

70880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-7

F 70880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1041 N. Fulton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 N. Fulton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lydia E. Grumbine

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Edwin Grumbine
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1852

8. AGE: Years 87 | Months 9 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Thomas Townsend
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Osbourn
15. Birthplace Md.

16 (a) Informant Clarence H. Grumbine
(b) Address 1041 N. Fulton Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (month) (day) (year)
(c) Cemetery ~~Evergreen~~ Loudon Park
Location 3801 Frederick Avenue, Balto.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D.

JUL 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 12:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1938 to July 7 1940, and that I last saw h.. alive on July 5 1940.

Immediate cause of death	Duration
General Arteriosclerosis	5-6 yrs.
Due to Myocardial insufficiency	1 wk
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~ ~
Of autopsy ~ ~ ~ ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~ ~
(b) Date of occurrence ~ ~ ~
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ~ ~
(e) Means of injury ~ ~ ~ ~

23. Signature W. Bowman and Lord M.D.
Address 2200 Garrison Blvd. Date signed 7/8/40

Write the cause of death plainly and legibly. Physicians: please write correct age is especially important.

F 70881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 70881 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 ELSINOR Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town LAKELAND
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 South Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ESTELLE PARSONS

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: FEMALE | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: VIRGIL C. PARSONS

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) NOV 30-1880

8. AGE: Years 59 | Months 7 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name J. BENIDICT NORRIS

13. Birthplace MARYLAND

MOTHER 14. Maiden Name ALICE V. EVANS

15. Birthplace MARYLAND

16 (a) Informant MRS. ERVA P. KING

(b) Address 1500 ELSINOR AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 10-40 (month) (day) (year)

(c) Cemetery or crematory WOODLAWN

Location WOODLAWN - Md.

18 (a) Funeral director Robt C & B.M. Walters

(b) Address Pratt & Stricker Sts

19 (a) ... (Date received by registrar) (b) Huntington Mills Asst. Reg. M.D.

JUL 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1940 at 2.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1940 to 7/8 1940. and that I last saw her alive on 7/7 1940.

Immediate cause of death: Coronary occlusion

Due to: Myocardial insufficiency

Duration: 6 wks / 2 wks.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reitz

Address 3408 Wunderlich Ave Date signed 7/8/40

Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

8 3

70882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 70882

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Light
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Light (If rural give location)
(e) If foreign born, how long in U. S. A.? years

73 W

3 (a) FULL NAME Catherine Decker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Decker

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 16th 1869

8. AGE: Years 71 | Months 3 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Peter Trier

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Wm H. Decker

(b) Address 1402 Light

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof July 11th 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location

18 (a) Funeral director L. Schloman & Son

(b) Address 1039 Hanover St.

JUL 9 1940 (Date rec'd by Registrar) (By) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1940, at 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940 to July 8 1940; and that I last saw h.. alive on July 7 1940.

Immediate cause of death: Cerebral Apoplexy.

Due to: Arteriosclerosis.

Due to:

Other Conditions: Hypertension.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John A. Schloman M.D.

Address 1037 S. Clinton St. Date signed 7/8/40

70883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-P V Registered No. E 70883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Maisel Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2553

3 (a) FULL NAME Thomas Purper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1862

8. AGE: Years 77 | Months 8 7 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Tucker
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JUL 9 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar 5753

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1 1940. 12 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1940 to 7-1 1940. and that I last saw h. alive on 6-30 1940.

Immediate cause of death	Duration
Carcinoma of the prostate with metastasis	3 days ?
Due to	
Due to	
Other Conditions Pelvic mass - ?	(?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Rigdon M. D.
Address Balt. City Hosp. Date signed 7-1-40

F 70884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-EF 20884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution:
Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 950 N Duncan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J Hauck

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1927

8. AGE: Years	Months	Days	If less than one day
12	6.5.	18 17	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Samuel Hauck
13. Birthplace Balto

MOTHER
14. Maiden Name Helen Deacon
15. Birthplace Balto

16 (a) Informant Samuel Hauck
(b) Address 950 N Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location North Ave Balto

18 (a) Funeral director John Wiland
(b) Address 2048 Orleans St Huntington Williams, M.D.

19 (a) (b) Registrar

JUL 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/40 19 , at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 7/7/40 19 .

	Duration
Immediate cause of death Cardiac failure	2 weeks
Due to Rh Fever + RH HtDis	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Willen M. D.
Address Sinai Hospital Date signed 7-8-40

correct age is especially important. Physicians: please w

F 70885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 70885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3715 Keswick Rd
(c) Hospital or institution:
D. U. A. Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lubertha Smith Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Separated

6 (b) Name of husband or wife John Colmish.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1910.

8. AGE: Years	Months	Days	If less than one day
30	2	18	hr. min.

9. Birthplace Catonsville Md.
(Town, county, and state)
10. Usual Occupation Maid
11. Industry or business Domestic

FATHER
12. Name Arthur Randall
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Julia Smith.
15. Birthplace Louisa Co Va.

16 (a) Informant Martha Lowe Grandmother
(b) Address #16 Melrose Ave Catonsville Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 10 1940
(month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md

18 (a) Funeral director Mrs Katie A. Williams
(b) Address 32 [illegible] Lebanon Washington Williamsville, M.D.

19 (a) JUL 9 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 9:30 a. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Syphilitic aortitis with aortic insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Randall Griffith M.D.
Medical Examiner.
Date signed 7/6/40

VS 6

correct age is especially important. Typewrite or print plainly with pen and ink.

F 70886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77c

F 70886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 Orchard st
(c) Hospital or institution: D.I.I Md Gen Hsp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 540 Orchard St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Willie Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17, 1896

8. AGE: Years 44 | Months 3 | Days 2/18 | If less than one day hr. min.

9. Birthplace Virginia - White Stone (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Smith

13. Birthplace White Stone, Va?

MOTHER 14. Maiden Name Fannie ?

15. Birthplace White Stone, Va

16 (a) Informant Mildred Smith (D)

(b) Address 1024 Vine St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 9, 1940 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) JUL 9 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 1130 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Acute Alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Nu
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Randolph Graff M.D. Medical Examiner.

Date signed 7/6/40

VS 6

correct age is especially important. Physicians, please write plainly.

VS 6

F 70887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 70887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Md.
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Winfield Nash.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Myrtle Nash
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) (?) 1907

8. AGE: Years	Months	Days	If less than one day
33	?	?	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name Wm. Nash
13. Birthplace Balto. Md.
14. Maiden Name Katie Daniels
15. Birthplace Escopolca Md.

16 (a) Informant Mrs. Browns
(b) Address 1118 - Rigg Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 9-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mrs. Browns
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Delaware St Huntington Terrace, Md.
19 (a) JUL 9 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 40, at 2:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
Acute Nephritis	Hours
Due to Intestinal Stasis	Weeks
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1 E Pleasant Date signed 7-9-40

VS 2

F 70888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 70888

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Planter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Baby

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1940

8. AGE: Years	Months	Days	If less than one day
	3	28	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Chas Planter
13. Birthplace Florence S.C. Kennedy

MOTHER
14. Maiden Name Emily Planter
15. Birthplace Northumberland Co Va

16 (a) Informant Emily Planter
(b) Address 1103 Mount St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St Huntington Williams, M.D.

19 JUL 9 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1940, to 7/7 1940, and that I last saw h[illegible] alive on 7/7 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Intussusception	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia, Intussusception

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. B. Coughlan
Address University Hosp Date signed 7/8/40

VS 8

F 70889

F 70889

70889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Box #5 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria A Kess

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Thomas R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1921

8. AGE: Years	Months	Days	If less than one day
18	10	7	hr. min.

9. Birthplace Mount Winans Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wyatt R Vaughan

13. Birthplace Va

MOTHER 14. Maiden Name Annie Parker

15. Birthplace Md

16 (a) Informant Thomas A Kess

(b) Address Glenburnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto City

18 (a) Funeral director Lamb W Cashman & Son

(b) Address 3811 Gilmor St

JUL 9 1940

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 2 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Nitrous Oxide & Oxygen anesthesia for

Due to delivery of dead term fetus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Wade Griffith M.D. Medical Examiner.

Date signed 7/9/40

VS 6

Correct age is especially important. Physicians, please write the causes of death clearly.

VS 6

'70890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F '70890
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 Taplaw Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 Taplaw Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeanette Burch

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 24 1859

8. AGE: Years	Months	Days	If less than one day
80	2	14	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER 12. Name Peirce Burch
13. Birthplace N Y

MOTHER 14. Maiden Name Elizabeth Conrad Burch
15. Birthplace N Y

16 (a) Informant Col. Allen Ruffin
(b) Address 332 Taplaw Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/9/40 (month) (day) (year)
(c) Cemetery or crematory Bonnybrook Cem.
Location Plattsburg N.Y.

18 (a) Funeral director John A. Horan
(b) Address 3000 E Baltimore

19 (a) JUL 9 1940 (Date) (b) Huntington Williams, M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 9:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Judd Gatch M.D.
Medical Examiner.
Date signed 7/9/40

Correct age is especially important. Physicians, please write plainly.

F '70890

VS 6

F 70891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-P

Registered No.

F 70891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Maude Chester
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F.
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife George Chester
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) July 13th 1894
8. AGE: Years 45 Months 11 Days 23 If less than one day ..... hr. ..... min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elisha Lucas
13. Birthplace Raleigh N. C.

MOTHER
14. Maiden Name Maria J. Rochford
15. Birthplace Dorchester Co. Md

16 (a) Informant George Chester (Husband)
(b) Address 1422 E. Madison St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemetery
Location Brooklyn A. A. Co. Md
18 (a) Funeral director Benj. Franklin H. Knight
(b) Address 218 N. E. Eldersley St
19 Date rec'd 1940 (b) Registrar Washington Hill

correct age is especially important. If unknown, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 9:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1940 to July 6 1940, and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death: Carcinoma Urinary Bladder — Duration 10 mos.
Due to:
Due to:
Other Conditions: Secondary Anemia — 10 mos.
due to Hematuria.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. J. Young
Address 1424 E Monument St Date signed July 16 1940

VS 3

F 70892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 70892

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. McClain

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-9222

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Beatrice McClain
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace N. C.

MOTHER
14. Maiden Name Maggie
15. Birthplace N. C.

16 (a) Informant Beatrice McClain
(b) Address 1206 E. Madison St

17 (a) Burial (b) Date thereof July 11 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvert Cem.
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Bryant Mamis & Wright
(b) Address 1218 N. Calvert St
(c) Date received JUL 9 1940 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6-1940, at 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage due to shot wounds of abdomen

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-6-40
(c) Where did injury occur? 1423 E. Monument St. Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place - Saloon While at work? No
(Specify type of place)
(e) Means of injury Gunshot - involving Aorta

23. Signature Howard J. Madden Pass'd Asst. M.D.
Medical Examiner.
Date signed 7-7-40

Correct age is especially important. Physicians: please write clearly.

VS 6

F 70893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 70893

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Inc & Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Inc & Elderry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

51

3 (a) FULL NAME Silas Sykes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mary J. Sykes
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1863

8. AGE: Years	Months	Days	If less than one day
76	10		hr. min.

9. Birthplace Creswell N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Silas Sykes Sr.
13. Birthplace Roanoke Island N. C.

MOTHER
14. Maiden Name Margaret
15. Birthplace Roanoke Island N. C.

16 (a) Informant Edna C. Sykes
(b) Address 1212 Inc & Elderry St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Elizabeth City N. C.

18 (a) Funeral director Byron Williams & Wright
(b) Address 1218 Inc & Elderry St

19 (a) 1940 (Date received by registrar) (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1940 to July 6 1940.
and that I last saw him alive on July 6 1940

Immediate cause of death
Cerebral hemorrhage — Duration 16 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Garland Churchill
Address 1534 - 6 H Ave Date signed July 8 1940

correct age is especially important. Physicians: please write

VS 3

F 70894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C

F 70894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1942 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Rosina Fenner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William H Fenner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1872

8. AGE: Years 68 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Otterbach
13. Birthplace unknown

MOTHER 14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs William Fenner
(b) Address 1942 W Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location Balto Md

18 (a) Funeral director Jos Jacobs & Son
(b) Address 1827 Park Ave

19 (a) JUL 9 1940 (Date rec'd by registrar) (b) Registrar for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 7 1940 and that I last saw her alive on July 7 1940

Immediate cause of death	Duration
Hypostatic Pneumonia (Bronchial)	3 days
Due to Parkinson's Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 7-7-40

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

VS 3

F 70895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-X

Registered No. F 70895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JAMES A BROWN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) [illegible] 1913

8. AGE: Years	Months	Days	If less than one day
27			hr. ..... min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER — 12. Name B. D. W. Brown
13. Birthplace South Carolina

MOTHER — 14. Maiden Name Sallie Harris
15. Birthplace South Carolina

16 (a) Informant Amy Davis
(b) Address 401 Railroad Ave Towson

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-40 (month) (day) (year)
(c) Cemetery or crematory .....
Location Columbia S. Car.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 JUL 9 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ether poisoning
Nitrous oxide poisoning
Due to Suicide

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 8, 1940
(c) Where did injury occur? Provident Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? — (Specify type of place)
(e) Means of injury stabbed anesthetic mask

23. Signature H. L. Wallenmaier M.D. Medical Examiner.
Date signed 7-8-40

correct age is especially important. Physicians: please write the

VS 6

70896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 98 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Light Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Thomas Henry Berkley (54304)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1877

8. AGE: Years	Months	Days	If less than one day
63		19	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Charles (D)
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Louise (D)
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1940, to July 8, 1940, and that I last saw him alive on July 8, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration August 1939

Due to

Due to

Other Conditions Tuberculosis of the larynx
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Adler M. D.

Address Balto. City Hospitals Date signed 7-8-40

F 70897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 S. East Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 S East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Thomas H. Flynn

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single ✓

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1883

8. AGE: Years	Months	Days	If less than one day
57	4	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk (retired)
11. Industry or business Merchants & Miners

FATHER
12. Name James E. Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Gately
15. Birthplace Ireland

16 (a) Informant Miss Katherine Flynn
(b) Address 331 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross (Harford Rd)
Location Harford Rd. & Erdman Ave

18 (a) Funeral director Fred. A. Kramer & Bro.
(b) Address 1216 N. Charles St.

19 (a) JUL 9 1940 (Date received by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1940, to July 7 1940, and that I last saw h.m. alive on 19.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Bronchitis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Sunberg M. D.
Address 1111 E. Eager St. Date signed July 9, 1940

correct age is especially important. Physicians, please write plainly.

VS 3

F 70898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 70898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 N Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Edward C. Bamberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Ross

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 23 1867

8. AGE: Years 72 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business Store

FATHER 12. Name Joseph Bamberger

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Elizabeth Buckler

15. Birthplace Baltimore, Md.

16 (a) Informant C. Clinton Bamberger

(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 7/10/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location Frederick & Augusta Aves.

18 (a) Funeral director H W Meyer and Son

(b) Address 805 North Calvert Street

JUL 9 1940 (b) Huntington Nitkamp, M.D.
(Date rec'd by Registrar) Registrar

VS 5

correct age is especially important. Physicians please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 8 1940, and that I last saw alive on July 7 1940.

Immediate cause of death Respiratory failure — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm M Cleary M. D.

Address Mercy Hosp. Date signed 7/8/40

70899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70899 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Bates

3 (b) If veteran, name war: world war
3 (c) Social Security Account No. 215-18-0870

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	B	M.

6 (b) Name of husband or wife Hallie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1891

8. AGE: Years	Months	Days	If less than one day
48	10	18	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Luther Bates
13. Birthplace Va.

MOTHER
14. Maiden Name Lula
15. Birthplace Va

16 (a) Informant Hallie Bates
(b) Address 1122 Bruce st

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
JUL 10 1940 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1940 at 6.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25- 1940 to 6-28-1940 and that I last saw him alive on 6-28-1940

Immediate cause of death Cerebral Hemorrhage with Right Side Hemiplegia — Duration 7 Days.
Due to Hypertensive arterio-sclerosis — ?
Due to Vascular disease

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 6/29/40

F 70900

70900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 E. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Wagner

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Nellie Wagner
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 11th 1866

8. AGE: Years 73 | Months 10 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Barber

FATHER
12. Name Anthony Wagner
13. Birthplace Unknown

MOTHER
14. Maiden Name Lillie Knauff
15. Birthplace Unknown

16 (a) Informant Nellie Wagner
(b) Address 1720 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JH 10 1940 (b) ... St. ... Building

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1940 to 7/8 1940 and that I last saw him alive on 7/8 1940.

Immediate cause of death: Carcinoma of stomach
Due to: Cachexia -
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration: Since 6/17/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo A Bowden.
Address 1517 E North Ave Date signed 7/9/40

correct age is especially important. If unknown, please state approximate

VS 3

'70901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8V

F 70901
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Annah Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Annah Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Iglehart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Walter Scott Iglehart.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1878

8. AGE: Years	Months	Days	If less than one day
61 62	11	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home-wife
11. Industry or business —

FATHER
12. Name Jonathan W. Scott.
13. Birthplace Anne Arundel Co, Md.

MOTHER
14. Maiden Name Rose A. Schwentz
15. Birthplace Pennsylvania

16 (a) Informant Walter Scott Iglehart.
(b) Address 2412 annah Ave,

17 (a) Burial (b) Date thereof 7-11-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn, Md.
Location Woodlawn, Md.

18 (a) Funeral director Williams' Cook.
(b) Address 17-17 St Paul St.

19 JUL 10 1940
(Date rec'd by registrar) Registrar of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 3:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1935, to July 8 1940, and that I last saw h Sm alive on July 5 1940.

Immediate cause of death: Amyotrophic Lateral Sclerosis — Duration 5 yr 7 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M.D.
Address 2532 Edmondson Ave Date signed 7-9-40 (M. D.)

VS 3

F 70902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 70902
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 2217 E Preston St Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 64
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse E. Colliflower

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-8218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Helen Howard
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug 24 - 1876

8. AGE: Years	Months	Days	If less than one day
1 68	10	15	hr. min.

9. Birthplace Graceham, Maryland
(Town, county, and state)
10. Usual Occupation Shoe Salesman
11. Industry or business Wholesale

FATHER
12. Name Michael J. Colliflower
13. Birthplace Md

MOTHER
14. Maiden Name Harriet
15. Birthplace Md

16 (a) Informant J. E. Colliflower (Son)
(b) Address 2217 Preston St.

17 (a) Entombment (b) Date thereof July 11
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location Woodlawn Md

18 (a) Funeral director John Ulrich
(b) Address 800 E Orleans

JUL 10 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 7.38 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 9 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death Bronchopneumonia — Duration
Cardiac Failure
Due to Coronary occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St Joseph's Hosp Date signed 7-9-40

correct age is especially important. Physicians: please write the

VS 3

F 70903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Kalal

3 (b) If veteran, name war Hotel Waiters

3 (c) Social Security Account No. 212-16-8645

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1889

8. AGE: Years	Months	Days	If less than one day
50	8	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Kitchen Cook

11. Industry or business Hotel

FATHER 12. Name Jack Kalal

13. Birthplace Austria

MOTHER 14. Maiden Name Anna?

15. Birthplace Austria

16 (a) Informant Marie (Vetter) Cole

(b) Address 712 Washington Blvd

17 (a) Burial (b) Date thereof July 11-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New International

Location Frederick Rd.

18 (a) Funeral director Joseph Kosinski

(b) Address 602 Washington Blvd

19 (a) JUL 10 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Candler M.D. Medical Examiner.

Date signed 7/9/40

correct age is especially important. Physicians: please write the

VS 6

F 70904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

/50 F 70904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Dolphin st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Devilla Catling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1885

8. AGE: Years	Months	Days	If less than one day
54?	9	15 17	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Williams ?
13. Birthplace Unknown

MOTHER
14. Maiden Name lla?
15. Birthplace N. C.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Edwin O. Wilson
18 (a) Funeral director
(b) Address 1640 Baltimore
19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1940 2:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1940 to 7-8-1940, and that I last saw h.er alive on 7-7 1940.

Immediate cause of death Carcinoma of left breast & extension — Duration 1 year ?
Due to Arteria sclerotic heart disease — 1 week
Due to Myocardial failure
Other Conditions Secondary anemia — 1 year
(Include pregnancy within 3 months of death)
Major findings:
Of operations No operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sidney R. Ekblad Jr
Address Baltimore City Hosp Date signed 7/8/40 M. D.

VS 3

F 70905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 70905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB H. HOLLANDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Theresa H. Hollander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1871

8. AGE: Years	Months	Days	If less than one day
68	11	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Professor: Political Econ-
11. Industry or business omy.

FATHER
12. Name Meyer Hollander,
13. Birthplace Bavaria.

MOTHER
14. Maiden Name Rosa Meyer,
15. Birthplace Bavaria.

16 (a) Informant Mr. S. Weisberger,
(b) Address 1802 Eutaw Place.

17 (a) Burial (b) Date thereof 7/11/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Hamburger Sons
(b) Address 1902 Eutaw Place.

19 (a) (b) Registrar
(Signature of registrar)

Correct age is especially important. Physicians please write

7/10/40

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th. 1940 at 1.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to July 9 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death — Duration

Carcinoma of colon (descending) — Symptoms 5 mos

Due to accompanied by hepatic metastasis —

Due to

Other Conditions Bronchopneumonia (terminal) — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation: March 12 1940 Confirmation of clinical diagnosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place. Date signed

F 70906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 70906

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Overbrook Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MRS. BLANCHE MAASS OPPENHEIMER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Earnest Oppenheimer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 4, 1882

8. AGE: Years	Months	Days	If less than one day
58	3	5	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mr. Aaron Maass
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Kemper
15. Birthplace Balt. Md.

16 (a) Informant Arthur S. Maass (Brother)
(b) Address 9 E. 96th St. New York City

17 (a) Cremation (b) Date thereof 7/11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine Park
Location Balto. Md.

18 (a) Funeral director Harold Lonsdale Inc.
(b) Address 1202 Eutaw Place

19 (a) ..... (b) .....
(Date rec'd by registrar) (Registrar)

JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 9 1940, and that I last saw h[illegible] alive on July 9 1940.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of descending Colon	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of descending Colon
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Ferdinand E. Chatard M.D.
Address Univ. Memorial Hosp. Date signed 7-9-40

363 F 70907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

F 70907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1-16 1-1-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Frederick V. Weber

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-03-7674

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 10-25-19

8. AGE: Years 25 | Months 8 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Abram W. Weber

13. Birthplace N. Y.

MOTHER 14. Maiden Name Charlotte A Whisted

15. Birthplace Oswego, N. Y.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Wm J Fiehrer & Bro

(b) Address N Fulton Ave

19 (a) JUL 10 1940 (b) ... Registrar

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1939, to July 9 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death	Duration
Extreme irritation due to parenteral vomiting	5 days
Due to Schizophrenia	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Jan. Bon M. D.

Address Johns Hopkins Hospital Date signed July 9 1940

VS 2: Thomas J. Williams, M.D.

F 70908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 70908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert at Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore Co~~
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 East 31st Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME FRANCIS LEONARD MOORE

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-03-5178

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9th 1893

8. AGE: Years 47 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Contracting

FATHER
12. Name Wm. Moore
13. Birthplace ENGLAND

MOTHER
14. Maiden Name Cecilia T. Connor
15. Birthplace Baltimore Co. Md.

16 (a) Informant State Hospitals Records
(b) Address SAME

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

19 (a) _____ (Dep. City Registrar) (b) Thomas J. Williams, M.D.

JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 8 1940 and that I last saw him alive on July 8 1940.

Immediate cause of death: cardio vascular collapse — Duration 1 week
Due to arterio sclerosis and myocardial insufficiency, — 2 years
Due to Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Tickner M. D.
Address Mercy Hosp. Date signed 7-8-40

correct age is especially important. Physicians: please write plainly.

F 70909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 W. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Russell Dobson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1883

8. AGE: Years 56 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business Self

FATHER
12. Name Charles Dobson
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Riley
15. Birthplace Pocomoke City, Md.

16 (a) Informant Mrs. W. S. McConnell
(b) Address Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 (a) (Date received by registrar) (b) Registrar

JUL 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940, at 10.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to July 9 1940, and that I last saw him alive on July 8 1940.

Immediate cause of death Coronary thrombosis

Due to Chronic cardiac dilatation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest H. Laber

Address 735 Poplar Gr. Pk. Date signed 7/10/40

70910
LB u-5102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. E 70910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yr. 7 mth. 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Norris St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1913

3 (a) FULL NAME Bernard Robey

3 (b) If veteran, name war.
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1863 ?

8. AGE: Years	Months	Days	If less than one day
76 ?	10 ?	12 ?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Lovelace
15. Birthplace Unk.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 10 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williamsport, Md.

19 (a) Date received JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7- 1940 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18- 1912 to 7-7- 1940 and that I last saw h[illegible] alive on 7-7- 1940

Immediate cause of death Ruptured aneurysm — Duration 1 day
Due to Hypertension - A-S Hrt Dis — 28 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address Balto City Hosp Date signed 7-9-40

15,636

VS 8

VS 3

70911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-B Registered No. 57207
F 70911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4920 Hartford Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Josephine Cruciotti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife Pietro Cruciotti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1890

8. AGE: Years 49 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Vincent Angelini
13. Birthplace Italy

MOTHER
14. Maiden Name nna Cesarini
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) JUL 10 1940 (b) Huntington Ave. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1940, at 3 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8- 1940, to 7-9- 1940, and that I last saw h-- alive on 7-9- 1940.

Immediate cause of death Cardiac Failure — Duration ?

Due to Hemorrhagic Nephritis — 20 yrs.
mitral Stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Kelsey M. D.
Address Balto City Hosp. Date signed 7-9-40

JUL 10 1940

F 70912

BALTIMORE CITY HEALTH DEPARTMENT
119-a
CERTIFICATE OF DEATH

Registered No. F 70912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 S Ellwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Norman Dobrowolski Jr. X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/18-1940

8. AGE: Years | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Edward N. Dobrowolski Sr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rose Oles
15. Birthplace Baltimore Md

16 (a) Informant Edward N. Dobrowolski Sr
(b) Address 1017 S Ellwood

17 (a) X (Burial, cremation, or removal) (b) Date thereof July 10 40 (month) (day) (year)
(c) Cemetery or crematory Stockton Cemetery
Location Rundale Md

18 (a) Funeral director John W Hudson
(b) Address 1829 W Pratt St

19 (a) JUL 10 1940 (Local Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1940 to 7-9 1940 and that I last saw h[illegible] alive on 7-9 1940

Immediate cause of death Gastro intestinal intoxication — Duration 1 day
Due to dysentery — 5 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Mesenteric lymphadenopathy

PHYSICIAN
Underline the cause to which death should be charged, etiologically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph's Hosp Date signed 7/9/40
(Brownsboro)

VS 3

(Brewster)

F 70913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 70913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Luzerne Co.
(c) City or town Hazelton (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Broad St. W. Hazelton (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Anthony Gudanowski

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Antonnina Malinoski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: 66 Months: Days: If less than one day: hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Shoemaker
11. Industry or business

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden Name: unknown
15. Birthplace

16 (a) Informant: Blanche Leonard
(b) Address: 209 N. Broad W. Hazleton Pa.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 10 1940 (month) (day) (year)
(c) Cemetery or crematory: Assumption R.C. Location: W. Hazleton Pa
18 (a) Funeral director: Michael Grontkoski
(b) Address: 347 N. Broad St., W. Hazleton, Pa.
19 (a) (Date rec'd by registrar) (b) [illegible] (Registrar)

JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940 19 , at 8.15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1940, to July 9 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to auricular fibrillation	
Due to arterio. sclerotic Cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelsmen M. D.
Address St. Joseph's Hosp Date signed 7-9-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

JUL 10 1940

F 70914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 70914 Registered No. 3678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1724 Brunt St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George Brooks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Julia
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) ?—?—1864

8. AGE: Years 76 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Charlotte Hall Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Dorca Brooks
13. Birthplace Charlotte Hall Md

MOTHER 14. Maiden Name Rachel ?
15. Birthplace Md

16 (a) Informant Mrs. Bessie Doust
(b) Address 1724 Brunt St.

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof 7-11-40 (month) (day) (year)
(c) Cemetery or crematory Charlotte Hall
Location St Mary's Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) ——— (Date rec'd by registrar) (b) ——— Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7—7—1940, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30-1940, to 7-7-1940, and that I last saw him alive on 7-7-1940.

Immediate cause of death Cerebral hemorrhage — Duration unknown

Due to Arteriosclerosis — unknown

Due to Mal nutrition — unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 N Stricker Date signed 7-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 10 1940

F 70915

JUL 10 1940

F 70915 10 605

BALTIMORE CITY HEALTH DEPARTMENT 131a F 70915
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
9-8
(d) Street No. 1228 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margeret A. Griebel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward W. Griebel
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 17, 1882

8. AGE: Years 57 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Christian Smith
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Margaret E. Connolly
15. Birthplace: Baltimore

16 (a) Informant: Edward Griebel
(b) Address: 1228 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: Rita Wiedefeld
(b) Address: 914 Greenmount Ave

19 (a) JUL 10 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 3.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1935 to July 8 1940 and that I last saw h[illegible] alive on July 5 1940.

Immediate cause of death: Abscess — Duration: 9 d.
Due to: Hypertension, Impaired Kidneys
Due to: Chronic Nephritis
Due to: Septicemia
Due to: Arteriosclerosis
Other Conditions: Mild Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.
Address: 1100 E. North Ave Date signed 7/9/40

70916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 422 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Seitz (16101)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1881

8. AGE: Years 59 | Months | Days 3 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation MOULDER

11. Industry or business WEISKETTLE CO.

FATHER
12. Name Joseph SEITZ
13. Birthplace Germany

MOTHER
14. Maiden Name Reina Kellner
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 12/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

JUL 10 1940 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 1939, to July 8, 1940, and that I last saw him alive on July 8, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: May 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 7-9-40

70917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 at E. Registered No. 70917

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Cambridge St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Verden M. Lawrence Scott

3 (b) If veteran, name war: WORLDS WAR
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Emma Scott
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 15-1894

8. AGE: Years 46 | Months 2 | Days 23 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name James Scott
13. Birthplace New York

MOTHER
14. Maiden Name Mary Tilson
15. Birthplace New York

16 (a) Informant Emma Scott (Wife)
(b) Address 2200 Cambridge St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 11/40 (month) (day) (year)
(c) Cemetery or crematory US. NATIONAL
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler INC.
Address 403 S. WOLFE ST.

19 (a) JUL 10 1940 (Date rec'd by Registrar) (b) Hunter Foy Williams M.D. Registrar

VS. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bilateral Subdural Hematoma.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature Wm. VanderGrift M.D. Medical Examiner.
Date signed 7/9/40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS 6

F 70918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70918 Registered No. 9

1. PLACE OF DEATH: Sydenham, Hospital
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Herring Run
(c) Hospital or institution: Sydenham

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Rural - Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ellicott City
(If rural give location)

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Ann Schatz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1940

8. AGE: Years | Months 2 1 | Days 2 3 | If less than one day hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and State)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Schatz
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Chambers
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address Ellicott City

17 (a) Burial (b) Date thereof July 12 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. John's Cem
Location Ellicott City

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

(a) Date received by (Registrar) JUL 10 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1940, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1940 to 7-10 1940, and that I last saw her alive on 7-10 1940.

Immediate cause of death	Duration
Bronchopneumonia	4 weeks
Due to Pertussis	4 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sydenham Hosp Date signed 7/10/40

VS 1 Q1540

F 70919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70919

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Marshall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Marshall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. Crowe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Martha E. Crowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1870

8. AGE: Years	Months	Days	If less than one day
69	7	12	hr. min.

9. Birthplace West Point, Va. (Town, county, and state)
10. Usual Occupation Retired crane
11. Industry or business operator

FATHER
12. Name Frank Crowe
13. Birthplace Va.

MOTHER
14. Maiden Name Lipkin
15. Birthplace Va.

16 (a) Informant Mrs. Crowe
(b) Address 1715 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. 60

18 (a) Funeral director A. Howard Evans
(b) Address 1400 - 02 Eutaw St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 6:00 A M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	12 hrs.
Due to	
Due to Arteriosclerotic Cardio Vascular	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G. Kelpatrick M.D. Medical Examiner.
Date signed 7/10/40

JUL 10 1940

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

(Date rec'd by registrar) JUL 10 1940

F 70920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

Registered No. 56105

F 70920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N Redwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-1022

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) age unknown 1906

8. AGE: Years 34 | Months ? | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wright Brown
13. Birthplace N. C.

MOTHER
14. Maiden Name Carrie Whittey
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Edmondson Ave

19 (a) Registrar (b) Filed JUL 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31-1940 to 7-8-1940 and that I last saw h[illegible] alive on 7-8-1940.

Immediate cause of death — Uremia — Duration ?

Due to — Arteriolar nephrosclerosis — 6 mos.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Lebeiner
Address Balto City Hosp Date signed 7-7-40 M.D.

Correct age in capacity numerals only

VS 8

VS 3

F 70921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 70921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years/Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 Garrison Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Raymond Saul REINHART

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rhoda Mervix

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1899

8. AGE: Years 40 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace: Philadelphia, Pennsylvania (Town, county, and state)

10. Usual Occupation: Salesman-Reinhart and Sons

11. Industry or business:

FATHER
12. Name: Joseph Reinhart
13. Birthplace: Easterberg, Germany

MOTHER
14. Maiden Name: Jennie Brine
15. Birthplace: Easterberg, Germany

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11/40 (month) (day) (year)
(c) Cemetery or crematory: Chelsea Bikur Cholim
Location: Phila., Penna.

18 (a) Funeral director: Sol Levinson & Bros.
(b) Address: 124-26 W. North ave.

19 JUL 10 1940 (b) Huntington Williams, M.D.
(Date received by Registrar)

Do not write age in expressing days

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1940, to July 9, 1940, and that I last saw him alive on July 9, 1940.

Immediate cause of death: Myocarditis — Duration: Unknown
chronic (Rheumatic)
Due to
Due to
Other Conditions: Aortic insufficiency and mitral insufficiency — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/10/40

VS 3

F 70922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a ✓ Registered No. F 70922

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Harford Rd
(c) Hospital or institution:

9-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** W. Floyd Hendricks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 227-01-4140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ruth Hendricks
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Mar 15, 1881

8. AGE: Years	Months	Days	If less than one day
59	3	25	..... hr. ..... min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name James Hendricks
13. Birthplace Va

MOTHER
14. Maiden Name Mary Browder
15. Birthplace Va

16 (a) Informant Ruth Hendricks
(b) Address 3304 Harford Rd

17 (a) Removal (b) Date thereof Jul 10.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Richmond Va

18 (a) Funeral director John Ulrich
(b) Address 2018 Gilmore

19 (a) ..... (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

JUL 10 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 3:7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to July 10 1940, and that I last saw h alive on July 10 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to .....
Due to Cardiac Failure — 6 hours
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Robert S. Kirk
Address 3126 Harford Rd Date signed July 10/40

correct age is especially important — a year's error in age may affect insurance policy

70923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45C

X ✓ F 70923

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St Agnes' Hospital 25-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Solomon's Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

X

3 (a) FULL NAME Mr. George Prentel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Grace Krimm
(b) Address 1646 N. Washington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.

18 Funeral director E. J. Tamony & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1940, to 7-9-1940, and that I last saw him alive on 7-9 1940.

Immediate cause of death: Ca of Oropharynx — Duration: 4½ mos.
r.t. Soft + hard palate + r.t. Mandible
Due to
Due to
Osteo-myelitis of r.t. Mandible
Other Conditions
Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. J. Montagnino M. D.
Address St Agnes' Hosp Date signed 7-9-40

correct age is especially important. Physicians, please write plainly.

Huntington Williams, Md.

VS 3 Huntington, Williamsport, Md.

70924 Fulford ✓ F 70924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46G Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Fulford

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-3942

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hattie V. Fulford

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1881

8. AGE: Years 58 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)

10. Usual Occupation Sales manager

11. Industry or business

FATHER 12. Name Wm. Jonathan Fulford
13. Birthplace North Carolina

MOTHER 14. Maiden Name Jane E. Livingston
15. Birthplace North Carolina

16 (a) Informant W. Taylor Fulford (Son)
(b) Address 2226 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1940 (month) (day) (year)

(c) Cemetery or crematory Edmondson
Location Baltimore Md.

18 (a) Funeral director Albert S. Tisdale
(b) Address 3700 Edmondson Ave

19 (a) July 10 1940 (Date received by registrar) (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940, to July 9 1940 and that I last saw him alive on July 9 1940

Immediate cause of death Carcinoma of the Lt. breast with metastasis to the liver. — Duration 10 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma liver.
Of autopsy Carcinoma breast & liver

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Vernon H. Norwood M. D.
Address Church Home & Infirmary Date signed 7-9-40

Correct as to personally identifying information given by informant. Registrar

VS 3

70925

F 70925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 651 W. Lombard St
(c) Hospital or institution;
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 651 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Seward Eickhorn

3 (b) If veteran, name war Spanish

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1871

8. AGE: Years 69 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Anna -

15. Birthplace Unknown

16 (a) Informant Mrs Anna Reusch Lang

(b) Address 840 Woodward St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Baltimore Md

18 (a) Funeral director Williams Cook

(b) Address 1317 St Paul St

19 (a) Date received by registrar JUL 11 1940 (b) Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940 at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Williams Cook M.D. Medical Examiner.

Date signed 7/9/40

Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70926

VS 6

70926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

F 70926

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1550 Moreland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1550 Moreland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella May Tillett

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Harland J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20 - 1894

8. AGE: Years 46 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Luzerne Penna
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Morgan
13. Birthplace Penna

MOTHER
14. Maiden Name Anne Sage
15. Birthplace Penna

16 (a) Informant Harland J Tillett
(b) Address 1550 Moreland Ave

17 (a) Burial (b) Date thereof 7-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul

19 (a) (Date received by registrar) Huntington Williams, M.D.

JUL 11 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1940, at 9:10 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + Autopsy thereon and from the evidence obtained by said inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions Asymptomatic	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence 7-9-40
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Inhalation of illuminating gas

23. Signature Howard J. McKeen M.D.
Medical Examiner.
Date signed 7-10-40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

JUL 11 1940

70927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 70927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2700 N Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 2-b No Given (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen C Roberts

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wilhelm C Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1865

8. AGE: Years	Months	Days	If less than one day
74	10		hr. min.

9. Birthplace Philadelphia Pa (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Stoch
13. Birthplace Philadelphia Pa

MOTHER
14. Maiden Name Ellen Tickett
15. Birthplace Philadelphia Pa

16 (a) Informant Elizabeth Conrad
(b) Address 2700 N Charles St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 7/11/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Philadelphia Pa

18 (a) Funeral director Wilson Co
(b) Address 217 E Fayette St

JUL 11 1940 (Date rec'd by registrar) (b) Registrar

YS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 4:35 PM
21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to July 10 1940 and that I last saw h e c alive on July 10 1940
Immediate cause of death Apoplexy
Duration 3 days
Due to Hypertension
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H C W Clendenin
Address 31 E. North Ave Date signed July 10 1940

correct age is especially important. Physicians, please write plainly.

Thurlow H Williams, M.D.

70928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 70928
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 Somerset St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Somerset St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bruce C Price

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1905

8. AGE: Years 35 | Months 9 | Days | If less than one day: hr. min.

9. Birthplace New Kent Co Va
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name George Price
13. Birthplace New Kent Co Va

MOTHER
14. Maiden Name Hattie Richardson
15. Birthplace New Kent Co Va

16 (a) Informant Williams & Price
(b) Address 813 N Central Ave

17 (a) Removal (b) Date thereof 7-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Gr Old Bay Line
Location Ft Mont Va

18 (a) Funeral director Isaiah L Brown
(b) Address 108 W Montgomery St

19 (a) Waiting for Williams M.D.
(Date rec'd by registrar) Registrar

JUL 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940, to July 9 1940, and that I last saw h. alive on July 8 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B O Henry M.D.
Address 1305 N Patterson Pk Ave Date signed 7/9/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 70929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33-B

Registered F 20929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Hering Run
(c) Hospital or institution: Lyndenhurst
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 15 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Kelly Place, Hampden
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Heavel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 11, 1939

8. AGE: Years 1 | Months 3 15 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Ernest Heavel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bessie Martin
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 1112 Kelly Place, Hampden, Bal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) JUL 1 1940 (date) (b) ..... registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1940, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1940 to 7-10 1940, and that I last saw him alive on 7-10 1940.

	Duration
Immediate cause of death: Influenzal Meningitis	3 wks
Due to: H. Influenzae	
Due to:	
Other Conditions: Paronychia, Rt. hand	3 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Influenzal Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Myron E. Zeller
Address Lyndenhurst Hosp. Date signed 7-11-40.

VS 3

70930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B F 70930
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5821 Maple Ave -
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 7a
(e) Length of stay in Baltimore (yrs., mos., or days) 25 7a

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5821 Maple Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertram W. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Maude B. Anderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1881

8. AGE: Years 59 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Annapolis, Maryland
(Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business Retired

FATHER
12. Name John Anderson
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Maude B. Anderson
(b) Address 5821 Maple Ave.

17 (a) Burial (b) Date thereof July 12 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md
Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) JUL 11 1940 (Date) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma Prostate	4 mos?
Cerebral Embolism.	2 Wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Aldrich M.D.
Medical Examiner.
Date signed 7/10/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

70931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70931

CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Boy Dunn

If U. S. Veteran specify WAR

(a) Residence: No. 817 E. Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9th 1940

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert N. Dunn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hilda Winakur

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT M. Dunn
(Address) 2913 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL Levering Park Date 7/11/40 19

19. UNDERTAKER Jos. L. Sims Inc
(Address) 1439 E. Balto St

20. FILED ___ 19 ___ Registrar.

JUL 11 1940

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1940

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1940 to July 10th 1940

I last saw him alive on July 10th 1940 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis of Lungs	
Extra-cranial hemorrhage	

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. King B E Seger Jr. M. D.

(Address) University Hospital

70932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. E 70932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Apalachicola
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 5th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years years

3 (a) FULL NAME George Patrinos

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorded

6 (b) Name of husband or wife Anna Savas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1890

8. AGE: Years 50 | Months 1 | Days 20 | If less than one day hr. min. 8

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation Fisherman

11. Industry or business Fishing

FATHER
12. Name Pete Patrinos
13. Birthplace Isle Speton, Greece

MOTHER
14. Maiden Name Catherine Kushola
15. Birthplace Isle Speton, Greece

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hyattsville, Md.

18 (a) Funeral director A. Aubrey Slade
(b) Address 4907 York Road

19 (a) 7/11/1940 (Date received by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13, 1940, to July 10, 1940, and that I last saw him alive on July 10, 1940.

Immediate cause of death: Carcinoma of the lung, left — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Biopsy

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Anstrew, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 7/10/40

70933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 70933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Pennsylvania (If rural give location)
14th
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Gresham

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race ed | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife W. Belle

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 3/16/1902

8. AGE: Years 38 | Months 3 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Restaurant Cuisine

11. Industry or business

FATHER 12. Name Wm. S. Gresham

13. Birthplace Va

MOTHER 14. Maiden Name Rebecca Ware

15. Birthplace Va

16 (a) Informant W. Belle Gresham

(b) Address 1415 Pa. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location .....

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pennsylvania

19 (a) ..... (Date rec'd by registrar) (b) Huntington, Williamsburg U.P.

JUL 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9-1940, at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7-1940 to 7-9-1940 and that I last saw h... alive on 7-9-1940

Immediate cause of death Hypertensive Cardio-Vascular Disease

Due to Mitral Insufficiency and Cardiac Hypertrophy

Due to .....

Other Conditions Nephritis & Uremia (6 days)

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy None

Duration
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature E. J. Maloney M. D.

Address President Hotel Date signed 7/10/40

JUL 11 1940

F 70934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 70934
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto. General Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 28
(e) Length of stay in Baltimore (yrs., mos., or days) 7 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Beechlen ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Era. Weiner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife. Late Mayer M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 78 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Herman Weiner
13. Birthplace Russia

MOTHER
14. Maiden Name Celia
15. Birthplace Russia

16 (a) Informant Herman Weiner
(b) Address 306 N Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane

18 (a) Funeral director Sol Levinson Son
(b) Address 1124 N Eutaw Pl. Huntington Williams, M.D.

19 (a) JUL 11 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1940 at 2 15/24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1940 to 7-11 1940, and that I last saw h[illegible] alive on 7-10 1940.

Immediate cause of death Bronchopneumonia — Duration 7-8-40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Yatt M. D.
Address West Balto. Gen. Hosp. Date signed 7/11/40

V8.8

CORRECTED COPY. Original lost or destroyed. Certified to be true and correct copy of original certificate filed in the Bureau of Vital Statistics, Baltimore City Health Department.

F 70935

VS 3

F 70935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193 D

F 70935

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

131

3 (a) FULL NAME Mrs. Mary Elizabeth Bunting

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Penfield N. Bunting

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15-1858

8. AGE: Years 82 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William E. Wooden
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Cross
15. Birthplace Maryland

16 (a) Informant Mrs. Ada Smallwood
(b) Address 3738 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3131 Falls Road

19 (a) JUL 11 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1939 to July 9 1940, and that I last saw her alive on July 9 1940.

Immediate cause of death Coronary Thrombosis — Duration ?

Due to Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Shumaker M. D.

Address 3711 Falls Rd. Date signed 7-10-40

Please write the cause of death clearly and legibly. Physicians: please correct age is especially important.

F 70936

F 70936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No. F 70936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N. Curley st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Curley st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Heiser

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Celia Heiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1865

8. AGE: Years 73 | Months 4 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Heiser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. J. E. Howald
(b) Address 227 N. Curley st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Eager st

19 (a) JUL 11 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to July 9 1940 and that I last saw h[illegible] alive on July 8 1940.

	Duration
Immediate cause of death: Myocardial failure	June 11/40
Due to: arteri - sclerosis	10 yr
Due to:	
Other Conditions: Chronic Nephritis.	10 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Louis F. Klemm M. D.
Address 722 N. Kenwood ave Date signed July 10/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 70937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70937 / 134-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Frederick Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2318 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George M. Leippel

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Caroline K.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1856

8. AGE: Years	Months	Days	If less than one day:
84			hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Leather Business
11. Industry or business Harness Mfg.

FATHER
12. Name John Leipple
13. Birthplace Germany

MOTHER
14. Maiden Name Rosey Schuetbauer
15. Birthplace Germany

16 (a) Informant Henry W. Leipple
(b) Address 2318 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 40 (month) (day) (year)
(c) Cemetery or crematory Saint Paul's
Location Catonsville Md.

18 (a) Funeral director C. B. Wippert & Son
(b) Address 300 Eutaw Place

19. JUL 11 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 7:6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 10 1940 and that I last saw h[illegible] alive on July 10 1940.

Immediate cause of death: Cerebro Embolism
Due to: Hypertension - Arteriosclerosis
Due to: Age
Other Conditions: Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norbert A. Rietsch M.D.
Address Wilkins Ave Date signed 7/12/40
Dr. Rietsch.

correct age is especially important. Physicians: please write the

F 70938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70938 Registered No.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 89 - S. Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Henry Meister

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: Nev

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Louise M. Meister
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21-1856

8. AGE: Years	Months	Days	If less than one day
84 - 84	3.	18.	— hr. — min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business own Business

FATHER
12. Name Henry Meister
13. Birthplace Germany

MOTHER
14. Maiden Name ? Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Louise Meister
(b) Address 84. S. Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director C. A. B. Stuppert & Son
(b) Address 1300 Eutaw Pl. Huntington Williams, M.D.

19 JUL 11 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9. 1940, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to July 9 1940, and that I last saw h[illegible] alive on July 8 1940.

Immediate cause of death	Duration
Acute Uremia	
Due to Chronic Nephritis with Arteriosclerosis	10 yrs?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Zieler M.D.
Address 2318 Eutaw Place Date signed 7/10/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70939 114 c Registered No. F 70939

70939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 10 12 Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 years

3 (a) FULL NAME Theodore Mc Daniel

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9983

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1904

8. AGE: Years 35 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wm. McDaniel

13. Birthplace Md.

MOTHER 14. Maiden Name Ellen Jackson

15. Birthplace Md.

16 (a) Informant Wm McDaniel.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Geo Frances A. Hensley

(b) Address 575 Huntington Ave Baltimore, Md.

19 (a) JUL 11 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 8 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Gangrene right lung — Duration ?

Due to Multiple abscess left lung

Due to Primary site of infection undetermined

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gangrene of lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kilpatrick M.D. (Medical Examiner)

Date signed 6/10/40 Sue Taylor

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70940

VS 6

70940 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70940

CERTIFICATE OF DEATH 56D

1. **PLACE OF DEATH**

Registered No.

CITY OF BALTIMORE: (No. La. Balto. Gen'l Hosp. St. 24 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. **FULL NAME** Robert Sinkenbring

If U. S. Veteran specify WAR

(a) Residence: No. 116 La Verna Ave., Lansdowne, Balto Co Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	17	5	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansdowne Md.

FATHER

13. NAME Wm. Sinkenbring

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Weber

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Wm. Sinkenbring
(Address) 116 Laverne Ave. Lansdowne

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date July 12, 1940

19. UNDERTAKER H. SANDER & SON Inc.
(Address) North Ave. & Broadway

20. JUL 11 1940 19... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1940 to July 9, 1940

I last saw him alive on July 9, 1940 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Teratoma, third ventricle	4/40
Possible adenocarcinoma of the third ventricle	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/13/40

For what disease or injury? Increased intra-cranial pressure

Name of operation Craniotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) C. S. Lurie M. D.

(Address) La. Balto. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. STATE OCCUPATION in every case. See instructions on back of certificate. OCCUPATION is very important.

VS 6

0941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 70941
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 Club Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Club Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Jenkins Tormey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence Oakford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) -----

8. AGE: Years	Months	Days	If less than one day
About 74			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Leonard L. Tormey
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Ellen Jenkins
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Mary Elizabeth Devries
(b) Address 7 Club Road

17 (a) Burial (b) Date thereof 7/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

correct age is especially important. Physicians, please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1940 at 7.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1924 to July 9 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death Coronary occlusion — Duration
Due to Cardio-Vascular disease and
Due to Hypertension

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Gay M. D.
Address 1114 St. Paul St. Date signed 7/10/40

0942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70942

51-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH War Balto gen Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Roane — Is U. S. Veteran? specify WAR None

(a) Residence: No. 1823 W. Balto St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855, Aug 15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	84	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk Transfer Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Addison Roane

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Adams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Robert A Mason
(Address) 1823 W Baltimore St

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date July 13, 1940

19. UNDERTAKER Fellows Luckett & Sons
(Address) North & Pennsylvania Aves

20. FILED JUL 11 1940 19... Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NAMES OF OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/14/40, 1940 to 7/10, 1940

I last saw h[illegible] alive on 7/10, 1940 Death is said to have occurred on the date stated above, at 7[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative hemorrhage (retroperitoneal-prostate)	7/40
Prostatic hyperplasia	many years

Other contributory causes of importance:

Hypostatic pneumonia gen. arteriosclerosis	(con)

Was an operation performed? yes Date of 7/6/40

For what disease or injury? Prostatic hyperplasia

Name of operation Perineal prostatectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) 1823 W Balto St

70943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

Registered No. 56460 F 70943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2024 Llewellyn Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Edgar Lee, Crosafiled with William Henry Lee

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/15/1885

8. AGE: Years	Months	Days	If less than one day
55	2	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Hamilton Lee (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Katie ? (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 11, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location WEST. PORT

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St.

19 (a) (b) Huntington Williams, M.D.
(Registrar)

JUL 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1940, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1940 to 7-6 1940 and that I last saw h / l alive on 7-5 1940.

Immediate cause of death
Papillary Carcinoma of bladder & metastasis
Due to over

Due to

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations None performed

Of autopsy

Duration
2 years
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rayden M. D.
Address Balto City Hosp Date signed 7-6-40

correct age is especially important. Physicians: please w

F 70944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C

Registered No. F 70944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Marys
(c) City or town Charlotte Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Slater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1888

8. AGE: Years	Months	Days	If less than one day
52	1	6+	hr. min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Edw Slater
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Rose Talley
15. Birthplace St Marys Co Md

16 (a) Informant Edw. Slater
(b) Address Hughesville, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Marys 7-13-40
Location Bryantown

18 (a) Funeral director Percy M Gardiner
(b) Address Hughesville, Md

19 JUL 11 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1940, to July 10 1940, and that I last saw him alive on July 10, 1940.

Immediate cause of death Bronchogenic carcinoma L pleural & parietal metastasis — Duration 5 mos. +?

Due to

Due to

Other Conditions Coronary arteriosclerosis, Pott's Disease of spine (healed) Reaction to Neothyl acetyl Arsine (7-7-40)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchogenic carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Miller M. D.
Address University Hospital Date signed 7-12-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDMONDS

VS 3

EDMONDS

F 70945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 70945

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 758 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Ardee Edwards~~ Ora Lee Edward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7 1935

8. AGE: Years 5 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Edward
13. Birthplace Phila, Penna

MOTHER
14. Maiden Name Carrie Talley
15. Birthplace N. Carolina

16 (a) Informant George Edward
(b) Address 758 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

(b) Date received JUL 11 1940 (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Cerebral Edema	
Due to ~~Lobar pneumonia~~ Following whooping cough?	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wade Lee M.D. Medical Examiner.
Date signed 7/11/40

Please write the causes of death clearly and legibly. Physicians: please write the cause to which death should be charged statistically. The age is especially important. Please correct age

VS 6

70946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

Registered No. 70946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or Institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Kratz

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60?			hr. min.

9. Birthplace (Town, county, and state) Penna

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 11 1940

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) JUL 11 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

5757

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 1 1940 and that I last saw alive on July 1 1940.

Immediate cause of death Coronary Thrombosis

	Duration
Due to	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Satalino M. D.
Address At Jo Hosp Date signed 7-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 70947

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 S. Caton ave (?)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Ramsay Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2003

3 (a) FULL NAME Martin J Groh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1940

8. AGE: Years | Months: 4 | Days: 16 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Martin A Groh

13. Birthplace Md

MOTHER 14. Maiden Name Margaret Funk

15. Birthplace Md

16 (a) Informant Mrs Margaret Groh

(b) Address 1922 Ramsay

17 (a) Burial Dendel (b) Date thereof 7/11/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral Run

Location Dulaney Valley Rd

18 (a) Funeral director Guy C Fegley

(b) Address Fulton & Forsythe

19 (a) Date received JUL 11 1940 (b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10-1940, at 9.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Asphyxiation

Due to

Due to Throttling

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Probably 7/8/40
(c) Where did injury occur? Unknown Probably City
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury Manual Strangulation

23. Signature Howard J Walden M.D.
Medical Examiner.

Date signed 7-10-40

THERE WILL BE A CHARGE FOR CORRECTIONS MADE AFTER THE CERTIFICATE IS FILED. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

70948 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70948

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital S. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign ... yrs. ... mos. ... da.

If U. S. veteran specify WAR

2. FULL NAME Baby Beehler

(a) Residence: No. 2909 Frankford Ave. St. Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1940.

7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md
(State or country)

FATHER

13. NAME Ellenda Johann Beehler

14. BIRTHPLACE (city or town) Balto.
(State or country)

MOTHER

15. MAIDEN NAME Katherine Kotzyka

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT Father.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Lab. Date ... 19..

19. UNDERTAKER
(Address)

20. FILED JUL 11 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1940, to July 10, 1940

I last saw her alive on July 9, 1940. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
in 5th month of gestation	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank W. Sutterlee, M. D.

(Address) Women's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fremont & Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore City~~ Anne Arundel
(c) City or town ~~Baltimore~~ Brooklyn, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42nd Ave – Brooklyn, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Katherine L. Craig Cook

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Charles J. Cook
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 13, 1883

8. AGE: Years	Months	Days	If less than one day
56	11	28	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Craig
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise Schneider
15. Birthplace Baltimore

16 (a) Informant Charles J. Cook – (Husband)
(b) Address 4-3-41 Ave., Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Co., Md.
Location

18 (a) Funeral director J. Howard Evans
(b) Address 1400-02 S. Charles St.

19 (a) JUL 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940, at 1:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1940, to July 11, 1940, and that I last saw her alive on July 11, 1940

Immediate cause of death Moist gangrene of Rt. Foot

Due to Puncture wound

Due to Diabetes mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 weeks
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Joseph Kaminski, M. D.
Address Church Home & Infirmary Date signed July 11, 1940

VS 3

correct age is especially important. Physician, please

F 70950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1839 Registered No. F 70950

Write the cause of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 White Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Byrne

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: James M Byrne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 1862

8. AGE: Years	Months	Days	If less than one day
78	3	29	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name	James Pickrell
FATHER 13. Birthplace	Calvert Co Md
MOTHER 14. Maiden Name	Martha E Moulond
MOTHER 15. Birthplace	Calvert Co Md

16 (a) Informant Celia Livingston
(b) Address 3408 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (month) (day) (year)
(c) Cemetery or crematory Mouland Farm
Location Baltimore Co Md
18 (a) Funeral director William Cole
(b) Address 1217 W Fayette St

JUL 12 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 2 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 10 1940, and that I last saw him alive on July 10 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hrs.
Due to: Patient Tension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H Colbourn M.D.
Address 1243 Eutaw Pl Date signed 7/11/40

VS 8

F 70951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 70951 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Riverside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Samuel Green

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married, widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Martha B. Green
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Nov 13th 1880
8. AGE: Years 59 | Months 7 | Days 27 | If less than one day ____ hr. ____ min.
9. Birthplace Overbrook Del (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Balto City Schools

FATHER
12. Name William Green
13. Birthplace Del

MOTHER
14. Maiden Name Not Known
15. Birthplace Del

16 (a) Informant Mrs Martha B. Green
(b) Address 2104 Eutaw Place

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/13/40 (month) (day) (year)
(c) Cemetery or crematory Morelia Hill
Location
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) (Date rec'd by registrar) Huntington Hill Registrar

JUL 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1940 at 7.40 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1937 to July 10 1940 and that I last saw h~~e~~ alive on July 10 1940.

Immediate cause of death	Duration
Cerebral Hemmorrhage	3 hours
Due to Hypertension	Nov 1939
Due to Arteriosclerosis	
Other Conditions Left sided paralysis due to previous attack	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Isaac Miller M. D.
Address 325 N. Charles St Date signed 7/11/40

F 70952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 70952

F 70952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4904 Arabia Ave
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4904 Arabia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman C. Merritt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or wife~~ Mary E. Merritt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1875

8. AGE: Years	Months	Days	If less than one day
65	1	5	hr. min.

9. Birthplace Harpers Ferry W. Va.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Pa R. R.

FATHER
12. Name Henry Clay Merrit
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lucy Billmeyer
15. Birthplace Unknown

16 (a) Informant Mrs Muriel Stanek
(b) Address 4904 Arabia Ave

17 (a) Burial (b) Date thereof 7/13/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1940, at 3:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940 to July 11 1940 and that I last saw ~~him~~ alive on July 11 1940.

Immediate cause of death	Duration
Angina Pectoris	
Due to Coronary Artery Occlusion	7 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg
Address 3025 E. 34th Ave Date signed 7/14/40 M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 12 1940

70953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F

F 70953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street address 43 N. Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME IDA GOLDMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph

(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Home Maker

11. Industry or business

FATHER
12. Name Faib Sahar
13. Birthplace Lithy

MOTHER
14. Maiden Name Rosie Friedman
15. Birthplace Lith

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12-40 (month) (day) (year)

(c) Cemetery or crematory Shaarah Zedek Cem
Location Parkville Md

18 (a) Funeral director Levi Levine Sons
(b) Address 439 E. Baltimore St

19 (a) (Date received by registrar) (b) Harrington Hill Registrar

JUL 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 11 1940 and that I last saw h[illegible] alive on July 11 1940.

Immediate cause of death Carcinomatosis — Duration 9 months

Due to primary seat of carcinoma unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wolfe M. D.
Address Sinai Hospital Date signed 7-11-40

PLEASE WRITE ANSWERS, WITH LAWFUL CAPITAL INK. DO NOT USE LEAD PENCIL. Physicians: please write the cause of death clearly and legibly. Please give information asked for; carefully, accurately, and completely. Be sure correct age is especially important.

F 70954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-0 Registered No. F 70954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 Edmondson Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Edgewood (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charlotte Ellen Gilbert

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James Gilbert

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 14 1866

8. AGE: Years 73 | Months 10 | Days 18 25 | If less than one day ..... hr. ..... min.

9. Birthplace Wicomico Co Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Joseph Robinson
13. Birthplace Unknown

MOTHER 14. Maiden Name Tamar M. Gaines
15. Birthplace Unknown

16 (a) Informant Ida Cahl
(b) Address Edgewood - Md

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 7 14 1940 (month) (day) (year)

(c) Cemetery or crematory Glendon Hill
Location Magnolia Md

18 (a) Funeral director Edward K Malone
(b) Address Aberdeen Md

19 (a) JUL 12 1940 (Date rec'd by registrar) (b) [illegible] Registrar Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940 to July 12 1940, and that I last saw her alive on July 11, 1940.

Immediate cause of death (a) Myocarditis (Chr)
(b) Arteriosclerosis (Chr)
Due to Arteriosclerosis — Duration 10 Years

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature W. F. Kantzler M. D.
Address Main Carrollton Date signed 7/12/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 70955

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52428 30 E

Registered No. F 70955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1247 Etting Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Pryer

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep)

6 (b) Name of husband or wife Susie Pryer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1897

8. AGE: Years	Months	Days	If less than one day
43	6	6	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Coleman Pryer

13. Birthplace Va.

MOTHER 14. Maiden Name Lizzie Krbe

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7-12-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn A. A. Co. Md

18 (a) Funeral director Bolton & Hamilton Knight

(b) Address 278 N. Caroline St

19 7-12 1940 (Signature) Huntington Mills (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30-1940, to 7-7-1940 and that I last saw h[illegible] alive on 7-7-1940

Immediate cause of death: Cardiac failure

Due to: Bronchopneumonia

Due to: Syphilitic heart disease? Aortic insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aortic insuff. probable

Duration
3 days
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Rosenbaum M. D.

Address Balto City Hosp. Date signed 7-10-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 70956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-6-9

3 (a) FULL NAME Anna K. Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7 - 1860

8. AGE: Years	Months	Days	If less than one day
80	3	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jacob Mang.
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Christian Miller
(b) Address 3212 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore

18 (a) Funeral director John Welsh
(b) Address 2002 Aliceanna St

19 (a) JUL 12 1940 (Registrar) (b) Registrar

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1940 to 7/11 1940
and that I last saw h alive on 7/10 1940

Immediate cause of death: Aorta Coarctation dilatation — Duration

Due to: Chronic interstitial nephritis

Due to:

Other Conditions: Fractured femur

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 2/28/40
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall on stairs

23. Signature H. E. Jewell M. D.
Address 6 E. Saratoga Date signed 7/12/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70957

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Silver Hill Ave St., (Howard Park) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Eva Marie Herhard

If U. S. Veteran specify WAR

(a) Residence: No. 2800 Silver Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of William Herhard

6. DATE OF BIRTH (month, day, year) Dec 15-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Hieber

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Schmahl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. F. Herhard

(Address) 2800 Silver Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date 7/13/40 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave.

FILED JUL 12 1940 19

Hunting for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10 1940 to July 10/15/40

I last saw her alive on July 10 1940. Death is said to have occurred on the date stated above, at 7:45 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/10/40
Other contributory causes of importance: Hypertension & arteriosclerosis	Yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilson Flowers M. D.

(Address) 4012 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 70958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Matthews Sb.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9.4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Matthews Sb
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Ostendorf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gertrude A.
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): 1875
8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Lumber. hand.
11. Industry or business

MOTHER / FATHER
12. Name: Geo. Ostendorf
13. Birthplace: Balto., Md.
14. Maiden Name: Helen Regenbach
15. Birthplace: Yorkshire

16 (a) Informant: Mrs. August Ostendorf
(b) Address: 2411 Matthews Sb
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/13/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Edmondson Ave.
18 (a) Funeral director: J. Luther Kirkfield
(b) Address: 1 E. 23rd St
19 (a) JUL 12 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 2:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1940 to July 11, 1940, and that I last saw him alive on July 9, 1940.

Immediate cause of death: Cardio-vascular-renal disease — Duration: Unknown
Due to: Arteriosclerosis — Duration: Unknown
Due to: — Duration:
Other Conditions: — Duration:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Thos. B. Sylvester M. D.
Address: 710 Harford Ave. Date signed: 7-12-40

VS 8

70959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81W F 70959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilkene & Catan ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N Franklintown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth J. Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William Meyers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1900

8. AGE: Years	Months	Days	If less than one day
40	5	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Hamly
13. Birthplace Europe

MOTHER
14. Maiden Name Julia Gamble
15. Birthplace Maryland

16 (a) Informant Mrs. Meyers
(b) Address 831 Franklin Road

17 (a) Burial (b) Date thereof July 15-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Frederick Ave (Balto Md.)

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light St

19 (a) (Date received by registrar) JUL 12 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940 at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1940 to 7-11-1940 and that I last saw her alive on 7-11 1940.

Immediate cause of death	Duration
Meningitis	
Due to Etiology undetermined (Cultures have not returned)	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address St Agnes Hospital Date signed July 12 40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 70960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in this office. Any employee who refuses or neglects to perform any duty imposed upon him by the Regulations governing the registration of births and deaths in Baltimore City shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars. Give full name of deceased person. If not known, supply information required as far as possible. Write plainly. Use ink. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH: 168 Hamburg St
(a) Baltimore City, Maryland
(b) Street address 168 W. Hamburg St
(c) Hospital or institution:
23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 138 W. Hamburg St (If rural give location)
168 W. Hamburg St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Gray

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fe
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1884

8. AGE: Years 55 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Barnes
13. Birthplace Loudoun Co Va

MOTHER
14. Maiden Name Emma
15. Birthplace Baltimore

16 (a) Informant Carrie Nelson
(b) Address 138 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah R. Brown Son
(b) Address 1018 W. Montgomery St

(a) Filed JUL 12 1940 (b) Signature of Registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940 (Month) (Day) (Year) 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940 to July 10 1940, and that I last saw h alive on July 10 1940.

Immediate cause of death	Duration
Mitral Regurgitation	3 mos.
Due to ?	abt
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Arnold M. D.
Address 91 W Warren Date signed July 12 1940

70961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

F 70961
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

11-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Nashville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Madison Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William HARRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widower

6 (b) Name of husband or wife Haddie Wyet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	3	hr. min.

9. Birthplace Nashville, Tenn.
(Town, county, and state)
10. Usual Occupation Stable boy
11. Industry or business

FATHER
12. Name James Harris,
13. Birthplace Nashville, Tenn.

MOTHER
14. Maiden Name Patsy Nichols
15. Birthplace Nashville, Tenn.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1940 (month) (day) (year)
(c) Cemetery or crematory Bette National Cem
Location Baltimore Md

18 (a) Funeral director Isaiah R Brownston
(b) Address 1048 W Montgomery St

JUL 12 1940 (a) Date received by Registrar (b) Signature of Registrar L. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940, at 3:18 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1940 to July 10, 1940, and that I last saw him alive on July 10, 1940

Immediate cause of death	Duration
Arteriosclerotic heart disease	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I, B.H. Andrews.
Address U.S.Marine Hospital Date signed 7/11/40 M.D.
Baltimore, Maryland.

F 70962 ✓ F 70962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 647 Wilkes St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	11	8		

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Bill Jennings
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Baker
15. Birthplace Virginia

16 (a) Informant Mrs Jennings
(b) Address 1034 S Sharp Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12 40 (month) (day) (year)

(c) Cemetery or crematory
Location Newport News Va

18 (a) Funeral director Isaiah R Brown Son
(b) Address 108 W Montgomery Street

19 (a) ..... (b) ..... (Date received by local registrar) (Registrar)

JUL 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940 at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1940, to 7-10 1940, and that I last saw him alive on 7-10 1940.

Immediate cause of death	Duration
Uremic Coma	5 days
due to Hypertension, Chronic	
Nephritis	5 mos.
Due to Arterio sclerotic Cardio-Vascular Renal Disease	?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Fallmer M. D.
Address Medical Arts Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. F 70963

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2624 Violet Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2624 Violet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 Yrs years

3 (a) FULL NAME Zelda Stichman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Rev. Rubin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Abraham Yoffe
13. Birthplace Russia

MOTHER
14. Maiden Name Faga. ?
15. Birthplace Russia

16 (a) Informant Benj. Stichman
(b) Address 2624 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) Filed July 12 1940 (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4th 1939 to July 12 1940 and that I last saw h[illegible] alive on July 12 1940

Immediate cause of death: Septicemia — Duration: 7 hrs
Due to: Carbuncle of back — 2/4/40
Due to: Diabetes — 6 1-2 yrs
Due to: Cerebral Hemorrhage — 10/7/39
Due to: Hypertension — 1929
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address 2220 Eutaw Date signed July 12 1940

F 70964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a Registered No. F 70964

Please write plainly, with ink, and DO NOT FOLD. Use typewriter if possible. Entries must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Any false statement, omission or concealment of any of the facts required will be punishable by law. Please answer all questions, and if any are not applicable, write "None," so that there will be no omissions. Be sure that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1849 Lorman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mack Gaither

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-07-7731

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Nannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 3-10-1895

8. AGE: Years: 45 | Months: 3 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Jamfield Co S.C. (Town, county, and state)
10. Usual Occupation: Sitter
11. Industry or business

FATHER
12. Name: Robert Gaither
13. Birthplace: S.C.

MOTHER
14. Maiden Name: Jane Gladen
15. Birthplace: S.C.

16 (a) Informant: Hattie Hicks (Sister)
(b) Address: 312 W. 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-13-1940 (month) (day) (year)
(c) Cemetery or crematory: Rosemile Cemetary
Location: Chester S.C.

18 (a) Funeral director: Charles G. Cooper
(b) Address: 511 W. Calhoun St.

19 JUL 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 8:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Acute Myocarditis
secondary Endocarditis
Due to: primary Atty of infection
Due to: of Colon

Duration: 5 days

Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: Above —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William A. Kelser M.D. Medical Examiner
Date signed: 7/9/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

70965

CERTIFICATE OF DEATH ✓ 131-a F 70965

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. No 32 N. Curley St. 6-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Freihamer ☐ U. S. Veteran specify WAR.....

(a) Residence: No. 32 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Freihamer

6. DATE OF BIRTH (month, day, year) Sept 8-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
95	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Kreutzer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Murphy (Address) 32 N. Curley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 13 1940

19. UNDERTAKER Frank V. Fitzgerald (Address) 2518 E. Baltimore

20. FILED JUL 12 1940 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1940

22. I HEREBY CERTIFY, That I attended deceased from May - 1 - 30 to July 11 - 1940

I last saw ... alive on July 11 1940. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Arteriosclerosis	8 yrs.
Chronic Nephritis	
Other conditions contributory causes of importance but not related to principal cause: Myocardial Insufficiency	4 days
Acute Cardiac Dilatation	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. G. Geyer M. D.

(Address) 156 N. Walton Ave.

Dr. W. G. Geyer

INFORMATION NEEDED IN CAREFULLY PREPARING, AND ITEMS ENTERED ON THIS CERTIFICATE SHOULD be carefully considered with a view to making the return complete and accurate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 70966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 70966

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W. Lexington Street
(c) Hospital or institution:
Aged Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 1404 W. Lexington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Jane Staup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white z	widowed

6 (b) Name of husband or wife Leander J. Staup
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1866

8. AGE: Years	Months	Days	If less than one day
74	2	18	hr. min.

9. Birthplace Frederick County, Md.
(Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Christian Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Gosnell
15. Birthplace Md.

16 (a) Informant Mrs. Margaret E. Jones
(b) Address 4320 Bellevieu Avenue

17 (a) burial (b) Date thereof July 13, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baugh's Church
Location Ladiesburg, Fred.Co., Md.

18 (a) Funeral director John O Mitchell & Sons
(b) Address 1900 Eutaw Place, Balto., Md.

(a) JUL 12 1940 (Registrar) (b) Clinton Williamson

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940 19 12:45 P.M. at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1935 to July 10, 1940 and that I last saw h or alive on July 9, 1940

Immediate cause of death Cerebral hemorrhage, Rt. — Duration 7/8:40

Due to Arterio-sclerosis and hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Jarrell

Address 1115 St. Paul St. Date signed 7/12/40

70967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 70967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates, ages, etc. Where information is unknown or not applicable, write "unknown" or "N. A." Physicians: please write the causes of death clearly and legibly. Be sure to answer correctly all questions relating to length of residence, age, and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Brevard Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Bunell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Russell Caughman
13. Birthplace New York

MOTHER
14. Maiden Name Edna Bunell
15. Birthplace Baltimore, Md

16 (a) Informant mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL JUL 12 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore Huntington Williams, M.D.

19 JUL 12 1940 (b) 5769

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 6:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 10 1940, and that I last saw h.m. alive on July 10 1940.

Immediate cause of death Prematurity — Duration
16 weeks Gestancy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo E. Cain M. D.
Address University Hospital Date signed 7/10/40

70968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161 C F 70968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 W Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Millings
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 18, 1940
8. AGE: Years | Months | Days 18 | If less than one day hr. min.
9. Birthplace University Hospital, Balto, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Earl Millings
13. Birthplace South Carolina

MOTHER
14. Maiden Name Maggie Stevenson
15. Birthplace South Carolina

16 (a) Informant Earl Millings
(b) Address 728 W. Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL JUL 12 1940
Location
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) JUL 12 1940 (Date rec'd by Registrar) Huntington Millings M.D. Registrar

3761

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 5:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940, 1:30 P.M. to July 6 1940, and that I last saw him alive on July 6 1940

Immediate cause of death	Duration
Respiratory failure -	
Due to Anemia, dehydration, and malnutrition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Dehydration; Malnutrition

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 7-8-40

70969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 70969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 W. Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 W. Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Clarke

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Harry F. Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3. 1870

8. AGE: Years	Months	Days	If less than one day
70	6	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Carline
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Gertrude Cook
(b) Address 2411 Calverton Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13. 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) JUL 12 1940 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 5-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1933, to July 11 1940, and that I last saw h[illegible] alive on July 9 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	Few minutes
Due to Hypertensive Cardiovascular Disease	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis P. Tenley M. D.
Address 1014 St Paul St Date signed 7/11/40

F 70970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

Registered No. F 70970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street,
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mons 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5706 Barkley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. DAVID C. SMART (JENNIE M.)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: David C. Smart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 16, 1872

8. AGE: Years 67 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace: Hampstead, Balt. Co., Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Edward Mathews
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Julia Treadway
15. Birthplace: Maryland.

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1940 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tielmer & Sons,
(b) Address: North & Pennsylvania Aves., M.P.

19 JUL 12 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-40 19 , at 5.50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 12 1940, and that I last saw her alive on July 12 1940

Immediate cause of death: Bronchopneumonia, Duration: 2 days
Disseminated or multiple cerebral thrombi 7 months
Due to: Generalized arteriosclerosis Years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert C. Abrams, M.D.
Address: Union Memorial Hosp. Date signed 7-12-40 M. D.

VS.3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH VS D

Registered No. F 70971

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Richardson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Gehr Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1893

8. AGE: Years 47 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Hampton, Pa. (Town, county, and state)
10. Usual Occupation Feed and Grain Business
11. Industry or business Self

FATHER
12. Name Edward G. Richardson
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Miller
15. Birthplace Pa.

16 (a) Informant Mrs. Helen G. Richardson
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) JUL 12 1940 (Date rec'd by Registrar) (b) Huntington Withington, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 10:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940 to July 11 1940, and that I last saw h[illegible] alive on July 11 1940

Immediate cause of death: Coronary occlusion — Duration: 24 hours
Due to: Hypertensive cardio-vascular disease — @ least 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin P. Ruzicka M.D.
Address University Hospital Date signed July 11, 1940

VS 8

Please write the causes of death clearly and legibly. Physicians: please write, correct age is especially important.

70972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 70972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Baker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Baker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Hassfurther

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August Hassfurther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1872

8. AGE: Years	Months	Days	If less than one day
68	3	12	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Jacob Schild
13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Mueller
15. Birthplace Germany

16 (a) Informant Mr. Melvin Ennis
(b) Address 2821 Baker St.

17 (a) Burial (b) Date thereof July 13, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner and Sons
(b) Address North And Pennsylvania Aves.

19 JUL 12 1940 (b) Huntington Williams, M.D.
(Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 40, to July 11 19 40, and that I last saw h[illegible] alive on July 10 19 40.

Immediate cause of death Acute Myocarditis — Duration 3 days

Due to

Due to

Other Conditions Hypertension, Hemiplegia, Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(c) Means of injury
23. Signature Walter Edmondson M. D.
Address 402 Edmondson Ave. Date signed

VS 2

PLEASE WRITE PLAINLY, with unfading black ink. Be sure that the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

70973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 70973

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Boul.
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Years
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

21-14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4607 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Nannie Whiting Hamilton Hough

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harrie Hough
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) December 25-1845

8. AGE: Years	Months	Days	If less than one day
94	6	16	___ hr. ___ min.

9. Birthplace Middleburg, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Henry Hamilton
13. Birthplace Princeton, N. J.

MOTHER
14. Maiden Name ? Gibson
15. Birthplace Unknown

16 (a) Informant Mr. E. H. Hough
(b) Address 1720 St Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 JUL 12 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 10-15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 11 1940, and that I last saw her alive on July 11 1940.

Immediate cause of death	Duration
Bronchopneumonia	8 days
Due to	
Due to Senile Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter
Address 4822 Roland Ave Date signed 7/14/40

VS 2

PLEASE WRITE PLAINLY, with ordinary ink. Do not use pencil. Do not abbreviate. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the cau

70974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Data correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 N. Patterson PK Ave
(c) Hospital or institution: — none
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) about 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Harford County~~
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 938 N Patt PK Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Melvin Ebert Jeffery Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-7614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Bertha Jeffery
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 27th 1872

8. AGE: Years 68 | Months 5 | Days 15/14 | If less than one day ____ hr. ____ min.

9. Birthplace Harford County
(Town, county, and state)

10. Usual Occupation Rigger
11. Industry or business Miller Safe & Iron Works

FATHER: 12. Name Melvin Jeffery Sr
13. Birthplace Unknown

MOTHER: 14. Maiden Name Nenny Colder
15. Birthplace Unknown

16 (a) Informant Mrs Kenneth Dodson
(b) Address 5226 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13th 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville Harford Rd

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) July 12 1940 (Date received by registrar) (b) Huntington Williams, N.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1940 at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 1940 and that I last saw him alive on July 3 1940

Immediate cause of death: Ch. Myocarditis — Duration about 8 years

Due to: ____

Due to: ____

Other Conditions: Arterio sclerosis Ch. Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J S Hardesty M. D.
Address 4810 Belair Rd Date signed July 11/40

70975 10421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-3

Registered No. F 70975

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Do not leave any answer blank. If unknown or if the question is not applicable, write the word "unknown". Physicians: please write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo26da
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo.26da.

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1375 Irving St., N. W.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELSIE M. FIELDS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Cecil Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10,1888

8. AGE: Years	Months	Days	If less than one day
52	5	1	hr. min.

9. Birthplace Colquitt, Georgia
(Town, county, and state)
10. Usual Occupation PHS Nurse
11. Industry or business Bureau of Engraving

FATHER
12. Name Thomas J. Holland
13. Birthplace Colquitt, Georgia

MOTHER
14. Maiden Name Prudence Wingate
15. Birthplace Mitchell, Georgia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof 7/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Mont City Fla

18 (a) Funeral director Williams Co.
(b) Address 1217 E. Pratt St.

JUL 12 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15, 1940, to July 11, 1940 and that I last saw her alive on July 11, 1940

Immediate cause of death Carcinoma of the Cervix — Duration 1 year

Due to

Due to

Other Conditions Associated obstruction of rectum; Hydronephrosis — Duration Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy; Proctoscopy; Cauterization.
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address U. S. Marine Hospital Date signed 7/12/40
Baltimore, Maryland.

70976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Carter

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Franklin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1867

8. AGE: Years 76 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Randolph E. Evans
13. Birthplace Balto Md

MOTHER — 14. Maiden Name Laura Bramble
15. Birthplace Balto Md

16 (a) Informant Elmer E. Carter
(b) Address 3102 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Williams & Cook
(b) Address 1217 St Paul St
(c) Huntington Williams Funeral Director

JUL (Date received) 1940 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17- 1940 to July 11- 1940, and that I last saw Her alive on July 11 1940

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 7/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co
(c) City or town Havre de Grace Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Lee

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wade H. Lee
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 23 1876
8. AGE: Years 63 | Months 7 | Days 19 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housework at Home
11. Industry or business
FATHER 12. Name James P. Martin
13. Birthplace Md
MOTHER 14. Maiden Name Sarah Grafton
15. Birthplace Md
16 (a) Informant Wade H. Lee
(b) Address Havre de Grace, Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1940 (month) (day) (year)
(c) Cemetery or crematory Rock Run Cem
Location Harford Co., Md
18 (a) Funeral director H. S. Bailey
(b) Address Darlington, Md.
19 (a) Date received by Local Registrar JUL 16 1940 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940 at 7:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 12 1940 and that I last saw her alive on July 12 1940

Immediate cause of death: Pneumonia — Duration: 12 hrs
Due to: Cong Insufficiency Chronic Passive Congestion
Due to:
Other Conditions: Diabetic acidosis Coronary Thrombosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. S. Hartz M.D.
Address University Hosp. Date signed 7/14

F 70978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22da.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Ridgefield Park (If outside city or town limits, write RURAL and give town)
No. 34 4th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Francis MALLOY

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Isreela Hafela
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 8, 1870

8. AGE: Years	Months	Days	If less than one day
69	9	3	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Fireman-Tug Boat
11. Industry or business

FATHER
12. Name Michael Malloy
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Kuscar
15. Birthplace New York

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Repose
Location Ridgefield Park, N. J.

18 (a) Funeral director A. Lee O'Dell
(b) Address 4644 York Road Huntington Williams, N.P.

19 JUL 12 1940 (Date received) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940, at 11:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19, 1940 to July 11, 1940, and that I last saw him alive on July 11, 1940.

Immediate cause of death Chronic myocarditis, arteriosclerotic — Duration 4 mo.
Due to
Due to
Other Conditions Bronchiogenic carcinoma — Duration 6 mo.
(Include pregnancy within 3 months of death)
Major findings: Of operations Bronchoscopy, biopsy
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. a deceased, M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" or the correct answer "none" inserted. Omission to answer any item will necessarily delay burial. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 2

F 70979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. F 70979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lorraine V Oliver
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 S Decker
(If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Dorothy Kerczewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Walter Kerczewski
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Anna Lwinski

15. Birthplace Germany

16 (a) Informant Walter Kerczewski (Husband)

(b) Address 522 S. Decker ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore Co. Md.

18 (a) Funeral director John M. Weber

(b) Address 46 E. Chester St

19 (a) JUL 12 1940 (Date rec'd by registrar) (b) Huntington Williams Boulevard

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 10 1940, and that I last saw h alive on July 10 1940.

Immediate cause of death acute nephritis — Duration

Due to Generalized arteriosclerosis

Due to arteriosclerotic psychosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Felsenson M. D.

Address St. Josephs Hosp Date signed 7-12-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-A

Registered No. F 70980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Anglesea St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Mikayzak (Michalina Mikolajczyk)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Paul Mikolajczyk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years: 69 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Paul Dumowski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Poland

16 (a) Informant: Mrs. Burgess Allen, Daughter
(b) Address: 419 S. Anglesea Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cemetery.
Location: German Hill Road.

18 (a) Funeral director: John M. Weber,
(b) Address: 401 Chester Street.

19 JUL 12 1940 (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 10:5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 2 days
Due to: following Fracture of neck of femur, left — 3 days
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/6/40
(c) Where did injury occur? 419 Anglesea St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury: Fell down Steps

23. Signature: William L. Peltz M.D. Medical Examiner.
Date signed 7/8/40

VS 6

VS 6

F 70981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 56936 F 70981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, the causes of death clearly and legibly. correct age is especially important. Physicians: please write, type or stamp.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 Cuba St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wanda Budneski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1891

8. AGE: Years	Months	Days	If less than one day
49	2	1	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert Chicsski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7/15/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Holy Cross Brooklyn
Location Anne Arundel County
18 (a) Funeral director John M. Welsh
(b) Address 40 E. Chester Street
19 JUL 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1940 at 8:47 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1940 to 7-11 1940, and that I last saw h[illegible] alive on 7-10 1940.

Immediate cause of death: Lobar pneumonia — Duration 4 da
Left empyema
Due to Cholecystectomy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Cholecystitis & Cholelithiasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sidney R. Eckert Jr
Address Baltimore City Hosp. Date signed M. D. 7/14/40

TERRY

HEALTH DEPARTMENT—CITY OF BALTIMORE

70982

CERTIFICATE OF DEATH

93-D F 70982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Huron St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Paul Terry

If U. S. Veteran specify WAR.

(a) Residence: No. 2613 Huron St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Terry

6. DATE OF BIRTH (month, day, year) March 26 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Paul Terry

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Terry
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date July 13, 1940

19. UNDERTAKER Joseph A. Sharby
(Address) 1089 N. Howard St.

20. FILED JUL 12 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940 to July 10, 1940

I last saw him alive on July 10, 1940 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac Asthma	9 days
	over
Other contributory causes of importance: Bronchitis	7 Yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Shepherd Dram M. D.

(Address) 1 W. Mulberry St.

information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 70983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 103 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4410 Valley View Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Walter Craven (54256)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-05-5293

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1903

8. AGE: Years	Months	Days	If less than one day
37	2	7	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business

FATHER
12. Name Charles
13. Birthplace S. Car.

MOTHER
14. Maiden Name Henrietta Crosby
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 13 1940 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30, 1940, to July 12 1940. and that I last saw h im alive on July 12, 1940.

Immediate cause of death: Tuberculosis of the Lungs
Tuberculosis of the Larynx

Duration
May 1938
Dec 1939

Due to:

Due to:

Other Conditions: Tuberculosis of the intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 7-12-40

F 70984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56204 SD Registered No. F 70984

50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3444 2nd Street, Curtis Bay
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Maud Essex

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1884

8. AGE: Years 55 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Anderson (d)
13. Birthplace Md

MOTHER
14. Maiden Name (Camila) Francis Johnson
15. Birthplace Md

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location a.a.c. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) JUL 13 1940 (Registrar) Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained if possible. Every question must be answered. Any unknown or doubtful answer is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1940, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1940 to 7-12 1940 and that I last saw h[illegible] alive on 7-12 1940

Immediate cause of death:
Adenocarcinoma of Right breast c metastasis

Duration: 4 years

Due to

Due to

Other Conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of breast

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rigdon, M.D.
Address Balt. City Hosp. Date signed 7-12-40

70985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 C F 70985

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

2. FULL NAME William Frank Fitzelberger

If U. S. Veteran specify WAR

(a) Residence: No. 524 E. 30th St., Ward

(Usual place of abode)

S.S. # 215-10-9041

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen L. Fitzelberger

6. DATE OF BIRTH (month, day, year) Jan 26th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis M. Fitzelberger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura V. Pethenbridge

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Helen L. Fitzelberger

(Address) 524 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/14 1940

19. UNDERTAKER William Cox & Co

(Address) 1217 E. Fort Ave

20. FILED JUL 13 1940 19 Wm. Fallon Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1940

22. I HEREBY CERTIFY, That I attended deceased from July 7 1940 to July 11 1940

I last saw h[illegible] alive on July 11 1940 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	7/7
Pneumonia, Lobar	7/8

Other contributory causes of importance:

Cerebral Nervous System, Lues	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Helen D. Pappelman M. D.

(Address) South Balto General Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163-1

Registered No. F 70986

Every item of information should be carefully supplied. Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Madison ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Reindl

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	216-07-0708

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 - 1889

8. AGE: Years	Months	Days	If less than one day
51	6	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Kelly's Hospital

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Asbury A. Ferguson
(b) Address 117 Mallow Hill Road

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 847 Madison Ave
(c) Huntington Williams, M.D.
JUL 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-1940, at M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy • Inquiry thereon and from the evidence obtained by said Autopsy • Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-11-40
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of gas

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 7-12-40

VS 6

F 70987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E ✓ 57123 SD

Registered No. F 70987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Pine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1923

3 (a) FULL NAME Franklin Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1889

8. AGE: Years	Months	Days	If less than one day
51	8	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Franklin (d)
13. Birthplace Okla.

MOTHER
14. Maiden Name Emily Camphor (d)
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 32 E. N. Lebroeder st

19 (a) July 12 1940 (Date received by registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1940, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1940, to 7-10- 1940, and that I last saw h[illegible] alive on 7-10- 1940

Immediate cause of death Cardiac failure — Duration ?
Due to Syphilitic CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-11-40

F 70988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 70988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2554 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Schatter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced:

6 (b) Name of ~~husband or~~ wife Emma (Buchsbaum)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1886

8. AGE: Years 54 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired ~~Farmer~~

11. Industry or business Detective

FATHER 12. Name Jacob Schatter

13. Birthplace Germany

MOTHER 14. Maiden Name Augusta (Buchsbaum)

15. Birthplace Germany

16 (a) Informant Mrs Emma Schatter

(b) Address 2554 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1940 (month) (day) (year)

(c) Cemetery or crematory Westlow

Location Baltimore Cty + Edgewood Rds

18 (a) Funeral director Henry H Wilhelm

(b) Address 4101 Edmondson Ave

19 (a) JUL 13 1940 (Date received by registrar) Huntington Hills, Md. (b) Address

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 9:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1940, to July 11, 1940, and that I last saw him alive on July 11, 1940

Immediate cause of death Uremia — Duration

Due to Hypertensive cardio-vascular renal disease

Due to

Other Conditions Portal cirrhosis with ascites (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 7/11/40

F 70989

HEALTH DEPARTMENT—CITY OF BALTIMORE

70989 F

CERTIFICATE OF DEATH

92B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5904 Bellona Ave, 27th Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary M. Landemann

If U. S. Veteran specify WAR.....

(a) Residence: No. 5904 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph Landemann 1884

6. DATE OF BIRTH (month, day, year) Feb 2 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as, silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George Trent

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Powell

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Randolph Landemann

(Address) 5704 Bellona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date July 13 1940

19. UNDERTAKER Henry L. Pottke

(Address) 4101 Edmondson Ave.

20. FILED ..... 19.. Hunting for Williams M.D.

JUL 13 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1940

22. I HEREBY CERTIFY, That I attended deceased from July 7 1940 to July 11 1940

I last saw her alive on July 11 1940 Death is said to have occurred on the date stated above, at 11:07 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Embolism	2-5-40
Other contributory causes of importance: Mitral Stenosis	5 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Dawes M. D.

(Address) 8006 33rd Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 70990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Bolton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Guy D. Thomas

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 223-09-1497

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leona F Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30 1918

8. AGE: Years 30 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Chauffeur
11. Industry or business

FATHER
12. Name: Henry Thomas
13. Birthplace: Va.

MOTHER
14. Maiden Name: Lily B (Unknown)
15. Birthplace: Unknown

16 (a) Informant: Leona Thomas
(b) Address: 1906 ½ Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13/40 (month) (day) (year)
(c) Cemetery or crematory: Lynchburg
Location: Lynchburg Va

18 (a) Funeral director: Tilford Bros
(b) Address: 1219 ½ Pont St

19 (a) [illegible] JUL 13 1940 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-1940, at 10:55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull -	
Due to Fractured Face bones & mandible	
Due to Brain lesions & lacerations	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-12-40
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Fall from 3rd floor front to large ground

23. Signature Howard J. Wilkins M.D.
Medical Examiner.
Date signed 7-12-40

VS 6

57846-FD

F 70991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

581

Registered No. F 70991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 W. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-9

3 (a) FULL NAME Emma Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-1902

8. AGE: Years	Months	Days	If less than one day
38	1	1	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name William Alvin Bagley
13. Birthplace Va.

MOTHER
14. Maiden Name Georgianna Alburn
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (month) (day) (year)
(c) Cemetery or crematory
Location Keyburg Va.

18 (a) Funeral director Robert F. Gorman
(b) Address 804 W. Caroline St.

19 (a) Date received by registrar JUL 12 1940 (b) Huntington White, Registrar, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1940, to 7-11- 1940, and that I last saw h-r alive on 7-11- 1940.

Immediate cause of death: Acute Hemorrhagic Fever — Duration 1 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kefauver M. D.
Address Balto City Hosp. Date signed 7-12-40

382425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 70992

~~F 20992~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Rogers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-05

8. AGE: Years	Months	Days	If less than one day
34 35	11	25	hr. min.

9. Birthplace Ga (Town, county, and state)
10. Usual Occupation FARMING
11. Industry or business

FATHER
12. Name Eugene Rogers
13. Birthplace Ga

MOTHER
14. Maiden Name Georgia Kimbro
15. Birthplace Ga

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 13 1940
18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore
19 JUL 13 1940 (b) Huntington Williams M.D.
(Date signed by registrar) (Registrar)

5765

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 9 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death Cardiac Failure — Duration 3d

Due to T.B.? of mediastinum, Pericardial Effusion, T.B.? — 6 mo. 2 wks.

Due to Pulm. T.B. Pleurisy — 6 mo.? Yrs.?

Other Conditions Nephritis, Secondary

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature WB Mcallister Jr M. D.
Address Date signed

70993

F 70993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

833

15-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Cold Spring Lane St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace A. Doyle

(a) Residence: No. 3003 W. Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John B. Doyle

6. DATE OF BIRTH (month, day, year) June 29, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edmund H. Stubbs

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Samuel J. Stubbs
(Address) 3003 W. Cold Spring Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/15/40, 19

19. UNDERTAKER Ellis S. White
(Address) 2840 W. Cold Spring Lane.

20. FILED JUL 13 1940, 19 Huntington Hill Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1940 to July 11, 1940

I last saw her alive on July 10, 1940 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7-11-40
Other conditions contributing to death but not related to principal cause: Pulmonary Tuberculosis	Funeral Visit 7-34

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James J. Kelly M. D.

(Address) 401 N. Park Ave

401 N Park

F 70994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

F 70994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Malden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Malden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Millard M. Kirby.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel V. Kirby.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1870

8. AGE: Years	Months	Days	If less than one day
69	11	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Self Employed

FATHER
12. Name Henry Kirby.
13. Birthplace Maryland

MOTHER
14. Maiden Name Olivia McComac
15. Birthplace Maryland

16. (a) Informant Mabel V. Kirby.
(b) Address 3613 Malden Ave

17 (a) Burial (b) Date thereof July 15, 1940 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615 Hartford Ave

JUL 13 1940
(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-40 19 , to 7-12 1940, and that I last saw him alive on 7-11- 1940.

Immediate cause of death.	Duration
Cardiac Decompensation	2
Arteriosclerotic Cardiovascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Simonite M. D.
Address 3711 Falls Rd Date signed 7-11-40

F 70995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. F 70995

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Lakeside ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1706 Lakeside ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Kearny

3 (b) If veteran, name war — 3 (c) Social Security Account No. 577-05-8077

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1881

8. AGE: Years 58 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Agent & Traveling
11. Industry or business

FATHER
12. Name James Kearny
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Healy
15. Birthplace Ireland

16 (a) Informant Catherine F. Kearny
(b) Address 1706 Lakeside ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/40 (mo., day, yr.)
(c) Cemetery or crematory Newark, N. J.
Location

18 (a) Funeral director John G. Moran
(b) Address Baltimore, Md.

19 (a) JUL 13 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1940, at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to July 12 1940.
and that I last saw h[illegible] alive on July 12 1940.

Immediate cause of death: Coronary Occlusion — Duration 3 mo
Due to:
Due to:
Other Conditions: Arteriosclerosis — Duration 1 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations:
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. W. Hemmeter M. D.
Address 4710 Eastern ave Date signed

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

F 70996 — Registered No. F 70996

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 7 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1766 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ambrose W. Diffendall

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-0758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Diffendall
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) [illegible] 56 yrs Mos 4th 1883

8. AGE: Years	Months	Days	If less than one day
56	7	2420	hr. min.

9. Birthplace Balto Md (town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business Gas & Elec Company

FATHER
12. Name Jno Diffendall
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Busle
15. Birthplace Maryland

16 (a) Informant Mrs Catherine Redmond
(b) Address 1756 E North ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory Parkswood Cemetery
Location Taylor ave Ellicott City

18 (a) Funeral director Geo Schilling & Sons
(b) Address Monument & Biddle Sts

19 (a) JUL 13 1940 (Date of death) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 5 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1940, to July 12 1940, and that I last saw him alive on July 12, 1940.

Immediate cause of death Cardiac decompensation, Bronchopneumonia, Bilat

Duration

Due to Carcinoma of Epiglottis

Due to

Other Conditions Cirrhosis of Liver

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Epiglottis
Of autopsy Cirrhosis of Liver (and Autopsy)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Tompkins M. D.
Address Md Gen Hospital Date signed 7/12/40

VS 3

F 70997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5E Registered No. F 70997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days) 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Timothy Ryan Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1864

8. AGE: Years	Months	Days	If less than one day
76	1	22	---- hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation President - Columbia
11. Industry or business Specialty Co.

FATHER
12. Name Timothy Ryan
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Mary M. Shortall
15. Birthplace ----- Ireland

16 (a) Informant S. B. Mears
(b) Address 805 North Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick & Augusta Aves.

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

19 (JUL 13 1940) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to June 17 1940 and that I last saw h[illegible] alive on June 17 1940.

Immediate cause of death: Neck
Carcinoma of tongue (right)
Due to .....
Due to Metastasis in lymph
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration
1 yr
2 mo

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature H S Gray M. D.
Address 677 N Monroe Date signed 7/13/40

VS 3

F 70998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 70998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Roland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Aquilla Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie M. Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1896

8. AGE: Years: 44 | Months: 4 | Days: 26 | If less than one day: -- hr. --- min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Deputy Food and Drug

11. Industry or business: Commissioner of Maryland

FATHER
12. Name: Richard A. Jackson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Addie Carr
15. Birthplace: Maryland

16 (a) Informant: Mrs. Bessie M. Jackson
(b) Address: 4802 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Md.

18 (a) Funeral director: H. W. Mears & Son
(b) Address: 1201 W. Lafayette St. Huntington Williams, M.D.

19 (a) JUL 13 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12, 1940 to July 12 1940 and that I last saw him alive on July 9 1940

Immediate cause of death: Coronary Occlusion — Duration:

Due to: Arteriosclerotic Heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thos. B. Jarrett M. D.

Address: 1115 St Paul St. Date signed: 7/12/40

F 70999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Taneytown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Anders

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1865

8. AGE: Years 55 | Months 1 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER 12. Name John A Anders
13. Birthplace Md

MOTHER 14. Maiden Name Mary Heck
15. Birthplace Md

16 (a) Informant Charles E Anders
(b) Address Taneytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Lutheran Taneytown

18 (a) Funeral director C O Russell Son
(b) Address Taneytown Md

19 (a) ~~July 13 1940~~ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1940 to July 13 1940, and that I last saw him alive on July 13 1940.

	Duration
Immediate cause of death Post operative paralytic ileus	4 days
Due to Complication following Hernia plasty	
Due to	
Other Conditions mild diabetes	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operation Sliding inguinal hernia - RD
Of autopsy distended intestines

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Everett A. Diggs M. D.
Address University Hosp. Date signed 7/17/40

F 71000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 71000
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please correct age is especially important. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Cumberstone Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Neal

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Samuel H. Neal

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Aug 17 1905

8. AGE: Years	Months	Days	If less than one day
34	10	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Elrick Young
13. Birthplace Md.

MOTHER
14. Maiden Name Watts
15. Birthplace Md.

16 (a) Informant Samuel H. Neal
(b) Address Cumberstone

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery or crematory Daniel Star
Location West River, Md

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Edgewater

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28, 1940, to July 13 1940, and that I last saw h.e.r. alive on July 13, 1940.

Immediate cause of death: Intestinal obstruction

Duration
8 days

Due to Diffuse Peritonitis complicating operation

Due to abdominal - perineal resection of

Other Conditions Carcinoma of Rectum

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of rectum

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Everett L. Diggs M. D.
Address University Hosp. Date signed 7/13/40

F 71001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 71001 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Cincinnati
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Observatory Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FORSBECK, Philip C.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Forsbeck
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 6, 1900

8. AGE: Years	Months	Days	If less than one day
40	0	7	hr. min.

9. Birthplace Milwaukee, Wisconsin
(Town, county, and state)
10. Usual Occupation Surgeon-National Institute
11. Industry or business of Health, U.S.P.H.S.

FATHER
12. Name Philip A. Forsbeck
13. Birthplace Sweden

MOTHER
14. Maiden Name Frances (Unknown)
15. Birthplace Sweden

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof July 14.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Cincinnati Ohio

18 (a) Funeral director A. Reifey Slade
(b) Address 4907 York Road

19 (a) 7-14-1940 (b) [illegible] Registrar
(Date received by registrar)

JUL 14 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1940 at 1:35PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1940, to July 13, 1940, and that I last saw him alive on July 13, 1940.

Immediate cause of death	Duration
(a) Glio-Sarcoma, Multiform Both Frontal Lobes of Brain	9 mo's
Due to (Brain tumor)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature H. D. Duncan, Asst. Surgeon
M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/13/40

Mary M Cossen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 71002 Registered No.

F 71002

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Miss Mary Cossen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1874

8. AGE: Years	Months	Days	If less than one day
66 65	1	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name C. Dietrich Cossen
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Rinkhardt
15. Birthplace Germany

16 (a) Informant Joseph J. Gimpel
(b) Address 2931 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-1940 (month) (day) (year)
(c) Cemetery or crematory St. Mathews
Location Old Harford rd. Ext

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) ..... (Signature of registrar) Martin J. Hillis

JUL 14 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 2:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 13 1940, and that I last saw h[illegible] alive on July 12 1940.

Immediate cause of death

Cerebral hemorrhage

Due to Hypertensive C.V.D.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy — none

Duration
16 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Joseph E. Schenthal M. D.

Address Mercy Hospital Date signed 7/13/40

F 71003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a

F 71003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Archer St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Archer st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Weaver Truitt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Alfred Smith
13. Birthplace Balto Md

MOTHER 14. Maiden Name Amanda Weaver
15. Birthplace Balto Md

16 (a) Informant Richard Truitt
(b) Address 517 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Archibald A. Haddix
(b) Address 2101 McCulloh St.

19 (a) (Undertaker or registrar) Printing for Williams, M.D. Registrar

JUL 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Faindell Gault M.D. Medical Examiner.
Date signed 7/13/40

F 71004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 a F 71004

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 - 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 J St (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME Cherie Rogers. (RODGERS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Authur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/1896

8. AGE: Years 43 | Months 7 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Wm Watford

FATHER 13. Birthplace North Carolina

MOTHER 14. Maiden Name Lorenna Peary

MOTHER 15. Birthplace North Carolina

16 (a) Informant Authur Rodgers

(b) Address 809 J St. Sparrows Point

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. County

18 (a) Funeral director Archibald A. Rodgers

(b) Address 1401 N. Caroline St.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

JUL 14 1940

Huntingdon Avenue, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 8.57 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7- 1940 to 7-12- 1940 and that I last saw her alive on 7-12- 1940.

	Duration
Immediate cause of death: Hypertensive Cardio. Vascular Disease	2
Due to: Mitral Insufficiency	?
Due to: Obesity	yrs
Other Conditions: Nephritis & Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.

Address Provident Hosp Date signed 7/12/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 71005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 71005

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514.N Washington St
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514.N Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John Beck

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: Retired

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1866

8. AGE: Years 73 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Beck
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Cecelia Krug
15. Birthplace Germany

16 (a) Informant George Beck(Brother)
(b) Address 514.N.Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balto Md

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) 7-14-1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1939 to July 10 1940, and that I last saw him alive on July 9 1940

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Arteriosclerosis	18 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1530 E. Baltimore St. Date signed 7-13-40

F 71006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 71006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 S. Conkling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Valentine J. Schell

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frances SCHELL

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) JULY 21 1881

8. AGE: Years: 58 | Months: 11 | Days: 11 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business: Trucking Business

FATHER
12. Name: JOSEPH SCHELL
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MARIE ?
15. Birthplace: GERMANY

16 (a) Informant: FRANCES SCHELL (WIFE)
(b) Address: 805 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 15/40 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) [illegible] (b) [illegible] Registrar

JUL 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 1040 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940 to July 11, 1940 and that I last saw h[illegible] alive on July 11 1940

Immediate cause of death: Septicemia — Duration:

Due to: Retro-peritoneal abscess:

Due to: Peri-Rectal abscess

Other Conditions: Coronary heart disease:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Retro-peritoneal abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Theodore Kaffel M.D.
Address: Sinai Hosp. Date signed: 7/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-D

F 71007 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6730 BESSEMER AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6730 BESSEMER (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 6

3 (a) FULL NAME ROSE BOSSE

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOSEPH BOSSE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JULY 10 1860

8. AGE: Years: 80 | Months: 0 | Days: 1 2 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: JOHN DORN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKOWN
15. Birthplace: GERMANY

16 (a) Informant: MADELINE GOEB (DAUGHTER)
(b) Address: 6730 BESSEMER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 15/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Leiter INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by local registrar) JUL 14 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 12 1940 at 1/15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to July 12 1940; and that I last saw h-- alive on July 11 1940.

Immediate cause of death	Duration
(a) Uremia,	7 dys.
Due to (b) Hypertension Heart Disease	6 yrs.
Due to (c)	
Other Conditions. Herpes.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. H. Meyer Jr.

Address 1520 E. 33rd St. Date signed 7/12/40 M. D.

F 71008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No. F 71008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument near Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 419 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Paul Sinnott

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-12-4412

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Nellie E. Sinnott
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept-25-1899

8. AGE: Years 40 | Months 9 | Days 18 | If less than one day — hr. — min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation: Chauffeur
11. Industry or business: Brick Business

FATHER
12. Name: James M. Sinnott
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Addie M. Delphey
15. Birthplace: Frederick Co. Md.

16 (a) Informant: Mrs A. M. Sinnott (mother)
(b) Address: 419 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July-16-40 (month) (day) (year)
(c) Cemetery or crematory: Mountain View
Location: Union Bridge - Carroll Co. Md

18 (a) Funeral director: Stewart Memorial (signature illegible)
(b) Address: 108 W. Main St.

JUL 14 1940
(Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm Vander Gucht M.D.
Medical Examiner.
Date signed 7/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 6

71009

MISSING

F 71010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

15

F 71010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Greenspring Ave (If rural give location)
15 13
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Providence Dolorase Di Paola

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-10-2440

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6 1910

8. AGE: Years 30 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Sales Lady
11. Industry or business Yacht

FATHER
12. Name Joseph Di Paola
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Raimondi
15. Birthplace Italy

16 (a) Informant Joseph Di Paola
(b) Address 4104 Greenspring Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 14 1940 (Date rec'd by Registrar) (b) Huntington Hall Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-40 19 at 10 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1940 to 7-13 1940, and that I last saw her alive on 7-13 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Strangulation Peritonitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulation Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Sabatino M. D.
Address St Jos. Hosp. Date signed 7-13-40

F 71011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 71011
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 345 E. 29th st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 345 E. 29th st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella M. Finn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Michael J. Finn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1866

8. AGE: Years 74 | Months 3 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Elkridge Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name James Brannen
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Leonard
15. Birthplace Ireland

16 (a) Informant Margaret Du Bois
(b) Address 345 E. 29th st

17 (a) Burial (b) Date thereof 7/16/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Govans - Balto Md

18 (a) Funeral director William Cox
(b) Address 1217 St. Paul st

19 (a) Filed [illegible] (Registrar) (b) Registered [illegible] Registrar

JUL 11 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1940, 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to July 12 1940, and that I last saw h[illegible] alive on July 12 1940.

Immediate cause of death: Carcinoma of stomach — Duration 7 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel N. Culver M. D.
Address 611 Pembroke Rd Date signed 7-15-40

F 71012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Huntingdon Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

127

3 (a) FULL NAME Laura M. Bowers

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife David Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18th 1868

8. AGE: Years	Months	Days	If less than one day
72	1	24	hr. min.

9. Birthplace Decatur Ill.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Unknown Rinehart
13. Birthplace Unknown

MOTHER
14. Maiden Name Nancy Ebersole
15. Birthplace Unknown

16 (a) Informant John Pittinger
(b) Address 2618 Huntingdon Ave

17 (a) Removal (b) Date thereof 7/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Shippensburg, Pa

18 (a) Funeral director Fulton & Son
(b) Address 1219 E. Fort Ave

JUL 14 1940 (b) Registered No.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1940, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1938 to July 12, 1940, and that I last saw her alive on July 12, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other Conditions Gall-Stones	14 yr.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laura Bowers
Address 1331 S. North Ave Date signed 7-13-40. M. D.

F 71013

F 71013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3M-5D
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Mabel C. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wd. W. Walter Smith

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1885

8. AGE: Years 54 55 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name R. G. Charles
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Sarah M. Cauley
15. Birthplace Pennsylvania

16 (a) Informant Mrs. G. Walter Smith
(b) Address Aberdeen, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1940 (month) (day) (year)

(c) Cemetery or crematory Bel Air Cemetery
Location Aberdeen Md

18 (a) Funeral director Perry Fleming & Son
(b) Address Aberdeen Md.

JUL 14 1940 (Date rec'd by Registrar) Hunting & Williams Undertakers

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1940 to July 13 1940, and that I last saw her alive on July 13 1940.

Immediate cause of death Carcinoma of the Heart — Duration 7
(Final disease or condition resulting in death)
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory Metastases Carcinoma of Stomach
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. Edmunds Guyton M. D.
Address Church Home & Inf. Date signed 7-13-40

F 71014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162-2

F 71014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 W. Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W. Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Letitia Davis Crooker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel G. Crooker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 9, 1855
8. AGE: Years 84 | Months 8 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Morgan Davis
13. Birthplace London, England

MOTHER
14. Maiden Name Eleanor Waddell
15. Birthplace Scotland

16 (a) Informant Mr. Jas. G. Crooker
(b) Address 630 St. Johns Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

19 (a) JUL 14 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940 at 7:27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1934 to 7-12 1940 and that I last saw h[illegible] alive on 7-12 1940

Immediate cause of death: Inanition — Duration

Due to: Senile pereuis

Due to: age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur T. Bartol M.D.
Address Greenway Apts. - 25 Date signed July 13, 1940

F 71015 HEALTH DEPARTMENT—CITY OF BALTIMORE F 71015

CERTIFICATE OF DEATH 107 No Social Security No.

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. (If Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. Robinson If U. S. Veteran specify WAR

(a) Residence: No. 43 Overbrook Road St., Ward. Balto. Co. Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eveline I. Robinson

6. DATE OF BIRTH (month, day, year) May 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Yrs~~	76	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME James F. Robinson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Bond

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Eveline Robinson

(Address) 43 Overbrook Rd. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Burial-Loudon Pk. Date July 15, 1940

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa.

Filed JUL 14 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1940 to July 13, 1940

I last saw him alive on July 13, 1940 Death is said to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

Congestive heart failure — Date of onset July 1940

Other contributory causes of importance:

Bronchopneumonia — July 9, 1940

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard E. Blumenthal M. D.

(Address) West Baltimore General Hosp.

V. S. 8—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71016 HEALTH DEPARTMENT—CITY OF BALTIMORE F 71016

CERTIFICATE OF DEATH

47-D

1. PLACE OF DEATH West Balto General Hospital Registered No. 27719

CITY OF BALTIMORE: (No. Dukeland & Bayview Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert H. Gaffney If U. S. Veteran specify WAR

(a) Residence: No. 5817 Park Heights Ave, Ward 8 SS 220-07-1978
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna D. Gaffney

6. DATE OF BIRTH (month, day, year) April 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dept. City of Balto

10. Date deceased last worked at this occupation (month and year) Sept 1939

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John M. Gaffney.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Louise Gilbert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Anna Gaffney
(Address) 5817 Park Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/15/40 19...

19. UNDERTAKER Le Vernon Lemmon
(Address) 4611 Park Heights

20. FILED JUL 12 1940 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/29/40 to 7/12 1940

I last saw him alive on 7/12, 1940. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Leonard Wallenstein M. D.

(Address) ...

AS REQUIRED BY LAW, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71017

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH General German Aged Home

CITY OF BALTIMORE: (No. 22 S Athol Ave St. 28 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Miriam Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 22 S Athol Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME F. L. Johnson

14. BIRTHPLACE (city or town)
(State or country) Pa.

MOTHER

15. MAIDEN NAME Isabel Mostel

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT General German aged Home
(Address) 22 S Athol Ave

18. BURIAL, CREMATION, REMOVAL
Place Western Date July 15 1940

19. UNDERTAKER Henry A Wittle
(Address) 4101 Edmondson Ave

20. FILED ..... 19.....

JUL 14 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1/40 19.... to July 12/40 a.m., 19.... I last saw her alive on July 12/40 a.m., 19.... Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	Unknown.

Other contributory causes of importance:

Angina Pectoris.	June 8/40.

Was an operation performed? No. Date of None.

For what disease or injury?

Name of operation

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Henry Waldschmidt

(Address) 933 Hanover St.

F 71018

F 71018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 71018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline + Oliver
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Linganore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry Fredrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25/1869

8. AGE: Years	Months	Days	If less than one day
70	8	20	hr. min.

9. Birthplace Penna. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Andrew J. Fredrick
13. Birthplace Penna.

MOTHER
14. Maiden Name Clara L. Matthews
15. Birthplace Md.

16 (a) Informant Clara McDaniel
(b) Address 16 Linganore Ave Parkville Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 14/40 (month) (day) (year)
(c) Cemetery ~~to cremate~~ Lutheran Cemetery
Location

18 (a) Funeral director J W Applegarth
(b) Address Govans Rock Pa.

19 (a) 7-14-1940 (Date rec'd by Registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1940 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1940 to 7-14 1940 and that I last saw h[illegible] alive on 7-14 1940.

Immediate cause of death Pulmonary embolism — Duration

Due to Coronary occlusion

Due to Infarction

Other Conditions Gen. arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Infarct + embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Edmonson M. D.
Address St. Joseph's Hosp Date signed 7-14-40

VS 2

F 71019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Greenmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Birdella Jane Walters

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Earl S Walters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1880

8. AGE: Years 60 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Aevanna Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Cyrus F Chokes
13. Birthplace Charlestown Ohio

MOTHER
14. Maiden Name Jane E Parker
15. Birthplace Charlestown Ohio

16 (a) Informant Earl S Walters
(b) Address 3627 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory Charlestown
Location Charlestown Ohio

18 (a) Funeral director Wilson Cook
(b) Address 1214 E Fond St

19 (a) Filed JUL 15 1940 Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 2:07 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinoma left breast — Duration 4 yrs.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Kelleher M.D. Medical Examiner.
Date signed 7/14/40

71020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71020

CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Genl Hospital (Ward) 84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herbert Campbell

If U. S. Veteran specify WAR

(a) Residence: No. 1337 N. Patterson Pk. St., Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Delia a. Campbell

6. DATE OF BIRTH (month, day, year) Mar 25th 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvage Corps

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James A. Campbell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Lillian Fogle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Delia A. Campbell

(Address) 1337 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date 7/17 19 40

19. UNDERTAKER William Cook

(Address) 127 E. Paul St

FILED JUL 15 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 19 40

22. I HEREBY CERTIFY, That I attended deceased from May 24 19 40 to July 14 19 40

I last saw h[im] alive on July 14 19 40 Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Tuberculosis	5/24/40
Pers Fistula	

Other contributory causes of importance:

Fecal Fistula

Was an operation performed? yes Date of 5/24/40

For what disease or injury? Intestinal obstruction

Name of operation Ileostomy

What test confirmed diagnosis? — Was there an autopsy? yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Rappleman M. D.

(Address) South Balto Gen'l Hospital

NOTE—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-c

F 71021

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Shannon Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Shannon Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME Lillian Rieser (Reese)

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife John Rieser
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Dec. 31 1889
8. AGE: Years 50 | Months 6 | Days 13 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Home maker
11. Industry or business At Home

FATHER
12. Name Joseph K. J. White
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Smith
15. Birthplace Baltimore

16 (a) Informant Mary Hennike
(b) Address 3039 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) (Date rec'd by registrar) JUL 15 1940 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1940, at 5:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Examination (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Examination (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound of Brain — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-12-1940
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Firearm

23. Self-inflicted gunshot wound

Date signed 7-13-40

Howard J. Madden M. D. M.D.
Medical Examiner.

F 71022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 54515

F 71022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 3 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Cleveland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Browning

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-4654

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29, 1886

8. AGE: Years	Months	Days	If less than one day
54	3	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Maintainence Man
11. Industry or business unemployed

FATHER
12. Name George Browning (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Lingman (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Entered by registrar) (b) Huntington Willis Registrar

JUL 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1940, at 10 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 7-13 1940.
and that I last saw h[illegible] alive on 7-13 1940

Immediate cause of death: Cirrhosis of liver ? osites. own

	Duration
Due to Generalized arteriosclerosis	?
Due to Intraventricular fracture	2
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Zehler Jr. M. D.
Address Baltimore City Hosp. Date signed 7/14/40

71023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 71023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3714 Yosemite Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Yosemite Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lelia K. Weishampel

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Howard B. Weishampel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1864

8. AGE: Years 76 | Months 4 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Henry Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Fishpaugh
15. Birthplace Md.

16 (a) Informant Helen Weishampel
(b) Address 3714 Yosemite Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Woodlawn, Md.

18 (a) Funeral director John Oberndorf & Sons
(b) Address 1900 Eutaw Place, Baltimore

JUL 15 1940 (a) (Signature of registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1940 at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1939 to Jul 13 1940 and that I last saw h[illegible] alive on July 1 X 1940

Immediate cause of death: Cancer Rectum

Due to: Metastasis Neck

Other Conditions: Abdomen

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard Bubert M. D.
Address 4803 Park Heights Av. Date signed 7/13/40

F 71024 PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

F 71024 Registered No. 3806

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 E. 30th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Birth years

3 (a) FULL NAME George Neumiller

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 7, 1868
8. AGE: Years 71 | Months 11 | Days 23 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Meter Worker
11. Industry or business

FATHER
12. Name George F.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Everheart
15. Birthplace Pa.

16 (a) Informant B. C. H. Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Tillman & [illegible]
(b) Address 1219 E. Cold St
19 (a) [illegible] (b) [illegible]
(Date received by registrar) Jul 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/40 1940 at 10:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1940 to 7/13 1940, and that I last saw him alive on 7/13 1940

	Duration
Immediate cause of death: intens - sclerotic heart disease	
Due to: Coronary occlusion	2
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy None obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosps. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

71025

CERTIFICATE OF DEATH

131-aF 71025

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Westfield Av St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta E. Beck

If U. S. Veteran specify WAR

(a) Residence: No. 2901 Westfield Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Beck

6. DATE OF BIRTH (month, day, year) April 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Gaulib Bettau

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Lulu N. Unger (Daughter)
(Address) 2901 Westfield

18. BURIAL, CREMATION, OR REMOVAL
Place Delwasty Cem. Date 7-15 1940

19. UNDERTAKER Leonard J. Pentz
(Address) 5205 Harford Rd
Huntington Williams, M.D.

20. FILED JUL 15 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1940 to July 12, 1940

I last saw her alive on July 11, 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Nephritis	3mo
Uremia Terminal	3mo
Hypertension	3mo
Other contributory causes of importance: Chronic Interstitial Nephritis	3mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 71026 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Delaware Ave Towson Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 5 hr. 38 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry James Carter
13. Birthplace Balt Md

MOTHER
14. Maiden Name Frances M. Shepherd
15. Birthplace Towson Md.

16 (a) Informant Henry J. Carter
(b) Address 504 Delaware Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Edmond J. Rush

18 (a) Funeral director
(b) Address 5305 Harford Rd

19 (a) (b)

JUL 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1940 to 7/14 1940 and that I last saw her alive on 7/14 1940

Immediate cause of death: Asphyxia neonatorum

Due to: Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hospital Date signed 7/15/40

F 71027 | Ernest Max Peters | F 71027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Ashton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

20-4

3 (a) **FULL NAME** Ernest Peters (MAX)

3 (b) If veteran, name war: no

3 (c) ~~Social Security Account~~ No. 212-18-2116

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara Peters

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 26, 1874

8. AGE: Years 65 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Albert Goetze

FATHER 12. Name Unknown

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Barbara Peters

(b) Address 2108 Ashton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16th 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto

18 (a) Funeral director Mrs. Mrs. John N. Feifel & Son

(b) Address 801 N. Fayette St

19 JUL 15 1940 (Date received by registrar) (Signature of registrar) Printing for Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1940, at 1.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1940 to July 13 1940, and that I last saw h[illegible] alive on July 13 1940.

Immediate cause of death: Intestinal obstruction — Duration 7 hours

Due to: Carcinoma of large bowel — 4 months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Abner Wheeler, M.D.

Address Sinai Hospital Date signed July 13

382175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71028

Registered No. 118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-85

8. AGE: Years 55 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Lumber foreman

11. Industry or business

FATHER 12. Name Ralph Butler
13. Birthplace Va.

MOTHER 14. Maiden Name Mollie Trent
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof July 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Sappington St. Arlington Williamsport, Md.

19 (a) 15 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940 at 8 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1940 to July 11 1940 and that I last saw him alive on July 11 1940

Immediate cause of death Pneumonia peritonitis, alkalosis — Duration 2 days

Due to Bowel unknown Duration 9 days
Duodenal obstruction

Due to with gastro-enteritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ar dis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Pallen Haubert M. D.
Address Johns Hopkins Hosp. Date signed 7-11-40

71029

F 71029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Brown, Crossfiled with Henry Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-7760

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced. ? Widow

6 (b) Name of husband or wife Mabel Jenkins.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?12/20/1881.

8. AGE: Years 58 59. | Months 6 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Portsmouth Va. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Unable to obtain any
(b) Address information

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof July 15 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1940. at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8- 1940. to 7-9- 1940. and that I last saw him alive on 7-9- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Lebenstein M. D.
Address Balto City Hosp. Date signed 7-10-40

1030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71030

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Annie Oats (56071)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1923

8. AGE: Years 17 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Norman Oats (D)
13. Birthplace N. Car.

MOTHER
14. Maiden Name Fannie Davis
15. Birthplace N. Car.

16 (a) Informant Fannie Oats
(b) Address 1313 Harlem Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 | 15 | 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registered No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1940, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, 1940, to July 10, 1940, and that I last saw her alive on July 10, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: May 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Dolan M. D.

Address Balto. City Hospitals Date signed 7-11-40

71031 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 117-a **F 71031**

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ea. Balto. Gen'l Hospital 27 ward

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME August Stahl

(a) Residence: No. 6023 Berkeley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

6a. If married, widowed, or divorced
... HUSBAND of (or) WIFE of MINNIE STAHL

6. DATE OF BIRTH (month, day, year) Nov 3 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KIMEBACH & WILLIAMS

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME AUGUST STAHL

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME CAROLINE SCHNEIDER BORN.

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT EDW. STAHL
(Address) 3107 WOODLAND AVE

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date July 16 1940

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 3227 Edmondson Ave

20. Filed JUL 15 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1940 to July 14, 1940

I last saw him alive on July 14, 1940 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Perforated Gastric Ulcer	7/3/40
Generalized Peritonitis	7/3/40

Other contributory causes of importance:
Arteriosclerotic C-V disease

Was an operation performed? Yes Date of July 3, 1940

For what disease or injury? Perforated Gastric ulcer

Name of operation Partial gastric resection + gastro-enterostomy

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury: ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify.

(Signed) Melvin D Tappelmann M. D.

(Address) Jo. Balto Gen'l Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE is a permanent record and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SOCIAL SECURITY # 216-10-1537

F 71032 56819-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71032

83-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18day
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
829 W. 34th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabelle Green

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Aaron Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-1853

8. AGE: Years	Months	Days	If less than one day
87	5	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name John P. Kerr
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth West
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hillsdale

19 (a) (Date received by registrar) JUL 15 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24- 1940, to 7-12- 1940 and that I last saw h-- alive on 7-12- 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Gen. Cerebral arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-13-40

F 71033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 71033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5720 Pimlico Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 44-2-29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5720 Pimlico Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret K. Smart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry K. Smart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14-1896

8. AGE: Years	Months	Days	If less than one day
44	2	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name J. Charles Kemper
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ella C. Kirschner
15. Birthplace Cockeysville, Md.

16 (a) Informant Mr. Harry K. Smart
(b) Address 5720 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

JUL 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to July 13 1940, and that I last saw h.C.V. alive on July 1 1940

Immediate cause of death Carcinoma of breast — Duration 3 years

Due to —

Due to —

Other Conditions Metastases to bones + lungs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen Bernstein M. D.
Address 1039 N. Calvert St. Date signed July 15 1940

F 71034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 71034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Oakfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Oakfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1540

3 (a) FULL NAME Granville Dorsey Ward, Sr.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Laura McKnew Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 18 1848

8. AGE: Years 91 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace: New Market, Md. (Town, county, and state)
10. Usual Occupation: Mgr. Telegraph Dept
11. Industry or business: B & O R.R.

FATHER
12. Name: John Edw. Ward
13. Birthplace: Point of Rocks, Md.

MOTHER
14. Maiden Name: Minerva Van Fossen
15. Birthplace: Frederick Co. Md.

16 (a) Informant: Mrs. Edna Ward Dawson
(b) Address: 700 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Aves.

JUL 15 1940 (a) (Date received by registrar) (b) Livingston Williamson, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1940, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 15th 1940, and that I last saw him alive on July 15th 1940

Immediate cause of death Pneumonia — Duration

Due to Generalized Arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas. Bryan, M.D.
Address 3645 W. North Ave. Date signed 7/16/40

71035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-B F 71035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Druid Hill Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henriette Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 1937 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 51	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employment Bur.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George W. Fredricks

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Caledonia Miller

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Monroe Fredricks

(Address) 1937 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date July 19 40

19. UNDERTAKER E & G Wilson

(Address) 1600 Brandt Ave

20. FILED 19

Registrar.

JUL 15 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 3 1940 to July 11 1940

That I last saw h alive on July 11, 1940 Death is said to have occurred on the date stated above, at 7:30 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-3-40
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. McKay M. D.

(Address) 1196 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wilkins, M.D.

F 71036

JUL 15 1940

F 71036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 71036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 551 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Gittings

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 24 1922

8. AGE: Years 18 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER 12. Name John Gittings
13. Birthplace Baltimore Maryland

MOTHER 14. Maiden Name Emma Polk
15. Birthplace Baltimore Maryland

16 (a) Informant Emma Gittings
(b) Address 551 W Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Joseph A. Lively
(b) Address 419 North Mount Street

19 (a) JUL 15 1940 (Date received by Registrar) (b) Registrar Huntington Hilliard, M.D.
VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1940, to July 12, 1940, and that I last saw h.e.r. alive on July 12 1940.

Immediate cause of death	Duration
PORTAL THROMBOSIS	
Due to DIFFUSE PERITONITIS	
Due to RUPTURED APPENDIX	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation RUPTURED APPENDIX WITH DIFFUSE PERITONITIS & PELVIC ABSCESS
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. G. Coughlan M. D.
Address University Hosp. Date signed 7/13/40

F 71037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 71037 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Rejmund Stefanski

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20 1873

8. AGE: Years	Months	Days	If less than one day
67 66	10	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business for self

FATHER
12. Name Mathew Stefanski
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Rejmund J. Stefanski
(b) Address 3626 Roberts Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 JUL 15 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 13 1940 and that I last saw h[illegible] alive on July 13 1940

Immediate cause of death	Duration
Acute Coronic Dilatation	Instant
Due to Heart Failure	
Due to Arteriosclerosis Chronic myocarditis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Szczerbicki M. D.
Address 1802 Eastern Ave Date signed 7-15-40

VS 3

71038
LB 57254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 71038
131-N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 35 min.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Somerset st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Lawrence

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Bernard Lawrence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1903

8. AGE: Years	Months	Days	If less than one day
37	5	10/6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Wm. Lee (d)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Florence Reed (d)
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Elkton, Cecil County, Md.

18 (a) Funeral director Robert E. Young
(b) Address 604 N. Caroline St.

19 (a) JUL 15 1940 (Date rec'd by Reg.) Huntington Williams, M.D. (Address)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1940, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10- 1940, to 7-11- 1940 and that I last saw h[illegible] alive on 7-11- 1940.

	Duration
Immediate cause of death: Uremia	2 wks
Due to: Carcinoma Nephroadenoma	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma Nephroadenoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-11-40

F 71039

379973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1140 Registered No. F 71039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Ashland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Roland Redding

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced. Sep

6 (b) Name of husband or wife Lillian Redding

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-02

8. AGE: Years 38 | Months | Days 22 | If less than one day .....hr. .....min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Redding
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Norman
15. Birthplace Md -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Loker L. Gruver

18 (a) Funeral director 807 N. Carlton St
(b) Address

19 (a) 7-15-1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to July 13 1940, and that I last saw h[illegible] alive on July 13 1940.

	Duration
Immediate cause of death ? operative shock	10 min
Due to operative drainage of lung abscess, etc.	
Due to	
Other Conditions idiopathic epilepsy	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Lung abscess, right lung.
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature C. Rollins Hanlon M. D.
Address Johns Hopkins Hosp. Date signed.....

F 71040 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176 F 71040

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Battery ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine W. Kern

If U. S. Veteran specify WAR

(a) Residence: No. 1203 Battery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John F. Kern

6. DATE OF BIRTH (month, day, year): Feb. 24. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Martin Hass

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louisa Schlarb

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John F. Kern Jr.
(Address) 1203 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: July 18 1940

19. UNDERTAKER: Margaret J. Flynn
(Address) 942 Light St.

FILED JUL 15 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) July (day) 12, 1940, 19

I HEREBY CERTIFY That I attended deceased from July 12 1940 to July 15, 1940

I last saw her alive on July 15, 1940. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	
Sis.	Nov
Cardiac Hypertension	Known.
Cholelithiasis.	

Other contributory causes of importance:

Mesenteric Thrombosis - basis	July 13 1940

Was an operation performed? no Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? By Sight Examination Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 71041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a Registered No. 2025 F 71041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 E. Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 E. Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8/14

3 (a) FULL NAME Emma Kate Fink

3 (b) If veteran, name war —
3 (c) Social Security Account No. ##

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Wid
6 (b) Name of husband ~~or wife~~ John H. Fink
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-10-1864

8. AGE: Years 75 | Months 11 - | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Charles T. Wilhelm
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma Morris
15. Birthplace Balto. Md

16 (a) Informant Mr August Gemeinhardt
(b) Address 2134 E. Oliver St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof July 17-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) Filed JUL 15 1940 (b) Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 19 40, at 11:2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940, to July 13 1940 and that I last saw h[er] alive on July 13 1940

Immediate cause of death

	Duration
Cortex Suprarenalis Cerebral Hypertension	14 Yrs
Due to	
Due to	
Other Conditions Arterial Sclerosis and Cerebral Hemorrhage (Include pregnancy within 3 months of death)	6 days

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Greenberg M. D.
Address 2025 E. Monument St. Date signed 7/14/40

F 71042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V Registered No. F 71042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 N. Howard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2706 N. Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora A. Pontier

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1857

8. AGE: Years 82 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Edward F. Pontier
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Rebecca Hogg
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edith P. Smith
(b) Address 3107 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Steffey, Inc.
(b) Address 125 E. North Ave.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

JUL 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1940, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934, to July 13, 1940, and that I last saw her alive on July 13 1940.

Immediate cause of death: Cardio vascular Disease — Duration: 5

Due to Cardiac Decompensation — 4 week

Due to

Other Conditions Senile myocar Dilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George M. Steffe, M. D.
Address 2435 Mary Land Ave Date signed 7/13/40.

JUL 15 1940

F 71043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-2

Registered No. F 71043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Jefferson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Krauss

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Krauss

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business Retired

FATHER 12. Name Not Known
13. Birthplace " "

MOTHER 14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Gertrude Sidis
(b) Address 1922 Jefferson

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt Parnel
Location Baltimore

18 (a) Funeral director Wilson Sons & Cowdrey
(b) Address 1618 Eastern Ave

19 (a) Filed (b) Registered Huntington Williams M.D.

JUL 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to July 13 1940 and that I last saw her alive on July 13 1940.

Immediate cause of death Cardio-vascular Nephritis — Duration 1 yr

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Valentine M. D.
Address 6 S. Broadway Date signed 7/15/40

F 71044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. F 71044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Bloom St (If rural give location) Curtis Bay
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Robert August Coley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1940.

8. AGE: Years | Months: 6 5 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: August Coley
13. Birthplace

MOTHER
14. Maiden Name: Laura
15. Birthplace

16 (a) Informant: August Coley
(b) Address: 1564 Plum St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.A. Co.
Location Annapolis Rd.

18 (a) Funeral director Wm. J. Fialkowski
(b) Address 2007 Eastern Ave

19 (Date rec'd by registrar) JUL 15 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940 at 1.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1940 to July 15 1940, and that I last saw him alive on July 15 1940.

Immediate cause of death Diarrhea - Exhaustion — Duration

Due to Dysentery - Undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Knox Ingleby M.D.

Address St. Joseph's Hospital Date signed 7/15/40

J.C. Baier - St. Joseph's Hosp

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71045 — Registered No. F 71045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Jackson Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Mineola, N. Car., Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

MOTHER / FATHER
12. Name: John E. Adams
13. Birthplace: Md
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1940 (month) (day) (year)
(c) Cemetery or crematory: Bacons Chapel
Location: Savage, R.F.D. Md.

18 (a) Funeral director: H. C. White Co.
(b) Address: Laurel, Md.

19 (a) JUL 15 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Contusions and edema of brain	
Due to: Lobular pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/2/40
(c) Where did injury occur? Woods Blvd 3 mi So of Laurel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Pedestrian, struck by auto

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 7/15/40

VS 6

F 71046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 71046 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Alricanna St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Marzella Brulinski

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Celestin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 15/1891

8. AGE: Years 49 49 2 | Months 0 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: Not Known
13. Birthplace: Poland

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Poland

16 (a) Informant: Daughter
(b) Address: 1510 - Alricanna St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: German Hill Rd.

18 (a) Funeral director: Tully & Zailenka
(b) Address: 403 S. Wolfe St.

19 (a) (Date received by Registrar) JUL 13 1940 (b) Huntington Wills, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 12 1940 and that I last saw h.e.r. alive on July 12 1940.

	Duration
Immediate cause of death: Coma	3 days
Due to: acidosis	
Due to: diabetes mellitus	7 yrs.
Other Conditions: Hypertension	7 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Martha K. Reeves M. D.
Address: Sydenham Hospital Date signed 7/12/40

71047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. E 71047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Lefington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant John Cooke,
3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife: none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/13/1940.
8. AGE: Years | Months | Days | If less than one day: 1/2 hr. — min.
9. Birthplace 517 W. Lexington St (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Arthur Cooke
13. Birthplace 517 W. Lex. St.

MOTHER
14. Maiden Name Myrtle M. - Allen
15. Birthplace Cape May, N. J.

16 (a) Informant Myrtle Cooke
(b) Address 517 W. Lex. St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 15 1940

18 (a) Funeral director Commissioner of Health.
(b) Address Per H. A. Moore

19 (a) JUL 15 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

5765

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1940. at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1940. to July 13, 1940. and that I last saw him alive on July 13, 1940.

Immediate cause of death — Duration

Meningitis - 5 Hs. Fatal

Due to: 2

Due to: 2

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Theus Hartman, M.D.
Address 888 N. Broadway Date signed 7/14/40.

F 71048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71048

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the word "unknown" written. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 290 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 626 E. 37th St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Ochs (48778)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-01-9627

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1918

8. AGE: Years 21 | Months 8 | Days 26 27 | If less than one day hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Paper Bag Factory.

FATHER

12. Name George Ochs

13. Birthplace Md.

MOTHER

14. Maiden Name Catherine Stecker (D)

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/18/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Balto. Cty.

18 (a) Funeral director L. Vernon Lemmon.

(b) Address 4611 Park Heights

19 (a) (b) Date received by registrar JUL 15 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1940 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29, 1939 to July 15, 1940 and that I last saw h alive on July 15, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Oct 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address Baltimore City Hospitals Date signed 7/15/40

F 71049

F 71049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 71049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Valley St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1129 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible] years

3 (a) FULL NAME Anne A. Radford

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married

6 (b) Name of husband or wife William J. Radford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1869

8. AGE: Years	Months	Days	If less than one day
About 71	unknown		hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business at home

FATHER
12. Name ? O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne O'Connor
15. Birthplace Ireland

16 (a) Informant Mrs. John Radford
(b) Address 1129 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights

(a) JUL 15 1940 (b) Huntington Williams, M. D.
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 5:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1940 to July 13 1940, and that I last saw h[illegible] alive on July 12 1940.

	Duration
Immediate cause of death Cerebral Thrombosis	48 hours
Due to Cerebral Arteriosclerosis	6 mos
Due to Generalized Arteriosclerosis	1 Year
Other Conditions Mitral Insufficiency	1 Year

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James F. Wash M. D.
Address 532 E 22nd St Date signed 7/15/40

71050

SD 6479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 71050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give exact residence. Do not write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 604 Redwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: William Russell

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Separated

6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 10/19/1883

8. AGE: Years	Months	Days	If less than one day
56	8	24	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Ship joining
11. Industry or business:

FATHER
12. Name: John Russell (d)
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Margaret McMuller
15. Birthplace: Balto.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-40 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Balto Md

18 (a) Funeral director: Geo. A. Farley
(b) Address: Fuelon & Forsyth

(c) 7-15 1940 (Date received by registrar) (d) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13 1940 at 5:49 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/3 1936 to 7/13 1940 and that I last saw h[illegible] alive on 7/13 1940

Immediate cause of death: Tuberculosis of the lung — Duration: 1931
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [illegible]
Address: [illegible] Date signed 7/15/40

F 71051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 71051 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5214 Beaufort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Van Roy

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Van Roy

6 (c) If alive, give age — years

7, Birth date of deceased (mo., day, yr.) July 16 1901

8. AGE: Years 38 | Months 11 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Sewer Laborer

11. Industry or business

FATHER
12. Name Anthony Van Roy
13. Birthplace Belgium

MOTHER
14. Maiden Name Ann O'Dell
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Van Roy
(b) Address 5214 Beaufort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-40 (month) (day) (year)
(c) Cemetery or crematory St. Charles Catholic Cem.
Location Catonsville, Md.

18 (a) Funeral director Young Bros.
(b) Address 5025 Pk Heights Ave

19 (Date received by Registrar) JUL 15 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1940, at 1:25 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Septicemia
Pneumonia.
Due to: Cellulitis
Due to: Multiple Fractures
Other Conditions: Amputation Thigh Rt Leg

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 15 - 1940
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto - from running board

23. Signature Howard J. Huntington M.D. Medical Examiner.
Date signed 7-14-40

VS 6

71052

HEALTH DEPARTMENT—CITY OF BALTIMORE

S.S.# 212-10-8934

CERTIFICATE OF DEATH

F 71052

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 McCabe Avenue, City St. 27-10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Caleb Calder

If U. S. Veteran specify WAR ...

(a) Residence: No. 4 Burke Ave St., Ward. Towson, Md

(Usual place of abode) 4 Burke Ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Calder

6. DATE OF BIRTH (month, day, year) July 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 7/17/40

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Robert Calder

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Mary Gildehart

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Myrtle McGrath

(Address) 4 Burke Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date July 18, 1940

Long & Eden, Mds.

19. UNDERTAKER John Burns Sons

(Address) Towson, Md.

20. FILED JUL 15 1940 Huntington Wills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1940

22. I HEREBY CERTIFY, That I attended deceased from ... 1940 to 7/17 1940

I last saw him alive on 7/17 1940. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7/17/40
Other contributory causes of importance: Arteriosclerosis	7/17/40

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. E. Hamm M. D.

(Address) 7401 Fairview Ave

V9 2

N. B.—WRITE PLAINLY with pen and ink. AGE should be carefully supplied. information should be stated EXACTLY. Filling blank terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

71053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71053
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Eutaw Place + Brooks Lane,
(b) Street address Esplanade Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? 80 years

3 (a) FULL NAME Clara Hofmann

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1858

8. AGE: Years	Months	Days	If less than one day
82		10	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abraham Hofmann
13. Birthplace Germany.

MOTHER
14. Maiden Name Fipora —
15. Birthplace Germany

16 (a) Informant Mrs. Simon Dalsheimer
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harold Sonneborn & Son
(b) Address 13 E. Eutaw Place

19 (Date rec'd by registrar) JUL 15 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Many Years 19 , to 7/14/1940
and that I last saw h[illegible] alive on 7/14/1940

Immediate cause of death
Dermmal Pneumonia 5 days — 7/11/40
Due to
Due to Arteriosclerosis
Other Conditions Hypertension
Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Old Age 15 Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Theodore H. Morrison M. D.
Address 1013 N. Charles St. Date signed

F 71054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 71054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 N. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 132 N Lakewood Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto
(If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME John Bullock
3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-01-3732

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Louise Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 10-1875

8. AGE: Years 65 | Months | Days 2 | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Packer
11. Industry or business F. A. Davis & Co.

FATHER
12. Name John Bullock
13. Birthplace England

MOTHER
14. Maiden Name Agnes Pyles
15. Birthplace England

16 (a) Informant Mrs Jos. J. Beacham
(b) Address 332 N. Eldorado St

17 (a) Burial (b) Date thereof Jul 16-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Schwartz
Location O'Donnell St Extended

18 (a) Funeral director John J. Moran
(b) Address 3000 E. Baltimore St.

19 (a) JUL 15 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940 at 11 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said — find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Vandersloot M.D.
Medical Examiner.
Date signed 7/13/40

F 1055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

Registered No. F 1055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 3023 Clifton Ave.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1615 Clifton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William E. Todd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Effie Wilson Todd
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6-2-69

8. AGE: Years	Months	Days	If less than one day
71	1	12	..... hr. ..... min.

9. Birthplace Md. (St. Michaels (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Insurance business

FATHER 12. Name James M. Todd
13. Birthplace Md.

MOTHER 14. Maiden Name Wilhelmina a Ellicott
15. Birthplace Baltimore, Md

16 (a) Informant Patient
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Thckner & Sons, Inc.
(b) Address North & Pa. Ave Baltimore, Md.

19 JUL 15 1940 (b) .....
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 2.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 14 1940, and that I last saw him alive on July 14 1940.

Immediate cause of death	Duration
Carcinoma of prostate with obstruction & I. obstruction	
Due to carcinoma	
Due to	
Other Conditions not any.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations carcinoma of prostate
Of autopsy none performed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Henry C Harrell M.D.
Address Johns Hopkins Hosp. Date signed 7/15/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 71056

F 71056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Arlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Abingdon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bert M. Manley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Golden Sorrels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1892

8. AGE: Years	Months	Days	If less than one day
47	7	10	hr. min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation Auditor
11. Industry or business

FATHER
12. Name C. A. Manley
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sara Steadman
15. Birthplace North Carolina

16 (a) Informant Mrs. B. M° Manley
(b) Address 1628 Abingdon St. Arlington, Va.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 17 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Crematory.
Location Washington D. C.

18 (a) Funeral director Joseph Gawler's Sons
(b) Address 1756 Penna. Ave. N. W.

19 (a) JUL 15 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to July 14 1940 and that I last saw h[illegible] alive on July 14 1940

Immediate cause of death (a) Coronary thrombosis — Duration 16 hours
Due to Hypertensive cardiovascular disease — Unknown
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin P. Ruzicka, M.D.
Address University Hospital Date signed July 17 1940

VS 3

VS 3

71057 LB 57306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. 57306

F 71057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Avoid use of abbreviations. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hr. 40 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 E. Fort Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Viehmyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Laura
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 11/26/1901

8. AGE: Years	Months	Days	If less than one day
38	7	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation oyster business
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Casper
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director J. J. McCarthy
(b) Address 130 E. Fort Ave.

19 (a) [illegible] 15 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 5 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11- 1940, to 7-12- 1940, and that I last saw him alive on 7-12- 1940.

Immediate cause of death	Duration
Cardiac failure	2 days
Due to Pneumatic Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Lakin M. D.
Address Balto City Hosp. Date signed 7-13-40

F 71058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

Registered No. F 71058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address — 1714 E. Monument
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3423 Ravenswood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-1

3 (a) FULL NAME John J. LeRoy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-0543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes LeRoy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Joseph LeRoy

13. Birthplace Mass.

MOTHER 14. Maiden Name Rose Tardiff

15. Birthplace Mass.

16 (a) Informant Agnes LeRoy

(b) Address 3423 Ravenswood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md

18 (a) Funeral director Frank Brachtesen

(b) Address 1906 Eutaw Pl

19 (a) Huntington Williams, MD Registrar

(Date rec'd by registrar) JUL 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 1:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1940, to 7/14 1940, and that I last saw him alive on 7/14 1940.

Immediate cause of death Coronary thrombosis — Duration 6 days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. LeRoy Fox M. D.

Address Sinai Hospital Date signed 7/14/40

57152-FD

71059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 G Registered No. F 71059

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Collington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME John Matysek

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9863

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-27-1890

8. AGE: Years	Months	Days	If less than one day
50	3	15	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation boiler
11. Industry or business

FATHER
12. Name Anthony
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Johanna Bropkop
15. Birthplace Czechoslovakia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md
18 (a) Funeral director Frank Roach & Son
(b) Address 1906 Eutaw Pl
19 (a) JUL 15 1940 Waiting for Williams Reg. (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1940, to 7-12- 1940 and that I last saw him alive on 7-12- 1940.

Immediate cause of death Carcinoma of Larynx (Secondary) — Duration ?

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lebherz M. D.
Address Balto City Hosp. Date signed 7-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71060 — 195-E — Registered No. F 71060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Edgar Seight

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-01-9280

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: C. Eva (Smith)

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1886

8. AGE: Years 53 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace Harford Co Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William P Seight
13. Birthplace Balto Co

MOTHER
14. Maiden Name Amanda Lyth
15. Birthplace Harford Co Md

16 (a) Informant C. Eva Seight wife
(b) Address 2003 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville Md

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

JUL 15 1940 (State rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 9:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture: Skull	
Laceration of brain	
Subdural hemorrhage, right	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/7/40
(c) Where did injury occur? Parke Co 300 Water St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Patch cover fell on head

23. Signature Wm Bruce Light M.D. Medical Examiner.
Date signed 7/15/40

VS 6

VS 6

F 71061

F 71061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" written. Do not use abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1342 Sargeant St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1342 Sargeant St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Richard T Holden

3 (b) If veteran, name war no

3 (c) Social Security Account No. 212-03-1961

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary B Holden

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 9 1877

8. AGE: Years 63 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Electrical Engr

11. Industry or business W H Crossfield Co

FATHER 12. Name Louis Holden

13. Birthplace Poland

MOTHER 14. Maiden Name Emma Murphy

15. Birthplace Poland

16 (a) Informant Mary B Holden

(b) Address 1342 Sargeant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem Co

Location Baltimore Md

18 (a) Funeral director Fulton Corp

(b) Address 1217 E Lanvale St

19 (a) (Signature) (b) Huntington Williams M.D.

JUL 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8- 1940, to 7-14-1940 and that I last saw h[im] alive on 7-14-1940

Immediate cause of death Coronary Heart Disease — Duration

Due to Myocardial Failure

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis J Glass M. D.

Address 876 Walbrook Ave Date signed 7/15/40.

F 71062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71062
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Give the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. If unknown, write unknown. Do not leave blanks. Be sure to answer each question. Be sure to give the correct age. Is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2712 Mosher st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Mosher st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia M. Saffran

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Jacob Saffran
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 18 1878

8. AGE: Years 61 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Patrick Newell
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Durkin
15. Birthplace Ireland

16 (a) Informant Jacob Saffran
(b) Address 2712 Mosher st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

(Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 14 1940, and that I last saw her alive on July 14 1940.

Immediate cause of death	Duration
Bronchial Pneumonia, Type III	9 days
Due to Type III pneumococcus	
Due to Lowered Resistance and Common Cold	
Other Conditions Arteriosclerosis	2

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Denise Laughlin
Address 400 N. Pagan St. Date signed 7/15/40

F 71063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 71063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates and ages. Where exact information is not known, approximate as nearly as possible. Be sure to report the causes of death clearly and legibly. Physicians: please write the cause of death, and the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Northern Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Nauman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-6962

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sadie Nauman

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 25 1891

8. AGE: Years 49 | Months 21 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Cable Splicer

11. Industry or business Telephone Co.

FATHER
12. Name John C. Nauman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Macy.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Wm. Nauman
(b) Address 3112 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Harford Rd.

18 (a) Funeral director Fred. A. Geare & Son
(b) Address 1216 N. Charles St.

19 (a) Registrar (b) Huntington Mitchell M.D.

JUL 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1940 to July 14 1940, and that I last saw him alive on July 14 1940.

	Duration
Immediate cause of death: Ventricular Fibrillation	Terminal
Pulmonary Edema	26 d.
Due to: Rheumatic Heart	?
Disease.	
Due to	
Other Conditions: Hydrothorax	26 d
C.P.C. of Liver & Kidneys. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Intracardiac Thrombi
Of autopsy: Pulmonary infarcts

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: D. L. Reimann M. D.
Address: Church Home Inf. Date signed: 7/17/40

D. L. Reimann

F 71064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-8

F 71064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. - (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 606 Mosher St - (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd Flacks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maggie Flacks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1895

8. AGE: Years 44 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Chapel Hill, N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Maggie Flacks
(b) Address 525 Cumberland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md.

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 578 N. Bedford St

19 (a) JUL 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 2:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 10 Min

Due to

Due to Hypertensive Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G. Steltzlich M.D. Medical Examiner

Date signed 7/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 71065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-

F 71065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Wilhelm St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Callie Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amos R Harvey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1885

8. AGE: Years: 55 | Months: 6 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Produce Dealer

11. Industry or business

FATHER
12. Name: ?
13. Birthplace: Md

MOTHER
14. Maiden Name: ?
15. Birthplace: Md

16 (a) Informant: Ruth Natale
(b) Address: 1818 Wilhelm St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Rd

18 (a) Funeral director: Harry A Wagle
(b) Address: 4101 Edmondson Ave

19 (a) (Date received by Registrar) JUL 16 1940 (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm R Arndt Jr M.D. Medical Examiner.
Date signed 7/15/40

VS 6

F 71066

F 71066
5172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 48-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma May

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr.-1889

8. AGE: Years 51 | Months 3 | Days ? | If less than one day hr. min.

9. Birthplace Phila.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Phillip Helbig (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Lou Schmidt
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof July 16 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd
18 (a) Funeral director Harry A. Wirtz
(b) Address 4101 Edmondson Ave

JUL 16 1940
(a) (Date rec'd by registrar) (b) Huntington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1940, at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1940 to 7-13 1940, and that I last saw her alive on 7-13 1940.

Immediate cause of death: Carcinoma of cervix — Duration: 2 yrs +
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fahlen Jr. M. D.
Address Baltimore City Hosp. Date signed 7/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

VS 3

71067

HEALTH DEPARTMENT—CITY OF BALTIMORE

71067

CERTIFICATE OF DEATH

54-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 McHenry St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Audrey A. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2011 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William B. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Matilda D. Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William B. Miller
(Address) 2011 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 16 1940

19. UNDERTAKER Henry H. Wolfe
(Address) 401 Edmondson Ave

20. FILED 19 Registrar

Huntington H. [illegible]

JUL 16 1940.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/30/40 19 to 7/12 1940

I last saw h[illegible] alive on 7/12 19 40 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gliosa of Pons	5/30/40
	7/5/40

Other contributory causes of importance:
Bronchio-Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward J. Kelly M. D.

(Address) 416 W. Pratt St

No. 8—Write plainly and with pen and ink. All information should be carefully supplied. After state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 71068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 N. Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 N. Charles st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola N. Nelson

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Charles R. Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 27-1864

8. AGE: Years 76 | Months 1 | Days 716 | If less than one day hr. min.

9. Birthplace Nwe York (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Samuel Newell
13. Birthplace New York.

MOTHER
14. Maiden Name Margeret Maher
15. Birthplace Canada

16 (a) Informant Miss Ruth Nelson
(b) Address Detroit Mich.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-16-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave

18 (a) Funeral director John C. Mitchell Sons Jr.
(b) Address 1900 Eutaw Place

19 JUL 16 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 -40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 , to July 13 1940 and that I last saw [illegible] alive on July 13 19 40

Immediate cause of death Cerebral Hemorrhage — Duration 24 hours
Due to
Due to
Other Conditions None

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H Pearce M. D.
Address 2105 N. Charles Street Date signed

VS 2

F 71069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 N

Registered No. F 71069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 W. Lanvale Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 W. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roosevelt (illegible) McFadden

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Melinda

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Helper on coal truck

11. Industry or business

FATHER
12. Name Archie McFadden
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Malinda McFadden
(b) Address 831 N. Franklin Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A County Md.

18 (a) Funeral director A. J. Halstead
(b) Address 918 Pratt St Hill Bldg. Annex, Md.

(a) (Deputy Registrar) (b) Registrar

JUL 16 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1940, at 8:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hyp. arteriosclerosis	
Due to Undetermined Cause	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 7-14-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE 71070

71070

CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Rouse

If U. S. Veteran specify WAR

(a) Residence: No. 3501 W. Lombard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 15, 1940

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or 50 min.
			X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hamilton Wells Rouse Jr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Agnes Mary McCauley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Hamilton Rouse Jr.
(Address) 3501 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 7/16/ 1940

19. UNDERTAKER John J. Cowal & Son
(Address) 601 E. Baltimore St.

20. FILED JUL 16 1940 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9:30 Pm July 15, 1940, to 3:20 A.M. July 16 1940

I last saw h[illegible] alive on July 15 9:30 Pm 1940. Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central placenta previa	—
Prematurity - 3½ mos.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. McCallinan M. D.

(Address) Bon Secours Hospital

7-16-40

Information should be carefully supplied. AGE: state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 21071 (37663)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 21071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 9 mth. 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Anna (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1903

8. AGE: Years 36 | Months 9 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location G. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott-Daughton
(b) Address 1129 E. Caroline St.

19 (a) (b) (Date rec'd by registrar) JUL 16 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1940, at 10 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4- 1938 to 7-13- 1940 and that I last saw h[illegible] alive on 7-13- 1940

Immediate cause of death: Cardiac failure — Duration ?
Uremia — ?
Due to hypertension CVD — ?
Arteriolar nephrosclerosis — [illegible]?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Millard Goldstein M. D.
Address Balto. City Hosp. Date signed 7-15-40

PLEASE WRITE PLAINLY. Without [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 38-1072 (3-53)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-186-A

F 71072

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Give the causes of death clearly and legibly. Underlining the correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 E. 5th.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Judy

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife William F
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-71

8. AGE: Years 68 | Months 6 | Days 26 | If less than one day hr. min. 4

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Clark
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Agnes Bell
15. Birthplace Md.

16 (a) Informant George F. Judy Records
(b) Address 5th JOHNS HOPKINS HOSPITAL Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. (Signature)

JUL 16 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 11 o'clock A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940 to July 14 1940 and that I last saw h[illegible] alive on July 14 1940

Immediate cause of death	Duration
Hypostatic Pneumonia	48 hrs.
Due to Cardiac Failure	18 hrs.
Due to Hypertensive Cardiovascular disease Intertrochanteric	unknown
Other Conditions Intertrochanteric fracture femur Right (Include pregnancy within 3 months of death)	18 days.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/28/40
(c) Where did injury occur? home Essex Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury Fell down Steps

23. Signature Jerome Epstein M.D.
Address Johns Hopkins Hosp Date signed 7/14/40

O.K. [illegible] for H.J. Walters

F 71073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 71073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate or write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St
(c) Hospital or institution:
Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 452 N Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Kate Bach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Charles Bach 63
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1885

8. AGE: Years	Months	Days	If less than one day
54	9	7	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Jacot Heinlein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Johannah Hess
15. Birthplace Baltimore

16 (a) Informant Naomi L. Brun
(b) Address 5837 Belclare Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Preston St

19 (a) Date received by Registrar JUL 16 1940 (b) Registrar's signature Livingston Wilson M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 15 1940, and that I last saw h.e.w. alive on July 15 1940.

Immediate cause of death	Duration
Diabetic Coma	4 days
Diabetes Mellitus	11 days
Due to Ruptured Appendicitis	1 5 days
Generalized Peritonitis	15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations appendectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ..... M. D.
Address W. F. Gorsuch Date signed 7-15-40

VS 3

F 71074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

91-A

F 71074 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

2-16

3 (a) FULL NAME Anna Grace Maaser

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George W. Maaser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1899

8. AGE: Years	Months	Days	If less than one day
40	7	6	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Diamond Flannigan
13. Birthplace Pa

MOTHER
14. Maiden Name Laura Warner
15. Birthplace Pa

16 (a) Informant Geo W Maaser
(b) Address 333 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Plebsant Cem
Location Winterstown Pa

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) ——— (b) ——— Registrar
(Date received by registrar)

JUL 16 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1940, at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1940, to July 15 1940, and that I last saw HER alive on July 15 1940.

Immediate cause of death Cardiac Failure

Due to Subacute Bacterial Endocarditis

Due to

Other Conditions Septicemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 7-15-40

F 71075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Idaho Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5579

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27-1875

8. AGE: Years 64 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Hubert Waters

13. Birthplace Md

MOTHER 14. Maiden Name Lottie Brown

15. Birthplace Md

16 (a) Informant Herbert Waters

(b) Address 4425 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/40 (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location East North Ave

18 (a) Funeral director John Gilbert

(b) Address 2008 Ideal St

JUL 16 1940

19 (a) (Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 7:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull, Laceration of brain — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/14/40
(c) Where did injury occur? 5600 Block Belair Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. W. Vande Graff M.D. (Medical Examiner)

Date signed 7/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 71076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Brinkwood Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Brinkwood Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

28

3 (a) FULL NAME Mary E. Lemmerman.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Lemmerman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 12th 1855

8. AGE: Years 84 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Jacob Apy.
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Myers
15. Birthplace Germany

16 (a) Informant Miss Anna Lemmerman
(b) Address 719 Brinkwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-40 (month) (day) (year)

(c) Cemetery or crematory Western Cem.
Location Balto Md.

18 (a) Funeral director Wm Chas A. G Rohde
(b) Address 2327 Edmondson Ave
(c) Hunterstown Adams Co. Pa.

JUL 16 1940
(Date rec'd by registrar)

Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1940 at 1245 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 15 1940 and that I last saw h[illegible] alive on July 15 1940.

Immediate cause of death Chronic Hypocardial degeneration arterio sclerotic hypostasis — Duration 2 yrs Terminal

Due to generalized arteriosclerosis and cerebral oedema (one week)

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] M. D.

Address 2901 Edmondson Date signed July 16 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; if none, write "none." Do not abbreviate. Be accurate and complete, as each item is especially important. Physicians: please write the causes of death clearly and legibly.

VS: DR MICHEL 2901 EDMONDSON AVE 9 to 10 AM — 7-8 PM

F 71077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-B

F 71077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the word "unknown" or the correct answer written. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Boarman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 yrs. years

3 (a) FULL NAME Henry Abrahams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Rachael
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Ret. Merchant
11. Industry or business

FATHER
12. Name Saul Abrahams
13. Birthplace Russia

MOTHER
14. Maiden Name Moller
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Orphan Asy. Assn
Location Baltimore Md. Lot

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St.

19 (a) For registrar (Date received by registrar) (Registrar)

JUL 16, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940 at 8:12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1940 to July 15 1940 and that I last saw him alive on July 15 1940

Immediate cause of death: Bronchopneumonia — Duration 2 days
Due to Cerebral Thrombosis — 10 days
Due to Arteriosclerosis — 5-6 yrs
Other Conditions Prostate Resection — 5-10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abram Wilder
Address Sinai Hospital Date signed July 15, 40 D.

F 71078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 71078

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the cause of death in such a way that it can be understood by the public.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 S. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs 23-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 S. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jefferson Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1866

8. AGE: Years	Months	Days	If less than one day
73	8	11	hr. min.

9. Birthplace Howard County Md (Town, county, and state)

10. Usual Occupation R. R. Engineer

11. Industry or business

FATHER
12. Name Jesse Hall
13. Birthplace Howard County Md

MOTHER
14. Maiden Name Elizabeth McClander
15. Birthplace Howard County Md

16 (a) Informant Mrs. Charlotte Hall
(b) Address 1429 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Sherwood & Conway
(b) Address 21 W. 26th St

19 (a) (Date received by Registrar) (b) Huntington White Registrar

JUL 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940; at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 14 1940, and that I last saw him alive on July 14 1940.

	Duration
Immediate cause of death: Cerebral Embolism	6 mos.
Due to: Diabetes	4 yrs.
Due to: Arterio Sclerosis	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo S. White M. D.
Address 1279 William St Date signed 7/16/40

F71079 X ✓ F71079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 YORK RD. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME STANLEY LEROY HOWARD ✓

3 (b) If veteran, name war: X
3 (c) Social Security Account No.: X

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: ~~Married~~ Widowed
6 (b) Name of husband or wife: AGATHA MARIE HOWARD
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Aug 5, 1890
8. AGE: Years ~~50~~ 49 | Months 11 | Days 9 | If less than one day ..... hr. ..... min.
9. Birthplace PHOENIX, MD. (Town, county, and state)
10. Usual Occupation PLUMBER
11. Industry or business

FATHER
12. Name WILLIAM H. HOWARD
13. Birthplace MARYLAND

MOTHER
14. Maiden Name INDIANA E. HOLLAND
15. Birthplace MARYLAND

16 (a) Informant STANLEY K. HOWARD
(b) Address 622 YORK RD, TOWSON, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson Md.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Road

19 (a) Date received JUL 19 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 19 1940, at 6 31 AM

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 2 1940, to JULY 19 1940, and that I last saw him alive on JULY 19 1940

Immediate cause of death: PNEUMONIA — Duration: 3 DAYS
Due to (SECONDARY TO): SUBARACHNOID HEMORRHAGE — 12 DAYS
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard C. Overton M.D.
Address Union Memorial Hosp. Date signed JUL 19 40

F 71080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 71080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run & Harford Rd.
(c) Hospital or institution: Lyden Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Mount St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald Williams.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1935

8. AGE: Years	Months	Days	If less than one day
5	4	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Myles Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Brayton
15. Birthplace Virginia

16 (a) Informant Mother
(b) Address 605 N. Mount St., Balto. Md.

17 (a) Burial (b) Date thereof 7/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 130 E. Baltimore St.

19 JUL 15 1940 (b) Huntington Hospital, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1940 to 7-15 1940 and that I last saw him alive on 7-14 1940

Immediate cause of death	Duration
Meningitis	26 days
Due to tuberculosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy tuberculous Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Megan B. Green M.D.
Address Lyden Lane Hosp Date signed 7/16/40

VS 2

F 71081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-3 ✓ Registered No. F 71081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N Potomac St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa E McDonald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	6	hr. min.

9. Birthplace Balto. Balto Co; Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael J McDonald
13. Birthplace Pennsylvania Md

MOTHER
14. Maiden Name Louisa E Adams
15. Birthplace Baltimore Md

16 (a) Informant Lorraine E McDonald
(b) Address 605 N Potomac St

17 (a) Burial (b) Date thereof July 18th. 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beleir Rd.

18 (a) Funeral director Geo. M. Fink & Son
(b) Address # 811, N. Wolfe St.

19 JUL 16 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS-3

PLEASE WRITE PLAINLY, with ink. Fill in all blanks. Be sure and state the causes of death clearly and correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 10-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to July 14 1940, and that I last saw her alive on July 14 1940.

Immediate cause of death: Intestinal Obstruction — Duration 4 days

Due to: Mesenteric Thrombosis — 4 days

Due to:

Other Conditions: Arteriosclerotic Cardio-Vascular Renal Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operation: 3½ To 4 ft of gangrenous bowel
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Garlock M. D.
Address Mercy Hospt Date signed 7-14-40

F 71082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 71082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 21-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County "
(c) City or town Baltimire, Md. (If outside city or town limits, write RURAL and give town)
(d) Street 5821 Ethelbert Ave. (If rural give location)
If foreign born, how long in U. S. A.? N° years

3 (a) FULL NAME Andrew J Borchert.
3 (b) If veteran, name war J | 3 (c) Social Security Account No.
4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife .....
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 26, 1863
8. AGE: Years 76 | Months 10 | Days 14 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business
FATHER 12. Name Not Given
13. Birthplace "
MOTHER 14. Maiden Name Not Given
15. Birthplace "
16 (a) Informant Miss, Barbara Borchert
(b) Address 5821 Ethelbert Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 17th. 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer, Location Belair Rd.
18 (a) Funeral director Geo M, Fink & Son.
(b) Address 1811 N. Volle St.
19 (a) JUL 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 4:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940 to July 14 1940 and that I last saw h... alive on July 9 1940.

Immediate cause of death: Congestive Heart Failure — Duration 1 mos.
Due to: Generalized arteriosclerosis — Duration 8 yrs.
Due to: R. Stenosis — Duration over 3 days.
Other Conditions: Acute Kidney Retention Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....
23. Signature J M Collens M. D.
Address Bon Secours Hospital Date signed 7-14-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71083

CERTIFICATE OF DEATH

F 71083

93-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 901 Aisquith Street St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Monica Kirchhof

(a) Residence: No. 901 Aisquith Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Kirchof

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Mueller

16. BIRTHPLACE (city or town) (State or country) Germ any

17. INFORMANT Sisters of Notre Dame

(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Notre Dame Date July, 16th, 1940

19. UNDERTAKER Geo. M. Fink & SSon.

(Address) 811 N Wolfe St.

20. FILED JUL 16 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 40 . 19

22. I HEREBY CERTIFY, That I attended deceased from June ... 19 35 to July 14 ... 19 40

I last saw h.er alive on July 12 ... 19 40 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis-chronic myocarditis by pastable pneumonia	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? ward Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Foley M. D.

(Address) 1106 Thorkan

N.B.—Write plainly with pen and ink. AGE should be carefully supplied. Exact statement of information should be carefully supplied. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 71084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71084

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Write the causes of death clearly and legibly. Give full name of street and number. Do not report occupation of housewife, but report occupation of any woman who has been regularly employed in trade, profession, or industry. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Somerset Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-14

3 (a) FULL NAME Miss Florence Spangler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14-1858

8. AGE: Years 82 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Fort Virginia (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Washington Spangler
13. Birthplace Fort Virginia

MOTHER 14. Maiden Name Hannah E. Violet
15. Birthplace Fort Virginia

16 (a) Informant Mrs. Vernon F. Kelly
(b) Address 608 Somerset Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Frankford, Philadelphia, Pa.

18 (a) Funeral director Horace F. Ryder
(b) Address 3221 Falls Road

19 (a) JUL 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1940, at 8:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1940, to 7/15 1940; and that I last saw her alive on 7/15 1940.

Immediate cause of death Cardiac failure

Due to

Due to

Other Conditions Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
.
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Pound M. D.

Address Date signed

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71085 163-H Registered No. F 71085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 Lyndhurst St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Lyndhurst St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

207

3 (a) FULL NAME Paul Parr

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 213-03-1375

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Alice Bann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1889

8. AGE: Years: 50 | Months: 6 | Days: 19 | If less than one day hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Travelling Salesman

11. Industry or business Bed manufacturer

FATHER
12. Name Charles Parr.
13. Birthplace Sheridan Indiana

MOTHER
14. Maiden Name Anna Kerchival
15. Birthplace Ohio

16 (a) Informant Marie Parr
(b) Address 422 Lyndhurst Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Sheridan Indiana

18 (a) Funeral director Gladhill's
(b) Address Middletown Md.

19 (a) JUL 16 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 6a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/15/40
(c) Where did injury occur? 422 Lyndhurst St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Illuminating gas poisoning

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 7/15/40

VS 6

F 21086 55981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Reg. # 21086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Write the causes of death clearly and legibly. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 17 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Pearl st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Nash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Mamie Nash
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-1880

8. AGE: Years	Months	Days	If less than one day
60	6	0	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation express work
11. Industry or business

FATHER
12. Name John Nash
13. Birthplace Va.

MOTHER
14. Maiden Name Mawda Turner
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 16 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A. Hahtal
(b) Address 9 E. Druid Hill Ave

19 (a) JUL 15 1940 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23- 1940, to 7-10- 1940 and that I last saw h[illegible] alive on 7-10- 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Cardiac Failure	
Due to Syphilitic Heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 7-13-40 M. D.

71087

BALTIMORE CITY HEALTH DEPARTMENT 93 D E 71087 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2 4days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry Wright.

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charlotte Wright
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charlotte Wright
(b) Address 701 Pennsylvania Ave

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL
Location Commissioner of Health JUL 16, 1940

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JUL 16 1940 (Registrar's signature) Huntington Williams, M.D. Registrar

$7.00

VS 3

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5- 1940, at 8.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1- 1940 to 7-5-1940 and that I last saw h— alive on 7-5- 1940

Immediate cause of death	Duration
(a) Chr Myocarditis	?
Due to (b) Hypertensive Cardio-Vascular disease	P.
Due to (c)	
Other Conditions Pulmonary Congestion Edema of rt & left legs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M.D.
Address Provident Hospital Date signed 7/6/40

71088

HEALTH DEPARTMENT—CITY OF BALTIMORE

71088

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol of America St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Ford

If U. S. Veteran specify WAR

(a) Residence: No. 2122 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ellwood Ford

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Ruth Frizzell

16. BIRTHPLACE (city or town) (State or country) Bacts. Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 16 1940

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JUL 16 1940 Substituting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940 to July 15, 1940

I last saw her alive on July 15, 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Atelectasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willard Appleford M. D.

(Address) 418 W Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information as to OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 3 41089-3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-A Registered No. F 71089

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Do not abbreviate. Be sure to write the causes of death clearly and legibly. Give correct age in years, months, days. Correct age is especially important. Physicians: please write your orders plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Phila.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1369 N. 5th or St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Williams C. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-77

8. AGE: Years	Months	Days	If less than one day
63	0	23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Bishop
11. Industry or business Methodist Church

FATHER
12. Name Singleton Hughes
13. Birthplace Md.

MOTHER
14. Maiden Name Sara Byrd
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Auburn
Location Balto. Md.

18 (a) Funeral director John M. Johnson
(b) Address 1208 Druid Hill Ave

19 (Signature of [illegible]) [illegible] 1940 Huntington Williams M.D.
(Address)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1940 to July 12 1940, and that I last saw h[illegible] alive on July 12 1940.

	Duration
Immediate cause of death: Cardiac Failure	12 hrs
Due to: Pneumonia	7 wks
Empyema	1 "
Due to: Hypernephroma	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W. Brown M. D.
Address Johns Hopkins Hosp. Date signed 7/13/40

F 71090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C

Registered No. F 71090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Duns Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible] years

3 (a) FULL NAME Rosella Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	[illegible]	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Ann Little
(b) Address Crumsville Md.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 7/19/40 (month) (day) (year)
(c) Cemetery or crematory Silent City Cem
Location Cambridge, Md.

18 (a) Funeral director Elmer H. Bramble
(b) Address 20 Washington Ave Cambridge Md.

JUL 15 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Give the correct age in all cases. Exact date of birth is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1940, to 7-15 1940 and that I last saw her alive on 7-15 1940

Immediate cause of death: Chronic Nephritis

Due to: C.N.S. Uraemia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature [illegible] M. D.
Address Private Hospital Date signed 7/16/40

F 71091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use figures for dates and ages. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 S. Lehigh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S Lehigh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-7

3 (a) FULL NAME Susan E. Meade

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Nicholas Meade | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8 [illegible]

8. AGE: Years 85? | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name — Earle
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs A. A. Sullivan
(b) Address 641 S. Lehigh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17th 40 (month) (day) (year)

(c) Cemetery or crematory Orems
Location Balto. Co. Md.

18 (a) Funeral director Layton Funeral Home
(b) Address 740 [illegible] Baltimore Blvd. Huntington Williams, M.D.

19 (a) JUL 16 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 19 to 1940 19, and that I last saw h[illegible] alive on June 1940.

Immediate cause of death Chronic Myocarditis — Duration

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.

Address 4616 Eastern Ave Date signed July 16/40

VS 3

71092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1886-a

Registered No. E 71092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "None," or the words "Not known" written. Do not use dittos. Be sure to write the causes of death clearly and legibly. Specially important. Physicians: please write correct age in 8, 17 and 20.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Wenonah av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Adler

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12-1852

8. AGE: Years 87 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Elias E. Adler
13. Birthplace Germany

MOTHER 14. Maiden Name Babetta Ulman
15. Birthplace Germany

16 (a) Informant Louis M. Adler
(b) Address 2801 Wenonah St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-40 (month) (day) (year)
(c) Cemetery or crematory Adel Shalom
Location Balto - Md.

18 (a) Funeral director William Cook
Address 1217 W Lombard St.

19 (a) 7/15/40 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 2 a. m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Fracture, left hip	
Due to: Lobular pneumonia	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/13/40
(c) Where did injury occur? 2801 Wenonah Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell in bedroom

23. Signature Wm. H. Garnett Gift M.D. Medical Examiner.
Date signed 7/15/40

VS 6

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

1093 — CERTIFICATE OF DEATH — F 71093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Fort Ave St., 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 1606 E. Fort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Wagner

6. DATE OF BIRTH (month, day, year) June 6-1854

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
86	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Belte

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie Wagner
(Address) 1606 E Fort Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place London Park Date 7/17 19 40

19. UNDERTAKER William Cook
(Address) 217 St Paul St.

20. FILED 19
Registrar.

17 Bur.

Information should be complete, as required by law, so that it may be properly classified. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1940 to July 14, 1940

I last saw her alive on July 13, 1940. Death is said to have occurred on the date stated above, at 11 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5 d.
Hypostatic	3 wks
Arteriosclerosis	3 wks
Other contributory causes of importance: Chronic Rheumatoid Nephritis	3 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Wassermann Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stearns, M. D.

(Address) 2878 Harford Rd

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71094 F 71094

CERTIFICATE OF DEATH

131-D

1. PLACE OF DEATH 504 Beaumont ave

Registered No.

CITY OF BALTIMORE: (No. St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida Virginia Wiley

If U. S. Veteran specify WAR

(a) Residence: No. 504 Beaumont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Wiley

6. DATE OF BIRTH (month, day, year) August 29 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Leven Manlove

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Emma Daley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs John Wiley

(Address) 504 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 19th 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul st

20. FILED 19

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1940, to July 16, 1940.

I last saw her alive on July 16, 1940. Death is said to have occurred on the date stated above, at 5.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts M. D.

(Address)

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

GAC

F 71095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137-a

F 71095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 344 E. 22nd STREET (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD J. SCHOTT

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MINNIE B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 19, 1865

8. AGE: Years 74 | Months 11 | Days 28 27 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN SCHOTT
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY R SCHROEDER
15. Birthplace BALTIMORE, MD.

16 (a) Informant Minnie B. Schott
(b) Address 344 E. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Registrar

JUL 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 16 1940, at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 9 1940, to JULY 16 1940, and that I last saw him alive on JULY 16, 1940.

Immediate cause of death	Duration
CARDIAC FAILURE	
CHRONIC PYELONEPHRITIS	
Due to URINARY RETENTION	
BENIGN PROSTATIC	
Due to HYPERTROPHY	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy { As above + Septicemia and Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp. Date signed 7-16-40

File the cause of death clearly and legibly. Physicians: please write correct age is especially important.

F 71096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 71096

PLEASE WRITE PLAINLY, WITH UNFADING INK. Burn the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. little Sisters Of the Poor
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Nagengast

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 187[illegible]

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name Mary Konig
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 19 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore.

18 (a) Funeral director Rita Wudefeld
(b) Address 914 Greenmount Ave

19 (a) 7-17-1940 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July I6, I940 8a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to July 16 1940. and that I last saw h[illegible] alive on July 14 1940

Immediate cause of death Edema Lungs — Duration 1 day
Due to Chronic Myocarditis — 6 yrs
Due to — [illegible]
Other Conditions Rheumatoid Arthritis — 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Av Date signed 7/16/40

VS 8

71097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 71097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp 15-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3524 Devereux Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Crystal

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1930

8. AGE: Years	Months	Days	If less than one day
10			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Louis Crystal
13. Birthplace Russia

MOTHER
14. Maiden Name Emma
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7-17-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd
Location Lauderdale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St
19 (Date) 7/17/1940 (Registered by registrar) Huntington Williams, M.D. Registrar

VS. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Underlying cause of death should be given last. Be sure that age is correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940 at 8½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull
Laceration of brain

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 7/16/40
(c) Where did injury occur? Shirley Ave Reisterstown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Bicycle - ran into automobile

23. Signature H. Wade Hazlett M.D. Medical Examiner.
Date signed 7/16/40

F 71098 6-1 FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 1da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1354 Stockton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 48			hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation contractor
11. Industry or business

FATHER
12. Name Wesley Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/40 (month) (day) (year)
(c) Cemetery or crematory National Mem.
Location Balto. Md.

18 (a) Funeral director James M. Skinner
(b) Address 924 N. Mount.

19 (a) Date rec'd 7-17-1940 (by) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1940, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1940, to 7-15 1940, and that I last saw him alive on 7-15 1940.

Immediate cause of death: Pulmonary tuberculosis? (Miliary?) — Duration: ?
Due to
Due to
Other Conditions: Bilateral pleural effusion
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry L. Rayden M. D.
Address Balto. City Hosp. Date signed

Signature for Williams, M.D.

correct age is especially important. Physicians: please write

71099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

F 71099
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette Ave
(c) Hospital or institution Mrs Gudgos Nursing Home 2-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. University P'kway
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jessie Belle Fisher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband ~~or wife~~ Lewis R. Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1879

8. AGE: Years 60 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Frank Deleker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Olivia Belle
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Nion Barker
(b) Address 5306 Morelle Pk.

17 (a) Burial (b) Date thereof 7/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto. Md.

18 (a) Funeral director Lenig Byers
(b) Address 5005 Park Heights Ave

19 (a) ____ (b) ____
(Date rec'd by registrar) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 17 1940 and that I last saw h-- alive on July 17 1940

Immediate cause of death	Duration
Hypertensive cardio-vascular renal disease	1 yr.
Due to Chronic nephritis, uremia, cardiac &	
Due to Renal failure with general anasarca	3 mos.
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Vernon Langenheim M.D.
Address 104 W. Madison St. Date signed 7/17/40

PLEASE write plainly. Physicians: please write the causes of death clearly and correct and is especially important.

F 71100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 71100

29595 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Eutaw Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1144

3 (a) FULL NAME Arthur Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1910

8. AGE: Years 30 | Months 1 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Readsville, S.C. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Unemployed

FATHER
12. Name Elmer ?
13. Birthplace South Carolina

MOTHER
14. Maiden Name Mamie Thompson
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) Huntington Williams M.D. (Registrar) Registrar

JUL 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1939, to 7-8 1940
and that I last saw h[illegible] alive on 7-7 1940

Immediate cause of death: M. Pharyngis Tuberculosis of Larynx
Due to: Tuberculosis of Intestines
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings: Of Operation: Tuberculosis of Larynx and bowels
Of autopsy:

Duration: 4 years ? over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney P. Fehleisen Jr

Address Baltimore City Hosp Date signed 7/8/40

Please write in ink. Physicians: please write correct age is especially important.

F 71101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71101 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 738 W. Mulberry St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yr 3
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 720 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Turner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Turner
13. Birthplace

MOTHER 14. Maiden Name ? Pierce
15. Birthplace

16 (a) Informant Henry Turner
(b) Address 715 Dawson St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Linden Ave

19 (a) (Date received by local registrar) JUL 17 1940 (b) Huntington Hillsville, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 7 9 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 11 1940 to July 15 1940.
and that I last saw h alive on 19

Immediate cause of death: Myocarditis — Duration: 6 wks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 715 W Dawson St. Date signed 7/16/40

F 71102

VS 3

F 71102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 71102 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give the full name of deceased. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution Mercy Hospital 27-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Highfield Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Clark Marie Breaux de la Tour Clark

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ernest Judson Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2-1877

8. AGE: Years 63 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Amherst, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis de La Tour
13. Birthplace Paris, France

MOTHER
14. Maiden Name Alicia Gilmer
15. Birthplace Virginia

16 (a) Informant Mr. Ernest J. Clark
(b) Address 211 Highfield Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18th-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

19 (a) JUL 17 1940 (Registered by Registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 10:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary Occlusion — Duration: 5 Min
Due to: Arteriosclerotic Cardio-vascular disease
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature William J. Tickner M.D.
Medical Examiner.
Date signed 7/16/40

71103
382878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71103
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 E. Lombard
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Wilkinson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife 6-25-40
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days 20 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Clark
13. Birthplace

MOTHER
14. Maiden Name Rose Wilkinson
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Martin H. E. Diffel
(b) Address 37 S. Ann St

19 (a) [illegible] 17 1940 (Date received by registrar) (b) Huntington Williams M.D.

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940 at 1:50 p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1940 to July 15 1940, and that I last saw him alive on July 15 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry P. Goelberg M. D.
Address Johns Hopkins Hosp. Date signed 7-16-40

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

VS 3

F 71104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-D F 71104

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME ARTHUR G. JOHNSON

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Josephine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12 7 1890
8. AGE: Years 44 | Months 7 | Days | If less than one day hr. min.
9. Birthplace Elkton Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden Name Unknown
15. Birthplace "
16 (a) Informant Samuel Nichols
(b) Address 1615 E. Madison St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 18 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto. Md
18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
(Date rec'd by registrar) JUL 17 1940 (Huntington Williams, Inc.)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, pulmonary	
Due to Aneurysm of descending aorta	
Due to hypertension	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. L. Wollenmeber M.D. Medical Examiner.
Date signed 7-8-40

PLEASE WRITE PLAINLY, WITH CAPITAL LETTERS. Please write the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write

VS 6

71105

HEALTH DEPARTMENT—CITY OF BALTIMORE

71105

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 191 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bruce Autrey

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margella Jones Autrey

6. DATE OF BIRTH (month, day, year) August 25, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bluefield West Va

FATHER

13. NAME William Autrey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mollie Etingame

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Molley Autrey (Address) 565 N Fremont St

18. BURIAL, CREMATION, OR REMOVAL. Place Brt Cultrun Date July 17 19 40

19. UNDERTAKER E O Wilson (Address) 1000 Brantley

20. FILED ... 19 Huntington Williams M.D.

JUL 17 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 26th 1940 to July 13th 1940

I last saw him alive on July 13th 1940 Death is said to have occurred on the date stated above, at 10:38 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1940

Other contributory causes of importance:

Tuberculous enteritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Gunby M. D.

(Address) Temple Court Apts

VS 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

71106

F 71106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sydenham Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Anna Mary Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1940

8. AGE: Years	Months	Days	If less than one day
	2	9	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name William Powell
13. Birthplace ?

MOTHER
14. Maiden Name Mafie Harris
15. Birthplace Maryland

16 (a) Informant Univ. of Md. Hosp
(b) Address Mother was a patient there

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley

19 (a) Date received by Registrar July 17 1940 (b)
Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 16 1940, and that I last saw her alive on July 16 1940.

Immediate cause of death	Duration
Bronchopneumonia	20 days
Due to Pertussis	25 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp Date signed July 17 1940

Huntington Williams, M.D.

PLEASE WRITE: Use ink; write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 71107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No. F 71107

PRINT WRITE PLAINLY. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 644 Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Langley

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Langley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1874

8. AGE: Years 66 | Months 2 | Days 12 | If less than one day: hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business

FATHER — 12. Name Levi Cornish
13. Birthplace Md

MOTHER — 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Jane Langley
(b) Address 644 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore County

18 (a) Funeral director Wm. Lange & Co. Inc.
(b) Address 1631 Druid Hill Ave

19 JUL 17 1940 (Date received by registrar) (b) Huntington Williamsburg P.O.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to July 14 1940, and that I last saw h alive on July 13 1940.

Immediate cause: Arteriosclerosis
Due to: Myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

	Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. P. Hoover M.D.
Address 617 Cathedral St Date signed 7/17/40

F 71108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 71108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a physician to certify to the causes of death clearly and legibly. Answer each question in full—use "None" where necessary. If there is no physician in attendance, or if he does not sign, the funeral director must sign and report the case to the Coroner. Do not use abbreviations or leave blanks. Consult the Physicians' Instruction Card for information which is especially important. Physicians: please write the cause of death in such terms as will indicate the disease, injury, or complication which caused death. Do not report the mode of dying, such as heart failure, asphyxia, anemia, or uremia. Please report diseases of the heart, kidneys, liver, etc., as to their nature.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 W. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1753
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca M. Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Major Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1882

8. AGE: Years 57 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Northumberland Co Va (Town, county, and state)

10. Usual Occupation Domestic -

11. Industry or business Private Home

FATHER 12. Name Daniel Wiggins

13. Birthplace Northumberland Co Va

MOTHER 14. Maiden Name Sarah Brumley

15. Birthplace Northumberland Co Va

16 (a) Informant Major Holmes

(b) Address 709 W Lanvale St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-40 (month) (day) (year)

(c) Cemetery or crematory

Location Northumberland Co. Va.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) Filed by registrar Huntington Millsboro, Md. Registrar

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1940, at 7 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 7/6 1940 to 7/14 1940, and that I last saw h alive on 7/14 1940

Immediate cause of death Diabetes Mellitus — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Thyroid Removed

Of operations 14 years ago.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Brumley

Address 1 W W Lee St Date signed 7/16/40

53161--FD

F 71109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 71109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 4 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo. 23 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME: Silas Ewell

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Carlton

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1-9-1861

8. AGE: Years 79 | Months 6 | Days 7 | If less than one day -- hr. --- min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business -----

FATHER
12. Name Reuben -----
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Shoals
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/40 (month) (day) (year)
(c) Cemetery or crematory Harmony Grove
Location Virginia

18 (a) Funeral director H. W. Myers
(b) Address 805 N. Calvert Street

19 (a) Date received JUL 17 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1940 at 4.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1940 to 7-16 1940 and that I last saw h. alive on 7-16 1940.

Immediate cause of death	Duration
Myocardial failure	?
Due to Gen. arterio sclerosis	?
Due to	
Other Conditions Cystitis Benign Hypertrophy of Prostate (Include pregnancy within 3 months of death)	

Major findings:
Of operations Benign hypertrophy of prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gellert Jr. M. D.
Address Balto. City Hosp. Date signed 7/16/40

correct age is especially important. Physicians: please write plainly.

VS: Via Chesapeake Steamship Co. Escort Mr. Richard H. Griffith

Via Chesapeake Steamship Co.

F 71110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 71110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 N. East Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. East Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellsworth L. (Elza) Tubb

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8028

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Fannie Tubb
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/15/869
8. AGE: Years 71 | Months 4 | Days 1 | If less than one day hr. min.
9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Sibbs Preserving Co

FATHER
12. Name John Tubb
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Annie R. (Unknown)
15. Birthplace Md

16. (a) Informant Fannie Tubb
(b) Address 19 N. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 JUL 17 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1940 to July 16 1940, and that I last saw ~~him~~ alive on July 15 1940

Immediate cause of death: Cerebral Haemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen C. Bartlam, M. D.
Address 3139 E. Baltimore St. Date signed 7-17-40

PLEASE WRITE PLAINLY with pen and ink and use only black or blue-black ink. Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

F 71111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 E Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 E Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3.(a) FULL NAME Blanche Thuma

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry A Thuma
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 7th 1892

8. AGE: Years	Months	Days	If less than one day
47	11	9	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frederick Haase
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Ash
15. Birthplace Baltimore

16 (a) Informant Harry A Thuma
(b) Address 3701 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director John Welsh
(b) Address 2008 Orleans St

19 (a) July 17 1940 (Registrar's signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1940 to 7/16 1940, and that I last saw h[illegible] alive on 7/16 1940.

Immediate cause of death Myocardial Degeneration — Duration .....
Acute Cardiac Dilatation .....
Due to ....
....
Due to ....
....
Other Conditions ....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
.....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature F. H. Smith M. D.
Address 3400 E. Balto Date signed 7/16/40

VS 3

correct age is especially important. Physicians: please write the cau

F 71112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

19-B Registered No. F 71112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 N Wolfe
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 2106 N Wolfe
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E Thoms

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna L Reuffel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1889

8. AGE: Years	Months	Days	If less than one day
50	10	26	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Filling Station
11. Industry or business Operator

FATHER
12. Name Wm Thoms
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Rosing
15. Birthplace Germany

16 (a) Informant Anna L Thoms
(b) Address 2106 N Wolfe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) JUL 17 1940 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to July 16 1940 and that I last saw him alive on July 16 1940

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 Years
Due to Tubercle Bacillus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg M. D.
Address 3025 E Lan Ave Date signed 7/16/40

VS 3

Please write the cause of death in ink. Physicians: please write correct age in especially important.

F 71113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P SD

Registered No. F 71113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 832 S. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Stanislaw Wojtuniszak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/16/1860

8. AGE: Years	Months	Days	If less than one day
80	5	22	..... hr. ..... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George
13. Birthplace Poland

MOTHER
14. Maiden Name Frances
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 7-10-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd-Dist

18 (a) Funeral director John F. Fahey Jr.
(b) Address 1318 Light St.

JUL 17 1940 [illegible] for the Williams Mfg Co Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28- 1939 to 7-8- 1940, and that I last saw h[im] alive on 7-8- 1940.

Immediate cause of death Cardiac failure — Duration Days ?

Due to A-S Hx Dia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosps. Date signed 7-9-40 M. D.

VS 3

Please write correct age is especially important. Physicians: please write the

VS 3

F 71114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 71114

PLEASE WRITE PLAINLY, with ink. Fill all blanks. Give the causes of death clearly and legibly. Give correct age in each case. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cecil Apartments
(c) Hospital or institution:
11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cecil Apts., Eutaw & Dolphin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna C. Whitelock

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1862

8. AGE: Years 78 | Months 5 | Days 26 28 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Robert G. Whitelock
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Horn
15. Birthplace Md.

16 (a) Informant Anna M. Hildebrandt
(b) Address 5200 Fernpark Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1940 (month) (day) (year)
(c) Cemetery Green Mount
Location Greenmount Ave. & Oliver St., City

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address Eutaw Place, Baltimore

JUL 19 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/1940, at 7 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17/1936 to 7/17/1940, and that I last saw her alive on 7/16/1940.

Immediate cause of death Carcinomatosis — Duration Nov. 1935

Due to Ca. of breast — 5/7/38

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Ca. of breast

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. Morrison M. D.
Address 1013 N. Charles St. Date signed

VS 3

F 71115

BALTIMORE CITY HEALTH DEPARTMENT

59

F 71115

PLEASE WRITE IN PERMANENT INK. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Date rec'd by registrar) (b) Huntington Williams, M.D. Address 1013 N. Charles St. Date signed

VS 8

71115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159 F 71115
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Presstman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) 15 minutes

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Presstman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Baby Boy Johnson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	—

6 (b) Name of husband or wife
6 (c) If alive, give age 15 minutes

7. Birth date of deceased (mo., day, yr.) July 16, 1940 - 2:50 AM

8. AGE: Years	Months	Days	If less than one day
15 min.	—	—	0 hr. 15 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name [redacted] Johnson
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Ella Hall
15. Birthplace Howard Co. Md

16 (a) Informant John S. Stevens
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS HOSPITAL JUL 17 1940
Commissioner of Health
18 (a) Funeral director
(b) Address Per J. A. Moore
19 (a) JUL 17 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1:50 AM July 16 to 2:05 AM July 16 1940 and that I last saw him alive on 2:05 AM July 16 1940

Immediate cause of death: Premature Birth — Duration
Due to: ? Hypertension ?
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Calvin Basen M. D.
Address University Hospital Date signed

VS 8

F 71116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 71116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor Hospital 3324 Key Highway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Eleventh St N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sidney Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-01-5558

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Hattie Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 15 1903

8. AGE: Years	Months	Days	If less than one day
36	7	1	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm. Butler
13. Birthplace Md

MOTHER
14. Maiden Name Maggie Butler
15. Birthplace Md

16 (a) Informant Hattie Butler
(b) Address 1418 Tenth St N.W.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-40 (month) (day) (year)
(c) Cemetery or crematory Lincoln Cem
Location Washington D.C. Md.

18 (a) Funeral director Frazier A. Reeves
(b) Address 5th & Bladen Huntington Williams, Md.

19 (a) JUL 17 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accd
(b) Date of occurrence 7-16-40
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Vandersyde M.D. Medical Examiner.
Date signed 7/16/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

Registrar ... Date signed ...

VS 6

71117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a F 71117 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in item 20 is correct as it is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 E. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 Yrs. years

3 (a) FULL NAME CLARA WOLF.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1884

8. AGE: Years 55 | Months 9 | Days 28 | If less than one day: hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis Wolf,

13. Birthplace Germany

MOTHER 14. Maiden Name Babette Herz,

15. Birthplace Germany.

16 (a) Informant Mrs. Ben Ehrlich,

(b) Address 732 Roscoe St.-Chicago, Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oheb Shalom

Location Balto, Md.

18 (a) Funeral director Hurd Sonneborn's Son

(b) Address 1002 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th. 1940, at PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8, 1939, to July 16, 1940 and that I last saw h[er] alive on July 16, 1940.

Immediate cause of death Carcinoma

Duration about one yr.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shpritz M.D. M. D.

Address 2351 Eutaw Place. Date signed

VS 1940.

UNQUHART

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 71118 — Registered No. F 71118

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 W. Baltimore
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 W. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

22-2

3 (a) FULL NAME Edith Urquhart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Benjamin Urquhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	6	5	32	

9. Birthplace Calvert Co Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER — 12. Name Edward Wagner
13. Birthplace Calvert Co Md

MOTHER — 14. Maiden Name Eliza Saunders
15. Birthplace Calvert Co Md

16 (a) Informant Benjamin Urquhart
(b) Address 635 W. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 40 (month) (day) (year)
(c) Cemetery or crematory Mutual
Location Calvert Co Md

18 (a) Funeral director Sarah L. Brawner
(b) Address 1016 E. Lombard St

19 (a) JUL 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 15 1940, and that I last saw h/w alive on July 15 1940.

Immediate cause of death	Duration
Generalized Peritonitis	3 dys
Due to Carcinoma of Stomach	2 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 911 Cathedral Date signed 7/16/40

VS 3

71119 HEALTH DEPARTMENT—CITY OF BALTIMORE 71119

CERTIFICATE OF DEATH 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Cookrie St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth 43 yrs. ... mos. ... da.

2. FULL NAME Frances Wojciechowski

if U. S. Veteran specify WAR

(a) Residence: No. 1212 Cookrie St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
(—) WIFE of Frank Wojciechowski

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 68 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Xaver Glowicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Frank Wojciechowski

(Address) 1212 Cookrie street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 20d 1940

19. UNDERTAKER George A. Weber

(Address) 706 S. Ann st

20. FILED JUL 17 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1940 to July 17, 1940

I last saw him alive on 7-17, 1940 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	7-1-39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Collod M. D.

(Address) 207 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

VS 8

Huntington Williams, M.D.

Huntington Williams, N.D.

71120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 71120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 E Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME Annie Frances Henck

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1860

8. AGE: Years 80 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Thomas Ferris
13. Birthplace N. Y.

MOTHER 14. Maiden Name Annie Kenny
15. Birthplace N. Y.

16 (a) Informant Mrs. Thos. Ferris
(b) Address 2011 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balto.

18 (a) Funeral director J. J. Moran
(b) Address 240 E. Baltimore St.

19 JUL 17 1940 Huntington Williams, N.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/ 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22 1939 to July 15 1940 and that I last saw her alive on July 12 1940.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Aortic Regurgitation 5 yrs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur E. Longwald M.D.
Address 1613 E. North Ave Date signed 7-15

Please write the causes of death clearly and correct age is especially important. Physicians:

VS 3

VS 8

F 71121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 71121
Registered No.

PLEASE WRITE CLEARLY with pen and ink and use only black or blue-black ink. Physicians: please write the causes of death clearly and legibly. Give the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2929 Mc Elderry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 Mc Elderry st
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George Howard Miller

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 212-05-5557

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Margaret M. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19 - 1879

8. AGE: Years 60 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace Westminster Maryland
(Town, county, and state)

10. Usual Occupation Retired Policeman
11. Industry or business City Police Dept

FATHER
12. Name Geo. H. Miller
13. Birthplace Md

MOTHER
14. Maiden Name Alice —
15. Birthplace Md.

16 (a) Informant Alice May Pascasio
(b) Address 2929 Mc Elderry st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 16 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

(c) Date received (mo., day, yr.) JUL 18 1940 (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1940, to July 13 1940, and that I last saw him alive on July 13 1940.

Immediate cause of death: Angina Pectoris / Coronary Disease — Duration: July 12/40 -

Due to Hypertension + Arteriosclerosis — Duration: Sept 1939

Due to —

Other Conditions Arteriosclerotic Bronchitis — Duration: Sept 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Lorne F. Drummond M. D.
Address 722 N. Kenwood Ave Date signed July 13 40

VS 8

VS 3

71122

LB 57209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 71122

Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not leave any blanks. If unknown, write "unknown." Please write the causes of death clearly and legibly. Physicians: please write correct age, especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4545 Garrison Blvd.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 425 Coppedge St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Peters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Mr. Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	0	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER

12. Name John Jones

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Jones

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (b) Date thereof 7-19-40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Church Home Location Druid Hill Ave. & Baltimore Co. Line

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 575 W. Biddle St.

19 (a) (Date) (b) Filed by registrar Huntingtown, Md.

7-18-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1940, at 1:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1940, to 7-16 1940, and that I last saw her alive on 7-15 1940.

Immediate cause of death Carcinoma of right breast & metastasis — Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death.)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Balto City Hospitals Date signed 7/18/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71123

CERTIFICATE OF DEATH

F 71123

83-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 Lafayette St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Watts

(a) Residence: No. 1235 Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Watts.

6. DATE OF BIRTH (month, day, year) Nov. 29, 1881.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58 59	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Eva Watts-daughter.
(Address) 1235 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 7/20 1940

19. UNDERTAKER Mrs Kate R. Williams.
(Address) 322 N. Sycamore St.

20. FILED JUL 18 1940 Hunting & Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/12 1940 to 7/19 1940

I last saw h[illegible] alive on 7/16 1940 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Paralysis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) B. M. Rhett M. D.

(Address) 134 D St.

INFORMATION SHOULD BE GIVEN IN PLAIN TERMS, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 71124

F 71124

JUL 18 1940

F 71124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71124

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4720 Old Frankford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4720 Old Frankford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Grove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Kirby M. Grove

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 17 1916

8. AGE: Years 24 | Months 6 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Clarence Nigh

13. Birthplace Maryland

MOTHER 14. Maiden Name Bessie E. Stonebraker

15. Birthplace Maryland

16 (a) Informant Kirby M. Grove

(b) Address 4720 Old Frankford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burger

(b) Address 3631 Falls Road,

19 (a) (Date received by Registrar) (b) Registrar

JUL 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 4 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940, to July 18 1940, and that I last saw her alive on July 17 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 Years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, an public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max A Wennebeck M. D.

Address 4603 Park Ave Date signed 7/18/40

correct age is especially important. Physicians: please write

F 71125

BALTIMORE CITY HEALTH DEPARTMENT

F 71125

JUL 18 1940
(Date rec'd by registrar)
Registrar
VS 3

F 71125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 21125
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 Bishops Road
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Bishops Road (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harry Waters Atkinson
3 (b) If veteran, name war World War
3 (c) Social Security Account No. ?
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Frederica V. Atkinson
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) March 28 1868
8. AGE: Years 72 Months 3 Days 19 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation B. O. R. R. Co. (retired)
11. Industry or business
FATHER 12. Name Wm. George Atkinson
13. Birthplace Maryland
MOTHER 14. Maiden Name Catherine Wallace
15. Birthplace probably Maryland
16 (a) Informant Mrs Frederica V. Atkinson (wife)
(b) Address 10 Bishops Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 40 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown Md.
18 (a) Funeral director Stewart & Co.
(b) Address 108 W. Mt. Ave.
19 (a) JUL 18 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH July 17 1940, at 1 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1936 to July 17 1940. and that I last saw him alive on July 17 1940.
Immediate cause of death
Due to Arterio-Sclerosis Hypertension Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
Natural

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature N. H. Woody M.D.
Address 1403 Park Ave. Date signed 7/18/40

correct age is especially important. Physicians: please write clearly.

VS 3

F 71126

BALTIMORE CITY HEALTH DEPARTMENT

F 71126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1483-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 152 Wilson St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 152 Wilson St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Clara Elizabeth Stine

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Edw. C. Stine
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept-29-1857

8. AGE: Years 82 | Months 9 | Days 17 | If less than one day: 16 hr. = min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: Schuyler T. Rhodes
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Virginia Wood
15. Birthplace: Virginia

16 (a) Informant: Mr. Stanley T. Stine (son)
(b) Address: 4313 Roslyn Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July-18-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: Stewart Morris
(b) Address: 108 W. North Ave.

19 (a) JUL 18 1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar, M.D.

VS 3

correct age is especially important. Physicians, please write clearly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 15 1940, and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days
Due to: Arterio Sclerosis — 3 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jno. F. Phillips M. D.
Address: 4 W. North Ave. Date signed

VS 3

F 71127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 71127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Hommerbacker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Elmer Hommerbacker
13. Birthplace Md -

MOTHER 14. Maiden Name Helen McGuire
15. Birthplace Md -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JUL 17 1940
Commissioner of Health

18 (a) Funeral director For H. A. Moore
(b) Address

19 (a) (b) Registered by registrar Registrar

5770

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 11 15 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to July 14 1940, and that I last saw her alive on July 14 1940.

Immediate cause of death: Intracranial Hemorrhage — Duration: 24 hrs.
Due to: Birth trauma
Due to: Prematurity

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/15/40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS 3

1-5770

71128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a F 71128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glenarm, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (19611) Baby Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Esther Keene
15. Birthplace Maryland

16 (a) Informant Mrs George Smith
(b) Address Glenarm, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JUL 17 1940
Commissioner of Health
18 (a) Funeral director
(b) Address Per H. A. Moore
JUL 18 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6/40, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1940, to 6/6 1940, and that I last saw him alive on 6/6 1940.

Immediate cause of death: Lungs, atelectasis, bilateral — Duration 1 d.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Dr above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7-10-40

correct age is especially important. Physicians, please write

VS 3

5771

VS 3 5771

71129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 71129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Mosher St. Balto. Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME Baby Woodfolk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/13/40

8. AGE: Years	Months	Days	If less than one day
		1	1 hr. 20 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Woodfolk
13. Birthplace Virginia

MOTHER
14. Maiden Name Mabel Liam
15. Birthplace Virginia

16 (a) Informant Mrs David Woodfolk
(b) Address 612 Mosher St. Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 17 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) Filed JUL 18 1940 Huntington Williams, M.D. Registrar 5573

VS 3

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14/40 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1940 to June 14, 1940, and that I last saw her alive on June 14, 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Emerson M. D.
Address Johns Hopkins Hosp. Date signed 7-15-40

VS 3

71130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 71130

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (20122)
Baby Woodfolk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-40

8. AGE: Years	Months	Days	If less than one day
			5 43 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Woodfolk
13. Birthplace Virginia

MOTHER
14. Maiden Name Mabel Elam
15. Birthplace Virginia

16 (a) Informant Mrs David Woodfolk
(b) Address 612 Mosher St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 17 1940
18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore
19 (a) JUL 18 1940 Huntingtown, Williams, Md.
(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/40 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1940, to 6-13 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death PREMATURITY.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 7-5-40

correct age is especially important. Physicians, please write

VS 3

F 71131

VS 3

F 71131

F 71131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-f

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 S. Chester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Michael Mrozinski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maryanna
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dominic Mrozinski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Maryanna Mrozinski
(b) Address 517 S. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 1808 Eastern Ave.

19 (a) Huntington Williams, M.D. (Date received by registrar) Registrar

JUL 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 19[illegible], at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible], and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death CARCINOMA OF STOMACH

Duration 11 Mos. Ago

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 209 E. [illegible] St. Date signed 7/17/40

correct age is especially important. Physicians, please w[illegible]

F 71132

F 71132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Ridgely
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Ridgeley
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Kiefer

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Kiefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1861

8. AGE: Years	Months	Days	If less than one day
79	4	9	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Retired Paper Hanger
11. Industry or business

FATHER
12. Name Theodore Kiefer
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Irene Hartlieb
(b) Address 103 N. Fulton Ave.,

17 (a) Burial (b) Date thereof July 19, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross, A.A.Co. Md.
Location Brooklyn, Md.
18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.,

JUL 18 1940 (b) Registrar
(Date received by local registrar)

VS 3

correct age is especially important. Physicians: please write the cause

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1940, at 2.55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 13th 1940 to July 16th 1940
and that I last saw him alive on July 16th 1940

Immediate cause of death Medical Negligence

Due to

Due to

Other Conditions Nephritis, Chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Several Years
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D. Kolb M.D.
Address 1103 Taylor Ave. Date signed July 17 1940

VS 3

F 71133

F 71133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 71133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Foster James

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3467

4. Sex Male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced separated (divorced)

6 (b) Name of husband or wife Lilly May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1894

8. AGE: Years 46 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Asheboro N. C. (Town, county, and state)

10. Usual Occupation Tin Plate Mulr

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Lillie May James
(b) Address 1527 N. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-1940 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Pk.
Location Balto. Md.

18 (a) Funeral director Charles G. Corker
(b) 501 N. Calhoun St.

19 (a) JUL 18 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 3:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Coronary Occlusion	1 hour
Due to: Hypertensive Cardio Vascular disease	
Due to	
Other Conditions: Pulmonary tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L Pelpluch M.D. Medical Examiner
Date signed 7/15/40

Huntington Williams

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 6

382847
21131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 71134
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs 3 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John McCrea → 213-01-4096

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Merdis
6 (c) If alive, give age 28 years
7. Birth date of deceased (mo., day, yr.) 5-20-07
8. AGE: Years 33 | Months 11 | Days 27 | If less than one day ... hr. ... min.
9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Will McCrea
13. Birthplace N. Car.

MOTHER
14. Maiden Name Mary Mask
15. Birthplace N. Car.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/40 (month) (day) (year)
(c) Cemetery or crematory Antrim
Location
18 (a) Funeral director Leo L. Kelson
(b) Address 1303 Presstman
19 (a) 18 (Date received by registrar) (b) ... for Williams ...

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 6.45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1940, to July 17 1940, and that I last saw him alive on July 17, 1940.
Immediate cause of death Lobar Pneumonia — Duration 7 days
Due to pneumococcus XX
Due to
Other Conditions Abort. Pregnancy Total
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature WB McAllister Jr. M. D.
Address Johns Hopkins Hospital Date signed 7-17-40

correct age is especially important. Physicians: please write the

VS 3

F 71135

135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

✓ F 71135

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Baker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wm. Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Ida Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1890

8. AGE: Years	Months	Days	If less than one day
50	3		hr. min.

9. Birthplace St. Mary's Co Md.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name David Thomas Brooks
13. Birthplace Md

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Md.

16 (a) Informant Lula Holley
(b) Address 1608 Baker St

17 (a) Burial (b) Date thereof 7/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Calvert Hall
Location St. Mary's Co. Md

18 (a) Funeral director Ged. H. Nelson
(b) Address 1303 Druid Hill Ave

19 (a) Rec'd by registrar 7/18/40 (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1940 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940 to 7/16 1940 and that I last saw him alive on 7-15 1940.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: recent

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.

Address 1500 E. Madison Ave Date signed 7/17/40

Please write the causes of death clearly and legibly. Physicians: please write especially important. Please correct

F 71136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B V

Registered No. F 71136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 W. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 W. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard A. Fowler

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Fowler
6 (c) If alive give age: 61 years

7. Birth date of deceased (mo., day, yr.): December 1878

8. AGE: Years 61 | Months 7 | Days | If less than one day hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: None.

11. Industry or business:

FATHER 12. Name: Richard Fowler
13. Birthplace: Md.

MOTHER 14. Maiden Name: Harriett Barnes
15. Birthplace: Md.

16 (a) Informant: Mary Fowler
(b) Address: 424 W. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 7/18/40

(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Robert F. Young
(b) Address: 804 W. Caroline St.

19 (a) [illegible] 18 1940 Huntington-Williams, M.D.

correct age is especially important. Physicians: please write

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to July 14 1940, and that I last saw alive on July 14 1940.

Immediate cause of death: Chronic Parenchymatous Nephritis (Uremia) — Duration: July 1940

Due to: Hemorrhage Anuresis — July 1940

Other Conditions: Mitral Insufficiency, Chronic Bronchitis — July 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ralph F. Young, M.D.
Address: 1429 E. Monument St. Date signed: July 18, 1940

71137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169-G ✓ Registered No. F 71137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 20 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peat Messina

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL JUL 18 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Md.

19 (a) JUL 18 1940 (Date filed by Registrar) Registered No. 5774

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Myocardial Degeneration	(a)
Due to Pulmonary Edema	(b)
Due to Chronic Valvulitis (1)	
Due to Cirrhosis of Liver (4)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide ?
(b) Date of occurrence 7-12-40
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Took Lysol Solution

23. Signature Howard J. Moreden M.D. Medical Examiner.
Date signed 7-12-40

(Over)

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to state the correct age is especially important.

VS-6

71138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C ✓ F 71138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 So Spring St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 So Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Brock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 18 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940 at 10:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Landestoy M.D.
Medical Examiner.
Date signed 7/9/40

VS 6

If death occurred in a hospital or institution, the physician must write the correct age as especially important. Physicians: please write the causes of death clearly and legibly.

71139 ✓ F

(Date rec'd by registrar) [illegible] Registrar [illegible] Date signed [illegible]

VS 6

71139 1C424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 71139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Bloomingdale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Bloomingdale Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1607

3 (a) FULL NAME Kate A. Leicht

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1859

8. AGE: Years 81 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Milliner
11. Industry or business

FATHER
12. Name John J. Leicht
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Frey
15. Birthplace Baltimore

16 (a) Informant Mr. Harry Hodges
(b) Address 609 Winans Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

JUL 18 1940

VS 7

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1939 to July 16 1940, and that I last saw h[illegible] alive on July 16 1940.

Immediate cause of death: Carcinoma Epigmoid — Duration 1½ yrs

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Grant Calvin, M. D.

Address 1736 Dop Gr Pl Date signed 7/17/40

F 71140

F 71140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 71140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilbers & Catonsville
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road & Arbutus Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Charles Anderson

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola Anderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1860

8. AGE: Years 79 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired Signal Maintenance

11. Industry or business Pennsylvania R. R. Co.

FATHER 12. Name Charles Anderson
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Redmiles
15. Birthplace Md.

16 (a) Informant Mrs. Viola Anderson
(b) Address Halethorpe, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Nichols Memorial
Location Odenton, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves. Washington, D.C.

19 (a) JUL 18 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1940, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1940, to 7/17 1940, and that I last saw h/m alive on 7/17 1940.

Immediate cause of death — Duration
Primary - Hypertrophy of Prostate — over
Secondary - Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brady Smith
Address St. Agnes Hospital Date signed 7/17/40

correct age is especially important. Physicians: please write the

JUL 26 1940

F 71141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-V

F 71141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Woodward Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53-10-24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Melville Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

9-3

3 (a) FULL NAME Sarah Catherine Shelley

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard T. Shelley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23-1886

8. AGE: Years	Months	Days	If less than one day
53	10	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Theodore Buckingham
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Renehan
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. William J. Shelley
(b) Address 707 Melville Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) (Date received by registrar) (b) Registrar

VR # 1340

Street age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1940, at 10.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940, to July 17 1940, and that I last saw h[er] alive on July 17 1940.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	7-7-40
Due to ARTERIOSCLEROSIS	1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Nolan M. D.
Address 682 Washington Blvd Signed 7-18-40

F 71142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a F 71142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Toledo
(If outside city or town limits, write RURAL and give town)
Street No. 2103 Glenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ethel D Van Stone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White American | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1879

8. AGE: Years 60 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Toledo, Ohio
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Van Stone
13. Birthplace England

MOTHER
14. Maiden Name Ella Dailing
15. Birthplace Ohio

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (b) Date thereof July 18/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Forest Cemetery
Location Toledo, Ohio

18 (a) Funeral director Wm Fincher Funeral Home
(b) Address North & Pa Ave

19 (a) 7-18-1940 (b) Huntington Williams, M.D.
(Date received by local registrar) Registrar

VS 3

correct age is especially important. Typewrite or print plainly in ink.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 5.10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 18 1940, and that I last saw him alive on July 18 1940.

	Duration
Immediate cause of death Generalized carcinomatosis and Carcinoma of stomach pelvis	
Due to Adenocarcinoma Carcinoma of ovary Bilateral	1 yr.
Due to	2 yrs.
Other Conditions Carcinoma of Ut. breast 1938 Secondary Ca of chest wall 1939 (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adenocarcinoma of ovaries Bilateral; Carcinoma of Ut breast
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp Date signed 7/18/40

1143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71143

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 6000 Bellona Ave. Ward) 46-E

Registered No. 97-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lydia Miller

If U. S. Veteran specify WAR

(a) Residence: No. North Ave., Raspeburg, Md St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward G. Miller

6. DATE OF BIRTH (month, day, year) Feb. 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Anthony

14. BIRTHPLACE (city or town) Balto., (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto., (State or country) Md.

17. INFORMANT Mrs. Estelle McQuay
(Address) North Ave., Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 20 1940

19. UNDERTAKER Lancaster Funeral Home
(Address) 7401 Belair Road

20. FILED JUL 18 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1940 to July 17, 1940

I last saw h[illegible] alive on July 9, 1940. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8 yr
Other contributory causes of importance: Carcinoma Colon	

Was an operation performed? Yes Date of Jan 1940

For what disease or injury? Colostomy

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 423 E York Rd

Information should be entered in ink. Be sure that it may be properly classified. Write plainly. Answer all questions. If none, write "None." Do not abbreviate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Write plainly. Answer all questions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 71144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 71144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 S. Morley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. Morley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2067

3 (a) FULL NAME Emma L. Dieterich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1913

8. AGE: Years	Months	Days	If less than one day
26	11	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Dieterich
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise Knobloch
15. Birthplace Washington, D.C.

16 (a) Informant Mrs Louise Dieterich
(b) Address 40 S. Morley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Ogle
(b) Address 2100 W. Lombard St.

19 (a) JUL 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 17 1940, and that I last saw h[illegible] alive on July 16 1940.

Immediate cause of death Pulmonary Embolism
Due to Endocarditis
Due to Chr. Nephritis

Duration

Other Conditions Pulmonary Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Nelson
Address 2151 W. Lombard St. Date signed July 18 1940

Physicians: please write clearly. Correct age is especially important.

F 71145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. F 71145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 m 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 m 23 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Abingdon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Elizabeth Leight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1920

8. AGE: Years	Months	Days	If less than one day
20	2	9	hr. min.

9. Birthplace Abingdon, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robert Leight
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Leith
15. Birthplace Maryland

16. (a) Informant Father
(b) Address Abingdon, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-20-40 (month) (day) (year)
(c) Cemetery or crematory Abingdon M
Location Abingdon Md

18 (a) Funeral director Howard K Malone
(b) Address Abingdon Md

19 JUL 18 1940 (Date Rec'd by Registrar) (b) Huntington Williams, M.D.

correct age is especially important. Physicians, please write plainly.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1940, at 7:32 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 18 1940, and that I last saw her alive on July 18 1940.

Immediate cause of death	Duration
Drowning shock and heart failure	
Due to Malignancy	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations inoperable abdominal malignancy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lightner Allen F. Pearce M. D.
Address Union Memorial Hosp. Date signed 7/18/40

40-231
aha-6.8.8.

71146
LB 57203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. F 71146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Ravenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~~~ years

3 (a) FULL NAME Charles Caltrider

3 (b) If veteran, name war ~~~

3 (c) Social Security Account No. 213-05-9288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Hilda C.
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) May 25, 1902

8. AGE: Years	Months	Days	If less than one day
38	1	22	...hr. ...min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Balto. Transit Co.

FATHER
12. Name Charles E. Caltrider
13. Birthplace Md.

MOTHER
14. Maiden Name Abie Pierce
15. Birthplace ~~Md.~~ Florida

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Grandview Cemetery
Location Mt. Versailles Township, Allegheny Co., Pa.
18. (a) Funeral director A. Howard Evans
(b) Address 400-02 S. Charles St, Balto.
19 (a) Date received by local registrar JUL 18 1940 (b) Signature Courtney Williams M.D. Registrar

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1940 to 7-17 1940 and that I last saw him alive on 7-17 1940.

Immediate cause of death	Duration
Spontaneous pneumothorax	48 hrs.
Due to Post-operative hemorrhage	
Due to Pulmonary tuberculosis	8 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operation Aut. Tbc.
Of autopsy Some

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Milton Hebster M.D.
Address Balto City Hosp Date signed 7-19-40

71147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148-a

F 71147

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Aldershot Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Virginia Pilson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Millard A. Pilson

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Sept 16-1871

8. AGE: Years 68 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace Stephens City Va.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business At home

FATHER
12. Name Charles R. Rodgers
13. Birthplace Stephens City Va.

MOTHER
14. Maiden Name Cole
15. Birthplace Stephens City Va.

16 (a) Informant Robert A. Pilson
(b) Address New Windsor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 40 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cem.
Location Near Uniontown Md.

18 (a) Funeral director W. R. Harbaugh & Son
(b) Address New Windsor Md.

JUL 19 1940 (Date rec'd Registrar) (b) by [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 3 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940 to 7-18 1940, and that I last saw her alive on 7-18 1940

Immediate cause of death
Lobar Pneumonia
Duration 4 days
Due to Suppurative Meningitis, Otitis Media
Due to Abscess
Other Conditions Arteriosclerosis Cerebri
Pyelo. Hydronephrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nelson S. Pappelmann M. D.
Address So. Balto. General Hosp. Date signed 7-18

Write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 71148

38172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

F 71148 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2624 E Eager St (If rural give location)

2524

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Irvin

3 (b) If veteran, name war: no

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-81

8. AGE: Years 9 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph Irvin

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Hayes

15. Birthplace Md.

16 (a) Informant Friends

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/40 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md

18 (a) Funeral director Wm Cook

(b) Address 1217 St. Paul St

Date received JUL 19 1940 Registrar for Williams M.D. Registrar

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940 at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to July 17 1940, and that I last saw him alive on July 17 1940.

Immediate cause of death: Stills Disease — Duration: 3 yrs. 2 mos.

Pericarditis

Due to

Due to

Other Conditions Hemolytic anemia — Duration: 3 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ethel Waller M. D.

Address Baltimore Date signed 7/18/40

F 71149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71149 Registered No. 1830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 St Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yr 10 mo 5 dy

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosa Wagner Duker

3 (b) If veteran, name war — NO
3 (c) Social Security Account No. — NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Herman H Duker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 15th 1861
8. AGE: Years 78 | Months 10 | Days 5 | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation — At Home
11. Industry or business Self

FATHER
12. Name Hugh Sisson
13. Birthplace Md

MOTHER
14. Maiden Name Sarah L Hirsett
15. Birthplace Unknown

16 (a) Informant Herman S. Duker
(b) Address 1804 Eutaw Place
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) Date received JUL 20 1940 (b) Registrar Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1940, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to July 18th 1940, and that I last saw h[illegible] alive on July 18th 1940.

Immediate cause of death
Cerebral Apoplexy — Duration about 1 hour
Due to
arterial Hypertension — about 9 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Jno. M. Dabney M. D.
Address Theton, Md Date signed July 18th 40

Please write the answers to questions correctly. Physicians: please write the answers to questions correctly. Correct age is especially important.

71150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 71150
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 S. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Frederick Schmidt

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.: Nv

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ wife: Theresa Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 3/29/1855

8. AGE: Years 85 | Months 3 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Retired (U.S. Army)
11. Industry or business: Technical Sergeant

FATHER
12. Name: Melchior Schmidt
13. Birthplace: Germany

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Theresa Schmidt
(b) Address: 441 S. Fulton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: National
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) 7-19-1940 (Date rec'd by Registrar) (b) Registered by: [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1940 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1936 to 7/17 1940 and that I last saw him alive on 7/17 1940.

Immediate cause of death: Arteriosclerosis — Duration: (?)
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: W. Millard Tripoli M.D.
Address: 1326 W. London Date signed: 7/18/40

correct age is especially important. Physicians: please write

VS 3

VS 3

71151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B

F 71151 Registered No.

Print or write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank H Drummer

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-09-6267

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma M Drummer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1890

8. AGE: Years 49 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER 12. Name Joseph H Drummer
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sarah Krentzer
15. Birthplace Baltimore Md

16 (a) Informant Emma M Drummer
(b) Address 1709 E Preston St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/20/40 (month) (day) (year)
(c) Cemetery ~~co-operative~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1940, at 9^00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1940 to 7/17 1940, and that I last saw him alive on 7/17 1940.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 day
Due to: Rheumatic Heart Disease Mitral Stenosis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Mitral Stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph's Hospital Date signed 7/18/40

Dr Schmidt

F 71152

Lee Davis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V46-C

F 71152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 Hueber's M Stricker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Hueber's M (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Davis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1859

8. AGE: Years 80 | Months 11 10 | Days 25 | If less than one day hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Hyde
15. Birthplace Md

16 (a) Informant Mrs. Lucy Davis
(b) Address 1137 N. Hueber's

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. & Francis A. Hensley
(b) Address 518 N. Biddle St.

JUL 19 1940 (a) (Date rec'd by registrar) (b) Huntingtown Calvert Co. Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 19 1940

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1940 to July 17th 1940 and that I last saw h alive on July 17th 1940

Immediate cause of death Carcinoma Duodenum — Duration

Due to DUODENUM

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hobson Eddy M. D.
Address Prince Frederick, Md. Date signed July 19th 1940

correct age is especially important. Physicians: please write

VS 8

380487
F 71153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 71153
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Essex St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Dunworth
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-5-18
8. AGE: Years 21 | Months 10 | Days 13 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business
FATHER 12. Name Robert Dunworth
13. Birthplace Ireland
MOTHER 14. Maiden Name Elizabeth Ellis
15. Birthplace Ireland
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cathedral Location 4300 Old Frederick Rd.
18 (a) Funeral director Edmund W. Corkran & Son
(b) Address 924 E. Eager St.
19 (a) (Date rec'd by registrar) (b) Registrar
JUL 19 1940

MEDICAL CERTIFICATION
20. DATE OF DEATH 7-18- 1940 at 8:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1940 to 7-18 1940 and that I last saw h[illegible] alive on 7-18 1940.
Immediate cause of death Acute Nephritis — Duration 7 days
Due to Hemolytic transfusion reaction — 7 days
Due to — over
Other Conditions Hypostatic pneumonia — 8 hrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Acute nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jerome Burton
Address Johns Hopkins Hospital Date signed 7-19-40 M. D.

...correct age is especially important. Physicians: please write clearly.

JUL 19 1940

71154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71154
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution:
Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hours
(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural - Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME
Kenneth Russell Burk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-13-37

8. AGE: Years	Months	Days	If less than one day
3	5	5	hr. min.

9. Birthplace Phoenix, MD
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Daniel Burk
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Brown
15. Birthplace Md.

16 (a) Informant Father
(b) Address Phoenix, MD

17 (a) Burial (b) Date thereof July 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Johns Lutheran Cem.
Location Blenheim Baltimore Co. Md.

18 (a) Funeral director Charles W. Coughlin & Son
(b) Address 924 E. Eager St.

19 (a) — (b) Date received by registrar
(Date received by registrar)
JUL 19 1940
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 18 1940, and that I last saw h.im alive on July 18 1940.

Immediate cause of death Second Degree Burns - (Face, neck, Arms, shoulders, chest & Abdomen)
Due to Boiling Water
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 24 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 17, 1940
(c) Where did injury occur? Phoenix Balto. Md.
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Kettle of Boiling water Turned over
23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp Date signed 7/18/40

Wm. G. Stafford M.D. Medical Inspector
per C.E. Brantigan

Correct age is especially important. Physicians, please write plainly.

F 71155-MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186-a

F 71155
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 W. 38th St. (If rural give location)
*(e) If foreign born, how long in U. S. A.? years

B-T

3 (a) FULL NAME M. Laura Bayne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George K. Bayne
6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 11-8-1874

8. AGE: Years	Months	Days	If less than one day
65	8	8	hr. min.

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name James E. Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Clara E. Armacost
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah (Hamsdon)
Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 631 Falls Road

19 (a) Filed 7-19-1940 (b) Signature Huntington Williams, M.D.

correct age is especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1940, to 7-16 1940, and that I last saw h e alive on 7-16 1940

Immediate cause of death	Duration
(a) Rheumatic heart disease	years
Gen. arteriosclerosis	months
Due to old fracture of left femur	8 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence Nov. 13 1939
(c) Where did injury occur? 1003 W. 38th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell on yard

23. Signature J. Millard Tawes
Address Balt. City Hosp. Date signed 7-17-40
Howard J. Madeira M.D. Deputy Coroner

over

F 71156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311-Whitridge Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311-Whitridge Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

123

3 (a) FULL NAME: Mary R. Hutchinson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: -----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): 2/6/1885

8. AGE: Years 55 | Months 5 | Days 11 | If less than one day ---- hr. ------ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business:

FATHER
12. Name: Robert E. Hutchinson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary E. Coleman
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Emma Hutchinson
(b) Address: 311-Whitridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: In charge of Geo. A. Ruth, Inc.
(b) Address: 1735-Harford Ave.

19 (a) ----- (Date received by registrar)
Huntington Williams M.D. Registrar

JUL 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1940, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1940, to 7/17 1940, and that I last saw her alive on 7/17 1940.

Immediate cause of death: Coronary Thrombosis — Duration

Due to:

Due to:

Other Conditions: Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. C. Post, M. D.
Address: 7105 York Rd. Date signed 7/18/40

correct age is especially important. Physicians: please write clearly

71157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 71157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 Das.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 Boone St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Koon (55865)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1893

8. AGE: Years	Months	Days	If less than one day
46	11	28 27	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name George Counts
13. Birthplace S.C.

MOTHER
14. Maiden Name Alice Drher (D)
15. Birthplace S.C.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof July 19, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lot Gentry Grove
Location A A County

18 (a) Funeral director Robert Watkins
(b) Address 15-15 W. Eutaw St.

JUL 19 1940 Huntington Williams, Reg.
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1940 to July 17 1940 and that I last saw her alive on July 17, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	Feb 1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 7/17/40

correct age is especially important. Physician: please write plainly.

✓ F 71158

71158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

36-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park and 31st Street
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo4da
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. Highland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years years

26 10

✓

3 (a) FULL NAME ANDERSEN, Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ingeborg Andersen
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	14 19	hr. min.

9. Birthplace NORWAY (Town, county, and state)
10. Usual Occupation Retired Master
11. Industry or business Lighthouse Service

FATHER
12. Name Anders Andersen
13. Birthplace Norway

MOTHER
14. Maiden Name Johanna (Unknown)
15. Birthplace Norway

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 '40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore Md

18 (a) Funeral director John Elliot
(b) Address 20 E Allens

19 (a) JUL 19 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

correct age is especially important. If unknown, please write about.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1940, at 3:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1940 to July 18, 1940, and that I last saw h im alive on July 18, 1940.

	Duration
Immediate cause of death Aneurysm of the aorta	Unknown
Due to Luetic aortitis	Unknown
Due to	
Other Conditions Bronchial pneumonia	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. M. H. Anderson M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/19/40

1159 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 71159

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... da. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary C. Clegg

(a) Residence: No. 2510 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Anthony Bonn

14. BIRTHPLACE (city or town) ..... (State or country) Va

MOTHER

15. MAIDEN NAME Ida Bell

16. BIRTHPLACE (city or town) ..... (State or country) Va

17. INFORMANT Mrs H. Jackson

(Address) 4700 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 19 1940

19. UNDERTAKER John W. Mitchell & Sons

(Address) 1910 Eutaw Place

20. FILED ..... 19..... Howard S. Willis Registrar

JUL 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1940, to 7/17, 1940

I last saw her alive on 7/17, 1940 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6/22/40
Other contributory causes of importance: Bilat. cervical abscess	6/22/40

Was an operation performed? Yes Date of 7/2/40

For what disease or injury? Bilat. Cervical abscess

Name of operation Incision & Drainage

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) J. Wallenstein M. D.

(Address) W Bgff.

State CAUSE OF DEATH in plain terms, so that it may be understood by persons not familiar with medical terms, and see that OCCUPATION is very important. See instructions on back of certificate.

Jn 1603

F 71160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

F 71160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Cathedral St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Cathedral St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hinkley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1864

8. AGE: Years 76 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Attorney-at-law

11. Industry or business

FATHER
12. Name Edward Otis Hinkley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anne M. Keemle
15. Birthplace Pa.

16 (a) Informant Frederick J. Singley
(b) Address 215 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, '40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St., City

18 (a) Funeral director John C. Mitchell & Son Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) JUL 19 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

28. DATE OF DEATH 7-18 1940, at 12.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21-1940, to 7-18 1940; and that I last saw h[illegible] alive on 7-17 1940.

Immediate cause of death: EXFOLIATIVE DERMATITIS — Duration: 6 WEEKS

Due to: ?

Due to:

Other Conditions: CEREBRAL ARTERIOSCLEROSIS
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Dorsey M. D.
Address 1129 St. Paul St. Date signed 7-18-40

PLEASE WRITE PLAINLY. Fill in all blanks with typewriter or pen and ink. Be sure the causes of death clearly and correct age is especially important. Physicians: please write the c

VS 3

71161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 71161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1438 Andre Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Andre Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

24 hours

3 (a) FULL NAME Joseph Grodzicki

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Foustyna Grodzicki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872 ?

8. AGE: Years	Months	Days	If less than one day
68 ?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Grodzicki
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna ?
15. Birthplace Poland

16 (a) Informant Foustyna Grodzicki
(b) Address 1438 Andre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Weber
(b) Address 705 S. Gay St. Funeral Home for Williams, M.D.

19 JUL 19 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1940, at 9.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1939 to July 18 1940 and that I last saw h alive on July 17 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Dy
Bronchio Pneumonia	7 Dys
Due to Arterio Sclerosis	8 Mo
Hypertension	8 Mo
Due to Chronic Glomerulo Nephritis	8 Mo
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Dr. E. A. Strauss M. D.
Address 2818 Harford Rd Date signed 7-18-40

Please write correct age is especially important. Physicians:

VS 2

71162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 71162

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 S. Fremont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Delt.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug - 16 1902

8. AGE: Years	Months	Days	If less than one day
37	11	1	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation Coal
11. Industry or business B & O. R. R.

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Annie Delt
15. Birthplace Norfolk Va -

16 (a) Informant Julia Wren
(b) Address 711 S. Fremont

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Allum
Location Baltimore

18 (a) Funeral director Walter P. Spring
(b) Address 132 W Hamburg St.

19 (a) JUL 19 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 17 1940 at 4 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1940 to July 17 1940 and that I last saw h alive on July 16 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Fremming M. D.
Address 1222 Lee Date signed 7/17/40

71163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 71163

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Poppleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Poppleton St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Young

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Late Andrew Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1861

8. AGE: Years	Months	Days	If less than one day
78	9	24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Thomas Lull
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Mullen
15. Birthplace Ireland.

16 (a) Informant Mrs Frank F. Kreutzberg
(b) Address 104 S. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.
(a) Funeral director John J Cowan & Son
(b) Address 90 Hodges St.

19 (a) (Date received by registrar) (b) Huntingtown Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940 at 8-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1939 to July 17, 1940, and that I last saw her alive on July 15 1940

Immediate cause of death	Duration
arteriosclerotic heart disease	unknown
Due to with terminal congestive heart failure	4 months
Due to	
Other Conditions Fractured Right Hip	Nov 20/39

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident (contributory)
(b) Date of occurrence Nov. 20, 1939
(c) Where did injury occur? (Home) Balto. Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down two steps
23. Signature Nathan Rasmus M. D.
Address 206 S. Gilmor St Date signed 7/18/40

JUL 19 1940

VS 3 Please get Medical Examiner's O.K. on this

vs: Please get Medical Examiner's O.K. on this Letter Section

F 71164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 71164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W Whittier Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W Whittier Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Barchonick

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 186+

8. AGE: Years	Months	Days	If less than one day
80 76			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor retired

11. Industry or business Clothing

FATHER
12. Name Isaac Barchonick
13. Birthplace Russia

MOTHER
14. Maiden Name Gotte
15. Birthplace Russia

16 (a) Informant Mrs Heyman
(b) Address 2211 Whittier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/40 (month) (day) (year)
(c) Cemetery or crematory Heb. Mt. Carmel
Location German Hill Rd

18 (a) Funeral director Jack Lewin Inc
(b) Address 1454 E. Balto St.

JUL 19 1940 (Date received) (By) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Vandegrift M.D.
Medical Examiner.
Date signed 7/19/40

Please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

71165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 71165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Patterdale
(c) Hospital or institution: Sinai Hospital 29-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos 19days
(e) Length of stay in Baltimore (yrs., mos., or days) 36yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4816 Reist Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Joseph Brager (OR BERGER)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874
8. AGE: Years 66 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Abraham -?
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-40 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Phila. Rd & Hamilton Ave

18 (a) Funeral director Jenk Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) (b)
(Date received by Registrar)
JUL 19 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 12:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940 to July 19 1940, and that I last saw h[illegible] alive on July 19 1940.

Immediate cause of death: Pulmonary edema — Duration: 15 minutes
Due to: Arteriosclerotic Heart Disease & Coronary Thrombosis — 2½ mos
Due to: Arteriosclerosis
Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Sinai Hospital Date signed 7/19/40 M. D.

PLEASE WRITE PLAINLY. Please write the causes of death clearly and plainly. Physicians: please write correct age is especially important.

71166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 62

Registered No. F 71166

VS 3

F 71166

BALTIMORE CITY HEALTH DEPARTMENT 93-D F 71166

CERTIFICATE OF DEATH V 57426 SD

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 625 S. Wolfe Street
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Julia Gunther

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife William Gunther
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/25/1869
8. AGE: Years 71 | Months 2 | Days 22 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name deceased — Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name deceased — Unknown
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Druid Park Lake Ave.
18 (a) Funeral director Robert J. Fitzpatrick
(b) Address 1911 Eastern Ave.
19 (a) JUL 19 1940 (Must be filled in by registrar) (b) Hopkins for Williams, M.D.

correct age is especially important. Any error in

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16- 1940, to 7-17- 1940, and that I last saw h-- alive on 7-17- 1940.

	Duration
Immediate cause of death: Cardiac Failure	3 min.
Due to: Hypertensive CVD	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cardiac Failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmerich Klein M. D.
Address Balto City Hosp. Date signed 7-17-40

71167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 71167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Druid Hill Ave.
(If rural give location)
If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Ed	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic Worker

11. Industry or business

FATHER
12. Name John Diggs
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Forester
15. Birthplace Va

16 (a) Informant Shirley Diggs
(b) Address 2118 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/40 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location .....

18 (a) Funeral director Geo. D. Kelson
(b) Address 1703 Presstman

19 (a) JUL 19 1940 (Date rec'd by registrar) (b) Huntington Hill Chapel

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-1940, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14-1940, to 7-16-1940 and that I last saw h[illegible] alive on 7-16-1940.

Immediate cause of death Hypertensive Arterio-sclerotic Heart Disease

Due to Arterio-sclerosis.

Due to Aortic Insufficiency

Other Conditions Nephritis Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy no.

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PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature C. J. Mulcahey M. D.
Address Provident Hospital Date signed 7/16/40

Please write clearly. Physician: please fill in all items. Be sure correct age is especially important.

VS 3

71168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 71168

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution:
of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Dauphin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Lewis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Girl	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1940

8. AGE: Years	Months	Days	If less than one day
			20 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Lewis.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Grace Evans.
15. Birthplace Fayetteville N. Carolina

16 (a) Informant Grace Lewis
(b) Address 637 Dauphin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 17 1940

18 (a) Funeral director
(b) Address

19 (a) July 18 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940 to 7-16 1940 and that I last saw her alive on 7-16 1940

Immediate cause of death: Intracranial Hemorrhage — Duration: 1 day
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Gaeve M. D.
Address University Hosp. Date signed 7-16-40

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

71169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159 Registered No. E 71169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 30 Min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Redwood & Greene (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Neil Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16/1940

8. AGE: Years | Months | Days | If less than one day: 4 hr. 30 min.
Newborn.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Loyd Thompson.
13. Birthplace West Virginia

MOTHER
14. Maiden Name Dorothy McDonald.
15. Birthplace Maryland.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 19 1940 (b) Huntington Williams M.D. 3780

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 3 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1940, to 7-16 1940 and that I last saw her alive on 7-16 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robt L Lynn M. D.
Address Univ. Hosp. Date signed 7-16

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

71170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 71170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) two hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Charles
(c) City or town Pomonkey
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Brawner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/40

8. AGE: Years	Months	Days	If less than one day
	2	14	hr. min.

9. Birthplace Pomonkey, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name George Lofer
13. Birthplace Maryland

MOTHER
14. Maiden Name Brawner
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address Pomonkey, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 19 1940 (Date received by registrar) Per H. A. Moore for Hilliard M.D. Registrar

5778

VS 3

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 12 1940, and that I last saw him alive on July 12 1940.

Immediate cause of death	Duration
Edema dehydration and malnutrition	
Due to Malnourishment since birth	2½ mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Dehydration, Malnutrition

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Frank Thompson M. D.
Address University Hospital Date signed 7-17-40

VS 3

71171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 71171
Registered No.

PLEASE WRITE PLAINLY with pencil or pen and write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 N. Vincent Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-1

3 (a) FULL NAME George Phillips

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 23 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL JUL 19 1940 Commissioner of Health
Per H. A. Moore
JUL 19 1940
Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14- 1940, at 9:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Acute Myocarditis	
Partial amount of time lived	
Due to: Bronchopneumonia	
Due to	
Other Conditions: Chronic Meningitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-7-1940
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Stabbed, ice pick, ~~Stoned~~ 1600 Block

23. Signature: Howard J. Uhlenhuth M.D.
Medical Examiner.
Date signed 7-14-40

VS 6

5784

F 71172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 71172

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME James D. Cairns

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Helen H. Heath
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 5/7/60

8. AGE: Years 80 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Scotland (Town, county, and state)
10. Usual Occupation: Accountant
11. Industry or business

FATHER
12. Name: James D. Cairnes
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Catherine Duncanson
15. Birthplace: Scotland

16 (a) Informant: Mrs. Helen H. Cairns
(b) Address: 1813 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemy.
Location: Pikesville, Md.

18 (a) Funeral director: John O. Mitchell & Sons Inc.
(b) Address: 1900 Eutaw Place
(c) JUL 19 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/40 19..., at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1939, to July 18 1940, and that I last saw h.... alive on July 19 40.

Immediate cause of death chronic prostatitis resulting in hematuria and uremia OVER — Duration several years

Due to calculus and age.

Due to

Other Conditions Large at in guinal hernia (Include pregnancy within 3 months of death).

Major findings: removal prostate
Of operations calculus large 4/13/29.
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frankl. C. Smith, Jr.
Address 1014 St. Paul St. Date signed 7/19/40

F. R. Smith, 1241 N. Ms.

VS 3

VS 8

Covell

F 71173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 71173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) life 27 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Benninghaus Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Mildred May Covell

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joel E. Covell

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 21, 1890

8. AGE: Years 49 | Months 10 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation H-W Housewife

11. Industry or business

FATHER
12. Name Eugene Lee Wooden
13. Birthplace Harford Co, Md.

MOTHER
14. Maiden Name Belle Andrew
15. Birthplace Harford Co. Md.

16 (a) Informant Mr. Joel O. F. Covell
(b) Address 618 Benninghaus Road Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

(a) July 19 1940 (Date received by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1940 to 7-18 1940, and that I last saw h[illegible] alive on 7/18 1940.

Immediate cause of death Uremia — Duration .....

Due to Chronic Nephritis .....

Due to ....

Other Conditions Hypertension .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Cystic hypertrophy Kidneys

22. If death [illegible] external cause, state the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Judith [illegible] M. D.
Address [illegible] Towson Date signed 7/19/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write

VS 8

vs :

Harvett

HEALTH DEPARTMENT—CITY OF BALTIMORE

71174

CERTIFICATE OF DEATH

J 91

F 71174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 E. 33rd St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Sutton Hewett

If U. S. Veteran specify WAR ...

(a) Residence: No. 602 E. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas B. Hewett

6. DATE OF BIRTH (month, day, year): May 20-1849

7. AGE: Years: 91 | Months: 1 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: John R. Sutton
14. BIRTHPLACE (city or town) (State or country): Washington D.C.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Mrs. Charles Deacon
(Address) 602 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: July 20 1940

19. UNDERTAKER: Frank V. Pipitone
(Address) 2818 E. Baltimore

JUL 19 1940 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1940.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 18, 1940

I last saw her alive on July 17, 1940 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardial Failure	?
Due to old age	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M.D.

(Address) 6 North Broadway

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-3 Registered No. F 71175

71175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 Essex Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Essex Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Anthony Kulisiewicz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Karolina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Shoe Repairing
11. Industry or business self

FATHER
12. Name Thomas Kulisiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Dyszkiewicz
15. Birthplace Poland

16 (a) Informant Mrs Karolina Kulisiewicz
(b) Address 2221 Essex Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John F. Weber
(b) Address 401 S. Chester Street

19 (a) JUL 19 1940 (Registrar) Huntington Williams M.D. Registrar
(b) 7-19-40

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 16 1940
and that I last saw him alive on July 15 1940

Immediate cause of death Cause Unstated
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Eckman M. D.
Address 1935 W North Ave Date signed 7-19-40

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important.

176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 71176

46-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert at Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Garrett
(c) City or town Oakland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Rolla Frazee (Rose)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife Rolla Frazee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	19	hr. min.

9. Birthplace Oakland, Maryland (Town, county, and State)
10. Usual Occupation Married wife
11. Industry or business

FATHER
12. Name John T Browning
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Jamison
15. Birthplace Maryland.

16 (a) Informant William A Browning
(b) Address Oakland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 (month) (day) (year)
(c) Cemetery or crematory Oakland Md
Location

18 (a) Funeral director Emmy Holden
(b) Address Oakland Md
Huntington Williams, M.D.

19 (a) JUL 19 1940 (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1940, at 7 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 19 1940, and that I last saw h[illegible] alive on July 19 1940.

Immediate cause of death Acute Hepatitis — Duration

Due to Carcinoma metastasis to liver

Due to Carcinoma of head & pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of head & pancreas
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond J. Lupus
Address Mercy Hospital Date signed 7/19/40 M. D.

correct age is especially important. Physicians, please write

71177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-V Registered No. 71177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) seven

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Chas. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ursula Jane Slaughter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Wht. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Slaughter
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 21, 1859

8. AGE: Years 81 | Months 1 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Burnsville, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John C. Hawkins
13. Birthplace Burnsville, Md

MOTHER
14. Maiden Name Ursula Gray
15. Birthplace Burnsville Md.

16 (a) Informant John Slaughter
(b) Address 3333 N. Chas. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Denton, Md.
Location Denton, Md.

18 (a) Funeral director S. Virgil Moore & Son
(b) Address Denton, Md.

JUL 19 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938 to July 19 1940, and that I last saw h[illegible] alive on July 19 1940

Immediate cause of death Cardiac Failure — Duration

Due to Valvular Heart Disease
Arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Slaughter M. D.
Address 5 E. Pleasant St. Date signed July 19-40

Please write the causes of death clearly, and legibly. Physicians: please write especially important. Physicians: please write correct age is especially important.

F 71178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 Registered No. F 71178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessup Town (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Matilda Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joseph N. Hall

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1881

8. AGE: Years 59 | Months 3 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Basil Matthews
13. Birthplace Md

MOTHER
14. Maiden Name Annie Henson
15. Birthplace Md

16 (a) Informant Joseph Hall
(b) Address Ellicott City Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-21-40 (month) (day) (year)
(c) Cemetery or crematory Locust Chapel
Location Atholtown, Md

18 (a) Funeral director F. C. Hughes Atholtown Jct
(b) Address Ellicott City, Md

19 JUL 19 1940 (Date received by Local Registrar) (b) Washington Williams, M.D. Registrar

VS 3

correct age is especially important. Physicians: please write legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 18 1940, and that I last saw her alive on July 18 1940.

Immediate cause of death: Hypertensive Cardio-Vascular Renal Disease — Duration: 1 year

Due to .....

Due to .....

Other Conditions Senile Cataract
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature James B. Kimball M. D.
Address Univ. Hosp. Date signed 7/19/40

71179 Bandell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 71179
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 N. Gobb St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Bandell Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Leonard J. Bandell Jr.
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 25th 1905

8. AGE: Years 35 | Months 1 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace City
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Harry B. Butterfield
13. Birthplace City

MOTHER
14. Maiden Name Clara Minard
15. Birthplace City

16 (a) Informant Leonard J. Bandell Jr.
(b) Address 2309 Gobb St.

17 (a) Burial (b) Date thereof 7/22/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director C. J. Gaynny & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Date rec'd by registrar 7/22/40 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1940, to 7-18 1940, and that I last saw her alive on 7-18 1940.

Immediate cause of death Respiratory Failure — Duration

Due to Carcinoma Left Breast & Metastasis to Lt Lung

Due to Acute Brain

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ramsay B. Thomas M. D.
Address University Hospital Date signed 7-18-40

Please write correctly. Information is especially important. Physicians, please write plainly.

VS 1

7-22-40 LHG

F 71180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a Registered No. F 71180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Cathedral St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Cathedral St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years years

3 (a) FULL NAME Michael B. Wild

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Alice Steuart Moritz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1858

8. AGE: Years 81 | Months 9 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation B & O Statistician, retired

11. Industry or business

FATHER
12. Name Rev. George J. Wild
13. Birthplace England

MOTHER
14. Maiden Name Florence P. C. Bright
15. Birthplace England

16 (a) Informant Alice M. Wild
(b) Address 928 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1940 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Green Mount
Location Greenmount Ave. & Oliver St., City

18 (a) Funeral director John Cruttchell Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) JUL 19 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1940, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 12 to 7-18 1940, and that I last saw h. alive on 7-18 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Hrs.

Due to Arterio-sclerosis — 15 + Yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Lovejoy M. D.
Address 1129 St. Paul St. Date signed 7-19-40.

F 71181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159 F 71181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Voigt

If U. S. Veteran specify WAR

(a) Residence: No. 616 Winona Way St., Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1940 12:04 P.M.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto Md.
(State or country) Women's Hosp.

FATHER

13. NAME Walter Herbert Voigt

14. BIRTHPLACE (city or town) Versailles, L. P.
(State or country)

MOTHER

15. MAIDEN NAME Helen Palmer

16. BIRTHPLACE (city or town) Amsterdam, N.Y.
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL Removal

Place Carnegie Institute Date ... 19..

19. UNDERTAKER
(Address)

20. FILED JUL 19 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12:04 P.M. 7-14-40 19.. to 1:10 P.M. 7-14-40 19..

I last saw h.. alive on 7-14-40 19.. Death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
• Prematurity.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Frank W. Sutterley M. D.

(Address) Women's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 71182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 71182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give name of)
(d) Street No. 1313 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Lifetime years

3 (a) FULL NAME Charles Roberts

3 (b) If veteran, name war None
3 (c) Social Security Account No. No

4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13-1875

8. AGE: Years 63 Months 6 Days 3 If less than one day Hr. Min.

9. Birthplace Talbot Co Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Roberts
13. Birthplace Talbot Co Md

MOTHER
14. Maiden Name Nancy
15. Birthplace Talbot Co Md

16 (a) Informant Mary Roberts
(b) Address 1313 Brunt St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof July 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County Md

18 (a) Funeral director William J Jackson
(b) Address 916 Penna Ave

19. (a) Date received JUL 19 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940 to July 18 1940, and that I last saw him alive on July 18 1940.

Immediate cause of death

Due to Myocarditis — Duration 1 Month 9 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand C Leigh M.D.
Address 1314 Bk St Date signed July 19 1940

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

71183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-G ✓ Registered No. F 71183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1549 Carswell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1549 Carswell St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto, Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bittner

3 (b) If veteran, name war: M
3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Annie
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 9, 1879

8. AGE: Years 61 | Months 3 | Days 9 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name Conrad Bittner
13. Birthplace Germany

MOTHER
14. Maiden Name Eva
15. Birthplace Germany

16 (a) Informant Annie Bittner
(b) Address 1549 Carswell St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Pk Cemetery
Location Taylor Ave
18 (a) Funeral director Geo H. Lennbach
(b) Address 1 W. Lynchburg St. Huntington Williamsport, Md.

19 JUL 19 1940 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940 at 6:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of pancreas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Van B. Wright M.D. Medical Examiner.
Date signed 7/18/40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

F 71184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 71184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Avon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Avon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

96

3 (a) FULL NAME Edwin S. Mobley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah A. Mobley
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 21 1861

8. AGE: Years	Months	Days	If less than one day
78	11	28	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Labatory work
11. Industry or business Carnegie Steel Co

FATHER
12. Name S. Mobley
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary E. Quiggle
15. Birthplace Unknown

16 (a) Informant Roy H. Mobley
(b) Address 5511 Bosworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Henry H. Armacost
(b) Address 4204 Ridgewood Ave

19 JUL 19 1940 (Date received by Registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to July 19 1940 and that I last saw h[illegible] alive on July 18 1940.

Immediate cause of death: Terminal uraemia and cardiac insufficiency — Duration: Two days.
Due to: Hypertensive cardiovascular disease — Mon. 1939
Due to:
Other Conditions: Cerebral Arteriosclerosis — Jan. 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Keyser Wallace M. D.
Address 2839 Walbrook Ave Date signed 7-19-40

VS 8

Please write the causes of death correctly and legibly. Physicians: please write correct age in especially important.

71185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 71185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2032 Cecil Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
9 S 6 Street No. 2032 Cecil Avenue
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Patrick Norton

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ------

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine Norton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1869

8. AGE: Years 71 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Roscomon, Ireland (Town, county, and state)
10. Usual Occupation Excavating Foreman
11. Industry or business

FATHER
12. Name Dennis Norton
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Redington
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Norton
(b) Address 2032 Cecil Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 40 (month) (day) (year)
(c) Cemetery or crematory Cathederal
Location

18 (a) Funeral director Clinton Niedefeld
(b) Address 531 E. 22nd St.

19 Filed JUL 20 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940, at 11.4. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to July 17 1940, and that I last saw him alive on July 17, 1940.

Immediate cause of death	Duration
Acute Myocarditis	One month
Due to Shock, following injuries resulting from falling	
Due to down stairs.	One month
Other Conditions Fractured ribs. left	One month

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 12, 1940.
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Falling down stairs.
23. Signature Francis H. Ogden, M. D.
Address 2701 N. Calvert St. Date signed July 17, 40

H. L. Wollenweber, M.D. Asst Medical Examiner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7118 6

MISSING

71187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

F 71187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Squares Hospital 20-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 269 S. Hilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Thomas Christy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude M. Christy
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) May 16, 1898

8. AGE: Years	Months	Days	If less than one day
42	2	3	..... hr. ..... min.

9. Birthplace Saloniki Greece (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Proprietor

FATHER
12. Name Konstantine Christy
13. Birthplace Greece

MOTHER
14. Maiden Name Unknown
15. Birthplace Greece

16 (a) Informant Mrs. Gertrude M. Christy
(b) Address 269 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director Geo W. Little
(b) Address 2700 Edmondson Ave.

19 (a) JUL 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians, please write plainly.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1940 at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1940 to July 19, 1940 and that I last saw him alive on July 19, 1940

Immediate cause of death Cyanosis
Lymphatic Leukemia

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Squares Hosp. Date signed 7/19/40

VS 3

71188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115C

Registered No. F 71188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan E. Morehead

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-36

8. AGE: Years 4 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jesse Morehead
13. Birthplace Mississippi

MOTHER
14. Maiden Name Naomi Green
15. Birthplace Baltimore, Md.

16 (a) Informant Jesse Morehead
(b) Address 607 Fremont Ave.

17 (a) Burial (b) Date thereof 7-21-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Chas. H. Hyland
(b) Address 631 Druid Hill Ave.

19 JUL 20 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1940, at 6½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1940 to 7-17 1940 and that I last saw her alive on 7-17 1940

Immediate cause of death: Respiratory Failure — Duration

Due to the administration of Gas anesthetic

Due to Tonsillectomy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-17-40
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Daugharthy M. D.
Address Franklin Sq. Hosp Date signed 7-20-40

Howard A. Malden M.D.
Chief Med. Examiner for Baltimore

correct age is especially important. Physicians, please write the

VS 3

VS 3

Howard A. Mallett, M.D.
Chief Med. Examiner 201 E. Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71189

CERTIFICATE OF DEATH

563

F 71189

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Pitcher St., 14 Ward.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Belle Hall

If U. S. Veteran specify WAR ...

(a) Residence: No. 608 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William

6. DATE OF BIRTH (month, day, year) April 12, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	56	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Hall
(Address) 608 Pitcher Street

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 22, 1940

19. UNDERTAKER Mrs. George H. Hyland
(Address) 631 Druid Hill Ave.

20. Filed JUL 20 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1940 to July 18, 1940

I last saw h[illegible] alive on July 18, 1940. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Fibroid Tumor of Uterus	Unknown
Other contributory causes of importance: Complications and Bronchitis	6 mos

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [signature] M. D.

(Address) 703 E. Lafayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

WHALEN

WHALON

F 71190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. 3698 F 71190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2341 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Over 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2341 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lucy Whalen
3 (b) If veteran, name war ____
3 (c) Social Security Account No. ____

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ?- ?- 1875

8. AGE: Years 65 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Private Family

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Catherine Wright
(b) Address 2341 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave
Huntington Williams, Mgr.

JUL 20 1940
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-1940, at 8:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7-1940 to 7-18 1940.
and that I last saw her alive on 7-18-1940

Immediate cause of death	Duration
Ch. Pulmonary Tuberculosis	Unknown
Due to Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 029 N. Stricker St. Date signed 7-18-40

Please write clearly, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 71191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4513 Roland Ave:
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 & 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4513 Roland Ave: (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa[illegible] King Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Ch. Campo Butler
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 21, 1865

8. AGE: Years	Months	Days	If less than one day
74	11	29	hr. min.

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Stanford King
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Louisa Caress Smith
15. Birthplace Balto. Md.

16 (a) Informant Victor King Butler
(b) Address 4513 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto - Md

18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave.

19 JUL 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 20 1940, and that I last saw her alive on July 20 1940.

Immediate cause of death Cerebral Hemorrhage — Duration, 1 wk

Due to Arteriosclerosis
Myocarditis
Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Brody
Address 1403 Park Ave. Date signed 7/20/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

379051
F 71192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

Registered No. F 71192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Mc. Millan
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-1340

4. Sex M | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. M
6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-22-04
8. AGE: Years 35 | Months 8 | Days 27 | If less than one day hr. min.
9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Tayloe Shop
11. Industry or business

FATHER
12. Name Luther Mc Millan
13. Birthplace N. C

MOTHER
14. Maiden Name Maggie Inman
15. Birthplace N. C

16 (a) Informant Records
(b) ~~Address~~ JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-40 (month) (day) (year)
(c) Cemetery or crematory Fairmont
Location Fairmont, North Carolina
18 (a) Funeral director Wm. Andrews A. Hensley
(b) Address 575 Pk Bldg Phx
19 (a) JUL 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 7-19 1940, at 12 M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940 to 7-19 1940 and that I last saw h[illegible] alive on 7-19 1940.

Immediate cause of death	Duration
Rheumatic heart disease	
Due to Chronic Cardiac Failure	6 mo
Due to T.B. Pericarditis ?	
Other Conditions T.B. Lungs " Cervical Nodes	

(Include pregnancy within 3 months of death)
Major findings: UREMIA
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature WB McAllister Jr M. D.
Address Johns Hopkins Hospital Date signed 7-19-40

VS 8

Please write the names of death clerk and agency. Physicians: please write the correct age is especially important.

F 71193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 71193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1893
8. AGE: Years 47 | Months | Days | If less than one day hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Charles Ennis
13. Birthplace

MOTHER
14. Maiden Name Rebecca Hand
15. Birthplace

16 (a) Informant Margaret Baker
(b) Address 1524 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery or crematory Chews Chapel M.E.
Location
18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pennsylvania Ave
19 (a) (Date received by registrar) (b) Huntingtown, Calvert Co., Md. Registrar

JUL 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 18 1940, and that I last saw her alive on July 18 1940.

Immediate cause of death Circulatory failure. Carcinoma stasis. — Duration

Due to Generalized metastasis to lungs

Due to Carcinoma of breast.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James B. Nuttall M. D.
Address University Hosp. Date signed 7/19/40

Warning—The information requested on this certificate is necessary for the legal registration of the fact and the preparation of statistics. Physicians: please write the causes of death clearly and legibly. Accuracy and correct age is especially important.

✓ F 71194

1194 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 61

1. PLACE OF DEATH 2926 Clifton Park Terrace — Registered No.

CITY OF BALTIMORE: (No. ... St. 8-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arthur William Burdette — If U. S. Veteran specify WAR. —

(a) Residence: No. 2926 Clifton Park Terrace St., S. S. No. 212-18-4798 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Beulah M Burdette

6. DATE OF BIRTH (month, day, year): Nov 9-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. M Hardesty

(Address) 2926 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: July 22 19 40

19. UNDERTAKER: John Ulrich

(Address) 200 E Lanvale

20. FILED July 20 1940 — Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1940 to July 19, 1940

I last saw him alive on July 19, 1940. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
DIABETES MELLITUS	1935
Generalized Arteriosclerosis	1925
Hypertension	1930
Hypotensive Encephalopathy	1940
Other contributory causes of importance: UREMIA	7-15-40

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) William L. Feeney M. D.

(Address) 3025 Belair Rd.

Information should be carefully supplied. AGE and DATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Liberty Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Liberty Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David P. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mattie P. Brown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 31-1843

8. AGE: Years 96 | Months 8 | Days 19 | If less than one day hr. min. 18

9. Birthplace York Penna.
(Town, county, and state)

10. Usual Occupation Retired Schoolteacher

11. Industry or business —

FATHER
12. Name Jesse Brown
13. Birthplace York. Pa.

MOTHER
14. Maiden Name Don't Know
15. Birthplace Penna.

16 (a) Informant Mrs. Manda Whitney
(b) Address 3602 Liberty Hts. Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/22 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director M. C. Seger
(b) Address 1600 2d Fulton ave

JUL 20 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 at 5:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to July 19 1940, and that I last saw deceased alive on July 19 1940.

Immediate cause of death	Duration
Thrombosis of Left Opthamic Vein	7/12/40
Due to Arteriosclerosis	1930
Due to Chronic Myocarditis	1930
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M. D.
Address 1663 N. North Ave. Date signed 7/19/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

71196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 71196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 S Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S. Lakewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Hasselhoff

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles L. Hasselhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2-1858

8. AGE: Years	Months	Days	If less than one day
82	4	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Jacob Snyder
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Dykinson
15. Birthplace Germany

16 (a) Informant Joseph Hasselhoff (Son)
(b) Address 703 S. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S Wolfe St.

JUL 20 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 1:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1940, to July 18 1940, and that I last saw h[illegible] alive on July 18 1940.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Alfred Hasselhoff
Address 2579 Easton Av. Date signed 7/19/40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

57164--FD

F 71197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. F 71197

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern --ve.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3-1

3 (a) FULL NAME John Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-6248

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-1868

8. AGE: Years	Months	Days	If less than one day
71	9	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Va.

MOTHER
14. Maiden Name Eliz.
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 (month) (day) 40 (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E. O Wilson
(b) Address 1000 Brantley

JUL 20 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 2 JUL 20 1940

correct age is especially important. Physicians please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1940 2 am M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1940 to 7-15 1940 and that I last saw him alive on 7-15 1940

Immediate cause of death — Duration

Due to Carcinoma of Stomach — 6 mo. +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L Rydon M. D.
Address Balto. City Hosp. Date signed

VS 2 JUL 20 1940

F 71198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71198 Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elisabeth Davis

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Cortez D. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1860

8. AGE: Years 80 years | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John L. Schemm
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Harry D. Davis
(b) Address 1603 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves

JUL 21 1940 (Date Rec'd by Reg'str) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940 to July 19 1940 and that I last saw h alive on July 19 1940.

Immediate cause of death: Coronary Thrombosis — Duration 1 day
Due to: Arteriosclerosis — 6 mos
Due to: — 2 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Davis Rumsey M. D.
Address 1 E. Mt. Vernon Pl. Date signed 7/20/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 2

F 71192

VS 2

55874--FD

F 71199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a

F 71199
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 28days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 N. Bradford st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Kerr

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clarence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-1905

8. AGE: Years	Months	Days	If less than one day
35	5	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name William Ridgeway
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Corvoy
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by registrar JUL 23 1940 (b) Registrar Huntington Williams M.D.
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1940, at 8 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1940, to 7-19 1940 and that I last saw her alive on 7-19 1940.

Immediate cause of death Carcinoma of cervix c metastasis — Duration 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Intestinal obstruction due to metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Seibert Jr.
Address Baltimore City Hosp. Date signed 7/20/40 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly.

F 71200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 71200
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Cathedral st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lzora W. Sparrow

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) May 21st 1873

8. AGE: Years 67 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William D. Sparrow
13. Birthplace Md

MOTHER
14. Maiden Name Wilhelmina Shawen
15. Birthplace Md.

16 (a) Informant Lillian Bohager (Cousin)
(b) Address 4207 Nicholas Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by Registrar 7-21-1940 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1940, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1940 to 7/19 1940, and that I last saw h[illegible] alive on 7/19 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	Sudden
Due to: Myocardial Degeneration	2 yr
Due to: Arteriosclerosis	?
Other Conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph D. Blum M.D.
Address 1266 E. Cold[illegible] Date signed 7/20/40

F 71201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1478

F 71201
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Stricker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Woolridge X

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Woolridge
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1915

8. AGE: Years 24 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Duncan McKay
13. Birthplace Scotland

MOTHER
14. Maiden Name Myrtle Lennen
15. Birthplace Balto Md.

16 (a) Informant Charles Woolridge
(b) Address 343 S. Stricker St.

17 (a) (Burial, ~~cremation~~, or removal) (b) Date thereof 7/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JUL 21 1940
(Date rec'd by registrar)
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to July 19 1940, and that I last saw her alive on July 19 1940

Immediate cause of death: Post partum infection Septicemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. King DE Seegar, Jr. M.D.
Address University Hospital Date signed 7/19/40

Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 71202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 71202 Registered No.

PLEASE WRITE PLAINLY, with pen or pencil. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 W. 21st st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 W. 21st st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Charles Dallmus

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married, widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Mary E. Dallmus
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 27th 1860

8. AGE: Years	Months	Days	If less than one day
79	11	22	..... hr. ..... min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Gang Forman Retired
11. Industry or business Pa R. R.

FATHER
12. Name John Philip Dallmus
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C. Hoffel
15. Birthplace Germany

16 (a) Informant Ruth Dallmus Baer
(b) Address 18 W. 21st St

17 (a) Burial (b) Date thereof 7/22/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1940, at 11.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13- 1940, to July 19- 1940 and that I last saw ~~him~~ alive on July 19- 1940.

Immediate cause of death: Coronary thrombosis — Duration: 2 days
Due to: arteriosclerosis — Duration: yrs
Have seen him since 1937
Due to: Hyp. — Duration: 1926
Other Conditions: Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Bowers M. D.
Address 2125 Maryland Ave. Date signed 7/20/40

71203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 71203 Registered No.

PLEASE WRITE PLAINLY. Use ink. Do not abbreviate the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Rosa Warfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Warfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Washington

13. Birthplace " " "

MOTHER 14. Maiden Name " " "

15. Birthplace " " "

16 (a) Informant Rosa Cook

(b) Address 1109 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto City

18 (a) Funeral director Saml. W. Chase & Son

(b) Address 638 N. Gilmor St.

JUL 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939, to July 18 1940, and that I last saw h-- alive on July 18 1940

Immediate cause of death	Duration
Chr. Interstitual Nephritis	3yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. McRae

Address 1126 Druid Hill Date signed 7-19-40

F 71204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 71204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal permit can be issued. Please report all the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 E. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 E. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Meyer Levinson

3 (b) If veteran, state war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Adel Levinson
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Ret Merchant
11. Industry or business

FATHER
12. Name Israel Levinson
13. Birthplace Russia

MOTHER
14. Maiden Name Rachal Leah
15. Birthplace Russia

16 (a) Informant wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Beth Jedrish agudal

18 (a) Funeral director Jack Berk Inc
(b) Address 1432 E. Baltimore St

19 (a) JUL 21 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1940 at 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940 to 7-20 1940; and that I last saw him alive on 7-20 1940.

Immediate cause of death Myocardial degeneration — Duration
Due to arteriosclerosis
Due to
Other Conditions Hypertension.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gorsuch M. D.
Address 1417 Eutaw Date signed 7-20-40

F 71205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 71205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilhelm & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-1
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Silver Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brother Dacomius Haggerty (David Haggerty)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 10 1879
8. AGE: Years 60 | Months 11 | Days 10 | If less than one day hr. min.
9. Birthplace Conn (Town, county, and state)
10. Usual Occupation Christian Brother
11. Industry or business

FATHER 12. Name William Haggerty
13. Birthplace Ireland
MOTHER 14. Maiden Name Catherine Murphy
15. Birthplace Ireland

16 (a) Informant Brother Edmund
(b) Address 449 Frederick Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location
18 (a) Funeral director Chas. P. Ingold Son Inc.
(b) Address 118 W. Mt. Royal Ave.
19 (a) (Local registrar) (b) Registrar

JUL 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/ 19 40, at 4:27 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 19 40, to 7-20 19 40, and that I last saw h.. l.. alive on 7/20 19 40.
Immediate cause of death Cerebral apoplexy — Duration
Due to Arteriosclerosis + Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. C. Bound M. D.
Address Date signed

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 71206
38388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54-B

X ✓ F 71206
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S. Car (b) County
(c) City or town Lugoff (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas P. Gettys

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elma Johnson

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.) 1-12-85

8. AGE: Years 55 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace S. Car (Town, county, and state)

10. Usual Occupation Farming & Dairy

11. Industry or business

FATHER
12. Name John L. Gettys
13. Birthplace S. Car

MOTHER
14. Maiden Name Martha Geann
15. Birthplace S. Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-40 (month) (day) (year)

(c) Cemetery or crematory
Location Camden S. Carolina

18 (a) Funeral director A. Reiley Slade.
(b) Address 4907 York Rd Balto. md.

AUG 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 20 1940 and that I last saw him alive on July 20 1940

Immediate cause of death	Duration
Post Operative Coma	3 days
Due to Ligation of left anterior cerebral artery	
Due to Brain Tumor, malignant.	unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Frontal lobe Tumor, Bilateral
Of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Grove M. D.
Address Johns Hopkins Hospital Date signed 7-20-40

VS 3

If age is especially important. Physicians: please write the causes of death clearly and legibly.

Fisher

71207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

Registered No. F 71207

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Where deaths occur from violence, state the nature of injury, and whether accidental, suicidal or homicidal. Where there is any uncertainty as to the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Argyle ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha L. Fisher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-1889

8. AGE: Years	Months	Days	If less than one day
50 61	8	-	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Daniel Good
13. Birthplace Va

MOTHER
14. Maiden Name Amy Grandmer
15. Birthplace Va

16 (a) Informant Sallie Johnson
(b) Address 1309 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location

18 (a) Funeral director George L. Nelson
(b) Address 1313 Pennsylvania Av

19 (a) (Date received by Registrar) (b) Registrar

Jul. 21 1940 Washington Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1940 to July 17 1940.
and that I last saw him alive on July 17 1940.

Immediate cause of death — Duration

Heart Disease — 30 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. D. Stefeko
Address 1 x x Dr Date signed 8/20/40

F 71208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12

Registered No. F 71208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
No. 609 N. Eutaw St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29- 1921

8. AGE: Years	Months	Days	If less than one day
18	11	20	hr. min.

9. Birthplace Lancaster, Pa.
(Town, county, and state)

10. Usual Occupation Clerk in Hotel

11. Industry or business Sold and Service & Repair

FATHER
12. Name Theodore R. Miller
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Rose Morrison
15. Birthplace Virginia

16 (a) Informant Theodore R. Miller
(b) Address Lancaster Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 -40 (month) (day) (year)
(c) Cemetery or crematory Lancaster, Pa.
Location

18 (a) Funeral director Charles C. Powell
(b) Address 2427 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Hunting H. Williams, Registrar

JUL 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12, 1940, to July 19, 1940, and that I last saw him alive on July 19, 1940.

Immediate cause of death Generalized Peritonitis + Adynamic ileus

Due to Ruptured Appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ruptured Appendix Diffuse peritonitis
Of autopsy Generalized Peritonitis Adynamic ileus

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Templeton M.D.
Address Md. General Hosp. Date signed 7/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 21 1940

F 71209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 71209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Gypsy Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

28 V

3 (a) FULL NAME Miss Mary Gross

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Philip Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1858

8. AGE: Years	Months	Days	If less than one day
81	11	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Christian Gross
(b) Address 5004 Gypsy Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J Rent
(b) Address 3705 Harford Road

19 (a) Date received (Registrar) Huntington Williams M.D.

JUL 21 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1940 at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1940 to 7-18 1940 and that I last saw h.er alive on 7-18 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days

Due to Hypertensive arteriosclerotic cardio-vascular renal disease. — Duration 2 yrs

Due to

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M.D.
Address Bon Secours Hospital Date signed 7-18-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No.

F 71210

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1644 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Wilhelmina (Minnnie) Schueler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry M. Schueler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1860

8. AGE: Years 80 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frederick Dopkin
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Paul
15. Birthplace Germany

16 (a) Informant Mr. Warren Arnold
(b) Address 17 E. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) Date received by Registrar JUL 21 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 19 1940 and that I last saw h[illegible] alive on July 18 1940.

Immediate cause of death: Stomach Hemorrhage — Duration: 14 yrs

Due to:

Due to:

Other Conditions: Arteriosclerosis — Duration: 1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 9/24/40

4/30/40

VS 2

71211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

× F 71211 Registered No.

PLEASE WRITE PLAINLY with pencil or pen. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Keymar, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U.S. A.? years

3 (a) FULL NAME William Warner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years: 61 | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business: Farming.

FATHER — 12. Name: Milton Warner
13. Birthplace: Maryland

MOTHER — 14. Maiden Name: Rebecca Groff
15. Birthplace: Maryland

16 (a) Informant: Daughter. Mrs. Baumgardner
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)
(c) Cemetery or crematory: Union Bridge
Location:

18 (a) Funeral director: Raymond K. Wright
(b) Address: Union Bridge, Md.

19 (a) (Date rec'd by registrar) (b) Harvey G. Williams M.D. Registrar

JUL VS 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1940, at 7.06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1940 to 7/21 1940 and that I last saw him alive on 7/21 1940.

	Duration
Immediate cause of death (laceration?) Trauma to Cervical Cord segments 4 & 5	
Due to: Fracture of skull & laceration of	
Due to: Cortex & subarachnoid hemorrhage.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/20/1940 1 P.M.
(c) Where did injury occur? Keymar, Carroll, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? Yes (Specify type of place)
(e) Means of injury Fall from hay wagon,

23. Signature: Edward R. Kandis M. D.
Address: Redwood & Greene Sts. University Hospital, Date signed 7-22-40

F 71212 7-11

F 71212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17-a

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Fill in all the causes of death clearly and legibly. Do not use abbreviations. Be sure that the cause stated is the one which directly caused death. Do not report symptoms of mode of dying. Do not report conditions which did not contribute to death. Be sure that the entry for age is complete and correct age is especially important. Physicians: please write the cause of death in the space provided.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland Ave & Monument St
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 day
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. Decker Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bankowicz (Baker)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3001

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Rose Jagodowicz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1894

8. AGE: Years 46 | Months | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel

FATHER
12. Name Martin
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Jagodzki
15. Birthplace Poland

16 (a) Informant Mrs Rose [redacted] Bankowicz
(b) Address 719 S. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-40 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem.
Location Highlandtown

18 (a) Funeral director Stafford Trakowski
(b) Address 1000 S. Kenwood Ave

19 (a) Filed JUL 21 1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 at 3:37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 19 1940 and that I last saw him alive on July 19 1940

Immediate cause of death Peritonitis
Bronchopneumonia

Due to Recurrent Gastric Ulcer with possible malignancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Gastric ulcer, gastrojejunostomy

Of autopsy Peritonitis & bronchopneumonia

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Kalodner M. D.

Address Rutland Ave & Monument St Date signed 7/21/40

F 71213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 71213
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3312 Ramona Ave
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Dwyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Paul Dwyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 - 1907

8. AGE: Years 33 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home
11. Industry or business John D Lutzerath

FATHER
12. Name Bernard
13. Birthplace German.

MOTHER
14. Maiden Name Elizabeth Walter
15. Birthplace Baltimore

16 (a) Informant Paul F. Dwyer
(b) Address 3312 Ramona Ave

17 (a) Burial (b) Date thereof July 24 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Chase

19 (a) JUL 22 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940 at 6:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 18, 1940 to July 21, 1940 and that I last saw h[illegible] alive on July 20, 1940.

	Duration
Immediate cause of death Generalized carcinomatosis	
Secondary to	
Due to carcinoma of the breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M. D.
Address Franklin Square Hosp Date signed 7/21/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 71214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170-C

F 71214
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as completely as possible. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. 164-10-6657

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Katherine Moore

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 6-1886

8. AGE: Years 53 | Months 9 10 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Ship-builder

11. Industry or business

FATHER 12. Name Franklin Moore
13. Birthplace Md

MOTHER 14. Maiden Name Ella Brashears
15. Birthplace Md

16 (a) Informant Adell Lee
(b) Address 43 S Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/40 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location Sharpsburg Md

18 (a) Funeral director John Ulrich & Sons
(b) Address 2002 Orleans St

19 (a) JUL 23 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21-1940, at 12:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to Multiple fractures	
Due to	
Other Conditions Amputation of 1st leg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 31-1940
(c) Where did injury occur? Balto. (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes Truck driver
(e) Means of injury Struck by auto, turning truck

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 7-21-40.

VS 6

71215 CCK 57402 F 71215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 840 E. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Halcomb, Crossfiked with Edward Holcomb

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Cora Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	17	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Albert
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Hawkins
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director J. Halstead
(b) Address 978 Druid Hill Ave.
19 (a) (Date rec'd by registrar) (b) Registrar [illegible]

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1940 at 1 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14- 1940 to 7-19- 1940 and that I last saw h im alive on 7-19- 1940.

Immediate cause of death	Duration
Uremia	?
Cardiac failure	?
Due to Hypertensive CVD	?
Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-20-40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 71216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 71216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Newington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME William Altshuld

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-683

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Esther Altshuld

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 12, 1880

8. AGE: Years 60 | Months 1 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation retired tailor

11. Industry or business

FATHER
12. Name Vatkram
13. Birthplace Russia

MOTHER
14. Maiden Name Vatkram
15. Birthplace Russia

16 (a) Informant Isidor Altshuld
(b) Address 727 Newington Ave.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 7/21/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men's
Location Bridge Mill Rd.

18 (a) Funeral director Jack Louis Inc.
(b) Address 1439 E. Balto St.

19 (a) ..... (Date) (b) Huntington Williams, M.D.

JUL 22 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1940 to 7/21 1940 and that I last saw him alive on 7/21 1940.

Immediate cause of death	Duration
Uraemia, dial failure	5 weeks
Due to Coronary thrombosis	6 weeks
Due to coronary arteriosclerosis	3 years
Other Conditions Gen. Arteriosclerosis	20 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilden M. D.
Address Sinai Hospital Date signed 7-21-40

71217 HEALTH DEPARTMENT—CITY OF BALTIMORE 71217

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Parrish St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 304 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Johnson

6. DATE OF BIRTH (month, day, year) 6-15-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliza Moten

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Herbert L. Brown

(Address) 304 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date July 23 1940

19. UNDERTAKER Eugene F. Peters

(Address) 1009 Orkney Ave.

20. FILED Hunter G. Williams, Jr. Registrar.

JUL 22 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939 to July 19, 1940

I last saw her alive on July 19, 1940 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 5
Other contributory causes of importance:	
Arterial Sclerosis	Indefinite
Chronic Nephritis	8 mo.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. White M. D.

(Address) 1344 Druid Hill Avenue

information should be carefully supplied. AGE should be stated EXACTLY. If medical attendant does not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-D Registered No. F 71218

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Waterfall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. James Barnett

3 (b) If veteran, name of war
3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband or wife~~ Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation farming
11. Industry or business

FATHER
12. Name Jothan
13. Birthplace Pa.

MOTHER
14. Maiden Name Harriett Foote
15. Birthplace Pa.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1940 (month) (day) (year)
(c) Cemetery or crematory Center Cem. Location McCutchanville, R. 4, Pa.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1927 W. North Ave.

19 (a) Date received JUL 22 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 19 40 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 24 19 40 to 7/20 19 40, and that I last saw h. alive on 7/20 19 40.

Immediate cause of death Carcinoma of right maxillary sinus

Due to

Due to

Other Conditions Cardiac failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Bound M. D.
Address Date signed

F 71219

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71219

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Carey St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie J. Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 419 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H Johnson

6. DATE OF BIRTH (month, day, year) Aug 10 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Ridgely

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles Johnson (Son)
(Address) 419 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7-22-40

19. UNDERTAKER Archibald A. Goodie
(Address) 2101 McCulloh St.

20. FILED JUL 22 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15 1940 to July 18 1940

I last saw her alive on July 17 1940 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiac Disease	
Myocarditis	1939
Other contributory causes of importance:	
Hypertension	?
Chr. Bronchitis.	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. S. Julian M. D.

(Address) 434 E 23rd St.

INFORMATION should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 71220

CSK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71220 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Do not use pencil. Do not abbreviate. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 S Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Haynie

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1864

8. AGE: Years 76 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Washington H. HAYNIE
13. Birthplace Va.

MOTHER
14. Maiden Name Martha A. Tapscott
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22/40 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location ANNAPOLIS BLVD.

18 (a) Funeral director Libby & Zielsdorf
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] (Registrar) (b) Hunting Ave. Williamsport, Md.

JUL 22 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1940, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27- 1931, to 7-A- 1940 and that I last saw h[illegible] alive on 7-19- 1940

Immediate cause of death: Heart failure — Duration: 7

Due to: Arteriosclerotic H Dis — 7

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Cardiac failure, Gen'l A.S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-20-40

71221

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B 57473 F 71221 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use ink. Do not use pencil. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Cathedral St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Markland

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-5217

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married (Sep)

6 (b) Name of husband or wife Lawrence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1897

8. AGE: Years 43 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER
12. Name William Harcourt
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Knight
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)

(c) Cemetery or crematory Loyden Park
Location Frederick Ave

18 (a) Funeral director Albert F. Gregory
(b) Address 440 E. North Ave.

19 (a) (Date received by registrar) (b) Registrar

JUL 23 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18- 1940, at 7 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17- 1940, to 7-18- 1940, and that I last saw h-r alive on 7-18- 1940.

Immediate cause of death Cerebral embolus
Pulm. edema
Due to Pneum. Hem. Dis

Duration 1 day

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneum. Hem. Dis, Cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-19-40

F 71222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 71222 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-23

3 (a) FULL NAME Sheppard C. Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Sadie F. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1852

8. AGE: Years	Months	Days	If less than one day
87	7	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Iron Moulder
11. Industry or business Bartlett & Hayward

FATHER
12. Name Owen Hall
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Anna E. Blizzard
15. Birthplace Maryland

16 (a) Informant Owen T. Hall
(b) Address 615 Brookwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St

19 (a) JUL 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS :

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1940, at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 20 1940 to JUL 20 1940.
and that I last saw h. l. M. alive on JUL 20 1940.

Immediate cause of death	Duration
acute dilatation of heart	ns
Due to Chronic Myocarditis	3 mo
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No
(c) Where did injury occur? x x x (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? x x x (Specify type of place) While at work? x x
(e) Means of injury x x x

23. Signature Otto H. Duker M.D. M. D.
Address 9286 North Date signed JUL 27

F 71223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 71223 Registered No.

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 N. Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Neal

3 (b) If veteran, name war —

(c) Social Security Account No. 212-12-633

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Mary B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1884

8. AGE: Years 55 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Restaurant

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary B Monroe

(b) Address 616 N Bruce St

17 (a) Burial (b) Date thereof 7/22/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. L. Kelson

(b) Address 1303 Pleasant St or Baltimore, Md

19 (a) JUL 22 1940 Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 2½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 7/19/40

F 71224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1159

F 71224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2035 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy Pessaro Twin #2

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1940

8. AGE: Years | Months | Days | If less than one day: 12 hr. 21 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl Pessaro
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Marie Bohnowicz
15. Birthplace Baltimore, Md.

16 (a) Informant Earl Pessaro
(b) Address 2035 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 (a) (Registrar) (b) Hunter for Hillegas M.D. Registrar

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 4:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21, 1940 to July 21, 1940 and that I last saw him alive on July 21, 1940

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Scher M. D.
Address Sinai Hospital Date signed 7/21/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question should be answered. Be sure the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

F 71225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B F 21825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" given where it is the correct answer. Ditto marks are not sufficient. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 E. Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick J. Kohrs

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9172

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Anna E. Kohrs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10-1874

8. AGE: Years 66 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Henry Kohrs
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant William Kohrs
(b) Address 1613 Lamont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Kuhn
(b) Address 5305 Harford Rd

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to July 20 1940 and that I last saw h.. alive on July 20 1940.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration
4 Mo
Dr. Smith

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Barry D. Hayden M. D.

Address 3114 Harford Road Date signed 7/22/40

F 71226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 71226
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 647 S. Conway St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phyllis Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 2 | Days | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name David Mills
13. Birthplace N. C.

MOTHER
14. Maiden Name Dallie Mc Donald
15. Birthplace S C

16 (a) Informant Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Baltto Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1058 Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-40 19 , at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15-40 19 to 7-20-40 19 , and that I last saw h er alive on 7-20-40 19

Immediate cause of death Pneumonia (Broncho) — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Martin Rhode M. D.
Address University Hosp. Date signed 7-22-40

71227

HEALTH DEPARTMENT—CITY OF BALTIMORE

71227

CERTIFICATE OF DEATH

√46F

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provide Baltimore General Hosp. St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William O. Hill

If U. S. Veteran specify WAR

(a) Residence: No. 126 W. Hamburg St. 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Gladys Hill

6. DATE OF BIRTH (month, day, year) Abt 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Wm. Hill

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Annie S. Elsey

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Gladys Hill
(Address) 126 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place National Date July 24 1940

19. UNDERTAKER James A. Hayes
(Address) 142 W. Lexington St

20. JUL 22 1940 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1940 to 7-20, 1940

I last saw h. me alive on 7-20, 1940 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer primary of liver	5
Syphilis, latent	1
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Lewis M. D.

(Address) State Baltimore General Hosp.

information should be carefully supplied. Age should be given in years. If unknown, approximate. If deceased was a child, state AGE in hours, days, or months. If born dead, so state. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vb 2

F 71228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460 Registered No. F 71228

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo 4da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo. 8days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME William James SIGGERS

3 (b) If veteran, name war

3 (c) Social Security Account No. 082-16-7056

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 14, 1880

8. AGE:	Years	Months	Days	If less than one day
59	50	10	9 4	hr. min.

9. Birthplace London, England (Town, county, and state)

10. Usual Occupation CHIEF COOK-SS YORKMAR

11. Industry or business Seafaring

FATHER
12. Name William James Siggers
13. Birthplace London, England

MOTHER
14. Maiden Name Esther (Unknown)
15. Birthplace London, England

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof July 23-40 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Road.

19 (a) JUL 22 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1940, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 1940 to July 18, 1940 and that I last saw him alive on July 18, 1940

Immediate cause of death	Duration
Broncho pneumonia and Hydrothorax	12 hrs.
Due to Operation-Exploratory examination of esophagus	2 days
Due to Carcinoma of esophagus	6 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Esophagoscopy; Bronchoscopy Janeway Gastrostomy; Exploratory incision of chest.
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. B. N. Gardner. M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/19/40

71229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a Registered No. F 71229

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 16 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Cape May
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Knud Tjosvold 132-09-9817

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Julia (Unknown)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1873

8. AGE: Years	Months	Days	If less than one day
66	10	29	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Fisherman-SS IRENE
11. Industry or business Fishing

FATHER
12. Name Knutson Tjosvold
13. Birthplace Norway

MOTHER
14. Maiden Name Boyd
15. Birthplace Norway

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) — (Burial, cremation, or removal) (b) Date thereof July 23rd (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Road.

19 (a) 22 (Date received by registrar) (b) Harry W. Hartman Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1940, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1940, to July 19, 1940, and that I last saw him alive on July 19, 1940.

	Duration
Immediate cause of death Pulmonary atelectasis and broncho pneumonia	24hrs.
Due to Operation of resection of esophagus	36hrs.
Due to Carcinoma of esophagus	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Resection distal third of esophagus; esophago gastrostomy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/20/40 M. D.

F 71230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24E 71230 No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2269 N. Eldering (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rena Wilson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27-39

8. AGE: Years | Months 89 | Days 24 | If less than one day hr. min.

9. Birthplace Md — (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Mummert
15. Birthplace Balto. Md.

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Eastern Ave

18 (a) Funeral director John G. Miller
(b) Address 1532 Jefferson St

19 (a) JUL 22 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1940 to 7-21 1940 and that I last saw h.e.r. alive on 7-21 1940

Immediate cause of death ? Sepsis — Duration 3 4-6 hrs.

Due to

Due to

Other Conditions Undetermined

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No confirmatory findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack M. D.
Address J. H. H. Date signed 7-21-40

Injuries Incident to D.D. Only Evidence Examined

F 71231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanford Rd & Herring Run
(c) Hospital or institution: Lyndenhaven
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Hilman Hornberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 23, 1940

8. AGE: Years	Months	Days	If less than one day
		27	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hilman Hornberger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address 2417 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1940 (month) (day) (year)

(c) Cemetery or crematory Westminster M.E. Church
Location Westminster, Md.

18 (a) Funeral director Wm. P. Miller
(b) Address 2634 Jefferson St.

19 (a) JUL 22 1940 (Date received by registrar) Westminster, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1940 to July 20 1940 and that I last saw h. alive on July 20 1940

	Duration
Immediate cause of death: Pneumonia	7 days
Due to: Peritonitis	7 days
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max Baum, M. D.
Address Lyndenhaven Hosp. Date signed 7/21/40

71232

BALTIMORE CITY HEALTH DEPARTMENT — Registered No. E 71232

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1901

8. AGE: Years	Months	Days	If less than one day
39	4	8	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Gaskins
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL JUL 22 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore.
(b) Address

19 JUL 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar 5785

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1940, to 7-12- 1940, and that I last saw h[illegible] alive on 7-12- 1940.

Immediate cause of death	Duration
Pneumonia	3 days
Cardiac failure	?
Due to Hypertensive CVD	?
Arteriosclerosis hypertension	?
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy not done	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-20-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1233 HEALTH DEPARTMENT—CITY OF BALTIMORE 71233

CERTIFICATE OF DEATH 157F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Val of America St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Theodore DeITz Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 125 Carrollton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1940

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Theodore Deitz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lilian Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Lilian Deitz
(Address) 125 S Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Parkton MD Date July 13 1940

19. UNDERTAKER Roy C. B. Walter
(Address) Bel Air Md

20. Filed 19

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 8 1940 to July 21 1940

I last saw h. alive on July 21, 1940 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Willard Applefeld M. D.

(Address) 918 W Lexington St

SUE

Caution should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 830 F 74984

'PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital 15-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Loyola Southway (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Benjamin B Finkelstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 8/5/1860

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Ward (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Harry Finkelstein
13. Birthplace Poland.

MOTHER 14. Maiden Name Unknown
15. Birthplace Poland.

16 (a) Informant Sol Finta.
(b) Address 2602 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Int Carroll
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North ave

19. Date rec'd by registrar Huntington Williams M.D. JUL 22 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/40 19 , at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18/40 19 to 7/21/40 19 , and that I last saw h[illegible] alive on 7/21 19 40.

Immediate cause of death bronchopneumonia — Duration 4 days

Due to cerebral hemorrhage — 7 days

Due to arteriosclerosis — 15 years

Other Conditions coronary sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilkes M.D.
Address Sinai Hospital Date signed 7-22-40

71235 40626-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3 ✓ F 71235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 6mo. 26da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Robbins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married-sep.

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-1866

8. AGE: Years 73 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Malinda Truitt
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 22 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 JUL 22 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar 5786

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1940, at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1940, to 7-12- 1940, and that I last saw him alive on 7-12- 1940.

Immediate cause of death	Duration
Cerebral thrombosis	7 days
Secondary paralysis	3 days
Due to Gen'l cerebral arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 7-15-40

71236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 2 36 71236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME DORA GOLDBERG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Morris Goldberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Aaron Binder

13. Birthplace Russia

MOTHER 14. Maiden Name Shapa —

15. Birthplace Russia

16 (a) Informant Sam Goldberg

(b) Address 2006 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd.

Location Wash. Blvd.

18 (a) Funeral director Jack Spiwak Inc.

(b) Address 1439 E. Balto. St

19 Filed 7-22-40 (Date rec'd by registrar) Registrar

VS 3.40

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ..., and that I last saw h[illegible] alive on July 21 1940

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury N. E. Brock

23. Signature

Address 7314 - W. N orth Date signed 7/22/40

H. L. Wallenmeyer M.D., Asst. Medical Examiner

71237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 2 E 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME STEVE PETRICA

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-3217

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
51			hr. min

9. Birthplace Yugoslavia (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Peter Petrica
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name Unknown
15. Birthplace Yugoslavia

16 (a) Informant Pete Petrica
(b) Address 1737 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity
Location Anne Arundel County

18 (a) Funeral director M. J. Dadowski & Sons
(b) Address 1808 Eastern Ave

19 (a) Huntington Williams, M.D. (Registrar) Registrar

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 1 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive cardiovascular disease

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 7-20-40

F 71238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71238 Registered No. 170 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EUGENE BECHTEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	S

6 (b) Name of husband or wife Emma Stonesifer
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec. 30 1906

8. AGE: Years	Months	Days	If less than one day
33	6	21	hr. min.

9. Birthplace Myers District Carroll Co, Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farm

FATHER
12. Name Howard Bechtel
13. Birthplace Carroll Co, Md.

MOTHER
14. Maiden Name Alice Hill
15. Birthplace Carroll Co. Md.

16 (a) Informant Howard Bechtel
(b) Address Westminster R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Bartholomews
Location York Co., Pa.

18 (a) Funeral director Long, Byers
(b) Address 505 Park Heights Ave.

JUL 22 1940 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 6 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Fracture of skull	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 19, 1940
(c) Where did injury occur? Rt 140 between Union Mills & Westminster (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Driving car struck by truck at intersection

23. Signature H. K. Wollenweber M.D. Medical Examiner.
Date signed 7-21-40

Herma Schnoor

F 71239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. F 71239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7800 Crondland Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HERMA SCHNOOR

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Richard Schnoor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 30, 1875

8. AGE: Years 65 | Months 2 | Days 209 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: governess
11. Industry or business:

FATHER
12. Name: Albert Homann
13. Birthplace: Germany

MOTHER
14. Maiden Name: Minnie Walbaum
15. Birthplace: Germany

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23. 1940 (month) (day) (year)
(c) Cemetery or crematory: St. Paul's 5th Ref. Ch. Cem.
Location: Baltimore Md. Sept. Hunter.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) (Date received by registrar) (Huntington Williams M.D.) Registrar
JUL 22 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 12 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 19 1940, and that I last saw her alive on July 19 1940.

Immediate cause of death: Uremia — Duration:

Due to: Ureteral obstruction

Due to: Carcinoma of Bladder

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: Carcinoma of Bladder.

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ferdinand E. Chatard M.D.
Address: Union Mem. Hosp. Date signed 7/19/40
M. D.

F 71240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B Registered No. F 71240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 12 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 Fawcett St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Akehurst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W	Widowed

6 (b) Name of husband or wife George W. T. Akehurst

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1869

8. AGE: Years	Months	Days	If less than one day
71	5	19	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name David Kenney
13. Birthplace Baltimore Co. Maryland

MOTHER
14. Maiden Name Rebecca Hendrix
15. Birthplace Balto. Co. Maryland

16 (a) Informant Erwin Akehurst
(b) Address 4008 Parkwood Ave.

17 (a) Burial (b) Date thereof July 23 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Leasher Funeral Home
(b) Address 7401 Belair Road

19 (a) Filed JUL 22 1940 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1940, at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1940, to 7-21 1940 and that I last saw h. alive on 7-21 1940.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Arteriosclerotic Heart Disease.	
Due to:	
Other Conditions: Intestinal Obstruction	
(Include pregnancy within 3 months of death)	

Major findings:
Of operation: Large biliary Stone obstructing intestine
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Franklin Sq. Hosp. Date signed 7-22-40

F 71241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

F 71241 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 843 W. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 W. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Beall Johnson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward M Johnson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 14 - 1865

8. AGE: Years	Months	Days	If less than one day
74 75	8	6	..... hr. ..... min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Cornelius G. Beall
13. Birthplace W.Va.

MOTHER
14. Maiden Name Virginia Burleigh
15. Birthplace W.Va.

16 (a) Informant Mrs. Virginia J. Carter
(b) Address 843 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave
18 (a) Funeral director John Mitchell & Sheridan
(b) Address 1900 Eutaw Place
19 (a) JULY 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20-40 19..... at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1940 to July 20 1940 and that I last saw her alive on July 20 1940

Immediate cause of death	Duration
(a) Chr. Myocardial Insufficiency	about 2-3 wks
Due to (b) Chr. Art. Hypertension	
Due to (c) Renal Arteriosclerosis	more than 4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Carroll Leonard M. D.
Address 4 E. Preston Street Date signed .....

VS 3

F 71242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 71242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Mercy Hospital 9-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3947 Greenmount (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Coleburn

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife May E Coleburn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19 1862

8. AGE: Years 77 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Wm C Coleburn

13. Birthplace Va

MOTHER 14. Maiden Name Sarah Taylor

15. Birthplace Va

16 (a) Informant Mrs Esther Coleburn

(b) Address 3947 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto Md

18 (a) Funeral director Geo A Farley

(b) Address Fulton & Fayette

19 (a) Herrington for Williams, M.D. Registrar

(b) (Date received by Registrar) JUL 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1940, to July 21 1940, and that I last saw h[illegible] alive on July 21 1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Arteriosclerotic Gangrene Left Lower Extremity

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin F. Polk, M.D.

Address Mercy Hospital Date signed 7/21/40

71243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 ✓ F 71243 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Dorothy Joan Stubbles

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NE	NONE	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1940

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Stubbles
13. Birthplace Balto. Md

MOTHER
14. Maiden Lillian Elizabeth Cirat
15. Birthplace Balto. Md

16 (a) Informant Andrew James Stubbles
(b) Address 3903 Wilkens Ave

17 (a) Burial (b) Date thereof 7-22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) [illegible] Registrar
(Local Registrar)
JUL 22 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1940, at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1940 to 7/21 1940, and that I last saw h[illegible] alive on 7/21 1940.

Immediate cause of death Enteritis, general
Intussusception

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Pound M. D.
Address Date signed

OGK

BALTIMORE CITY HEALTH DEPARTMENT 49904

71244

CERTIFICATE OF DEATH

93-D Registered No. F 71244

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Aliceanna St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Rachuba

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-2639

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1885

8. AGE: Years	Months	Days	If less than one day
54	7	2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Mike Rachuba | Marcel Rachuba
13. Birthplace Poland

MOTHER 14. Maiden Name Mary ? Malczewski
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 726 S Ann St

19 JUL 22 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6- 1939 to 7-22- 1940. and that I last saw h[illegible] alive on 7-22- 1940.

Immediate cause of death	Duration
Cardiac failure	3
Due to Hypertensive CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 7-22-40

71245

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH #55656

Registered No. F 71245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore City Hospitals
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Conklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Frances Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1864

8. AGE: Years 75 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Camden, N.J. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Frank V. Pipitone
(b) Address 2[illegible] E. Baltimore St

19 JUL 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-40 19 to 7-21-40 19, and that I last saw h[illegible] alive on 7-21-40 19

Immediate cause of death: Arteriosclerosis — Duration: Prior to admission

Due to

Due to

Other Conditions: Cerebral hemorrhage — Duration: Prior to admission

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt, M.D.

Address Baltimore City Hospitals Date signed 7-22-40

COH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71246 — Registered No. F 71246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 659 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Zink

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-9631

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married (Sep)

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-1876

8. AGE: Years	Months	Days	If less than one day
64	0	5	hr. min.

9. Birthplace Lithuenia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Lith.

MOTHER
14. Maiden Name Catherine Cassberg
15. Birthplace Lith.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Park Cemetery
Location Druid Hill Ave. & Gwynn Oak Ave.

18 (a) Funeral director E. William Buchheister
(b) Address 703 W. Lexington St.

19 (a) (Date rec'd by Registrar) JUL 22 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1940, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1940, to 7-21 1940, and that I last saw h[illegible] alive on 7-21 1940.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Cardiac failure	2 days
Due to Arteriosclerotic heart disease	2 months
Due to	
Other Conditions Embolism in left popliteal artery. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt. City Hosp. Date signed 7-21-40

VS 3

71247 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-2 F 71247

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Eastern Ave. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA - M - PETRASKA

If U. S. Veteran specify WAR

(a) Residence: No. 1607 E Eastern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anthony M. Petraska

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): 0
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: ? Penkiewitz
14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Leo Petraska
(Address) 1627 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross C.C. Date: July 23 1940

19. UNDERTAKER: John A. Stebliackys Jr.
(Address) 423 S. Paca St.

20. JUL 22 1940 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1940 to July 20 1940

I last saw her alive on July 20, 1940 Death is said to have occurred on the date stated above, at 5.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Hypertension	Long Standing
Other contributory causes of importance: Arteriosclerosis	Long

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo Petraska M. D.
(Address) 1700 Clearmont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71248 — 63 — 45573 Registered No. F 71248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Kilwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Lewis Dannenfelser

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-1862

8. AGE: Years	Months	Days	If less than one day
77 78	0 10	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Iceman

11. Industry or business

FATHER
12. Name Lewis Dannenfelser
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Unger
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St. & Kane

18 (a) Funeral director John D. Cromwell
(b) Address Essex Md.

19 (a) JUL 22 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1940, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1939, to 7-19 1940 and that I last saw h[illegible] alive on 7-19 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Gen. Arteriosclerosis	years
Due to Arterio Sclerotic gangrene of left foot - amputated 6-15-39	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fechet Jr
Address Baltimore City Hosp. Date signed 7/20/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 S. Glover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S. Glover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 73 years

3 (a) FULL NAME Vaclav Zelenka

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Zelenka

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1862

8. AGE: Years 77 | Months 8 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Stationary Engine

FATHER
12. Name Franz Zelenka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Marie Zvorala
15. Birthplace Bohemia

16 (a) Informant Marie Zelenka
(b) Address 514 S. Glover st

17 (a) Burial (b) Date thereof 7-24-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach & Son
(b) Address 1944 Pennington Ave Baltimore, Md.

19 (a) Date received by Registrar JUL 22 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to July 21 1940 and that I last saw him alive on July 21 1940

Immediate cause of death:
Coronary Thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations by Physician
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: None
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ford Rynerson M. D.
Address 1000 N. Calvert St. Signed 7-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

F 71250 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Mc. Phail Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 McPhail St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 yrs

3 (a) FULL NAME Charlotte A. Chipman.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Chipman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name George Newton.

13. Birthplace Howard Co. Md.

MOTHER 14. Maiden Name Elisa. Gaither.

15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Becker.

(b) Address 123 Mc. Phail St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. 23. 1940 (month) (day) (year)

(c) Cemetery or crematory Mennenridge Mem. Park.

Location Washington Blvd.

18 (a) Funeral director Robert Brooks & Son.

(b) Address 1338 Holline St.

19 (a) Registrar Huntington Williams, M.D.

JUL 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 21 th 19 40 at 1. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 40 to 7/21 19 40 and that I last saw him alive on 7/21 19 40

Immediate cause of death — Duration

Cerebral Hemorrhage 2 Day

Due to Atheroma Arteries

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas D Aisquith M.D.

Address 2143 N Bak St. Date signed 7/22/40

CGK

57499

71251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. E 71251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roy Carson (Crossfiled with Corson)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-16-9910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married (Sep)

6 (b) Name of husband or wife: Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-1876

8. AGE: Years	Months	Days	If less than one day
64	5	24	hr. min.

9. Birthplace N.J. (Town, county, and state)
10. Usual Occupation Glass Work
11. Industry or business Carr-Lowry

FATHER
12. Name Nathaniel
13. Birthplace N.J.

MOTHER
14. Maiden Name Martha Pambgurn
15. Birthplace N.J.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof 7/23/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Melville N.Y.
Location Cumberland Co. N.Y.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 JUL 23 1940 (Date received by registrar) Huntington Williams Md. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1940. 6:42 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1940 to 7-21 1940, and that I last saw h[illegible] alive on 7-20 1940.

Immediate cause of death	Duration
Carcinoma - unknown primary site	2
Due to Multiple metastases to lungs	2
Due to	
Other Conditions Bronchopneumonia	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Bal. City Hosp. Date signed 7-21-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to state the causes of death clearly and legibly. Be sure correct age is especially important. Physicians: please write the

F 71252 49613.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Barclay Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Jesse Anders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	23	..... hr. ..... min.

9. Birthplace Frederick County, Maryland (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name Marshall (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Anders (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
Address 1217 St. Paul St

19 (a) JUL 23 1940 (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28- 1939 to 7-20- 1940, and that I last saw h[illegible] alive on 7-20-1940

Immediate cause of death	Duration
Cardiac Failure	?
Due to A-S Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Certificate must be filled out correctly and completely. Physicians: please write the causes of death clearly and correct age is especially important.

F 71253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 71253

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balt. Gen'l Hosp. (Street) 16-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Shelly

If U. S. Veteran specify WAR

(a) Residence: No. 1125 N. Fulton Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of William Shelley

6. DATE OF BIRTH (month, day, year) 11-24-63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 . 7	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Heinrich Marchek

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Annie Z.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Kirchner

(Address) 2000 E. Belvedere Av

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 7/25/ 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED JUL 23 1940 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22d 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1940 to 7-22, 1940

I last saw h~~e~~r alive on 7-22 1940 Death is said to have occurred on the date stated above, at 5 40/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?

Other contributory causes of importance:

Bronchopneumonia	7-21-40

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard E. Blumenthal M. D.

(Address) West Baltimore General Hospital

Information should be carefully supplied, so that it may be properly classified. Make statements as to state CAUSE OF DEATH in plain terms, so that it may be understood by the laity. See instructions on back of certificate. OCCUPATION is very important.

F 71254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 71254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1648 Normal Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 Normal Ave (If rural give location)
(If foreign born, how long in U. S. A.?) years

3 (a) FULL NAME JULIA M. KING

3 (b) If veteran, name war NU

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~ Arnold R. King

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1853

8. AGE: Years 86 | Months 9 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Thomas Bowers
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Chas. E. King
(b) Address 1648 Normal Ave

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JUL (a) 23 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of this certificate must be answered. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 8:00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis general	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Wallenweber Asst. Medical Examiner. M.D.
Date signed 7-24-40

VS 6

F 71255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186-a

F 71255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 m. 3 d
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 East 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years.

3 (a) **FULL NAME** Claudia R. Wedge

3 (b) If veteran, name war: 10
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~: Edward H. Wedge
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 1

8. AGE: Years: 70-75 | Months: 9 | Days: 20 | If less than one day: ..... hr. ..... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: John S. Taylor
13. Birthplace: Md.

MOTHER
14. Maiden Name: Margaret Kesler
15. Birthplace: Md.

16 (a) Informant: U Mem. Hospital Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location: Balto. Md

18 (a) Funeral director: William Cook
(b) Address: 217 St. Paul St

19 (a)..... (b)..... Registrar
(Date rec'd by registrar)

JUL 24 1940

VS 2

Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1940, to July 21, 1940, and that I last saw her alive on July 20, 1940.

Immediate cause of death: Coma of cerebral

Due to.....

~~Secondary cause~~ Fracture neck of right femur

Other Conditions: Arteriosclerosis Cerebrovascular disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 5-14-40
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fall down stairs

23. Signature: Richard H. Penbroke M.D.
Address: Union Memorial Hosp. Date signed 7/24/40

Howard F. Malden, M.D.
Dr. E. L. Brantigan

PLEASE WRITE PLAINLY with pen or pencil and make no unnecessary erasures. Use only standard abbreviations. Do not use ditto marks. Be sure to answer all questions. Underline the causes of death clearly and legibly. Give the correct age is especially important. Physicians: please write the cau

F 71256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-L Registered No. F 71256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in this record for the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Heckel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Heckel Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gottlieb Heckel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary E Heckel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 11 - 1855

8. AGE: Years	Months	Days	If less than one day
85	1	8	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business

FATHER 12. Name Christopher Heckel
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace

16 (a) Informant William A. Heckel
(b) Address 4209 Heckel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 22 - 40 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Belair Road

18 (a) Funeral director John E. Miller Jr.
(b) Address 2435 E. Oliver St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 at 7:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1940, to 7/19 1940, and that I last saw h alive on 7/19 1940.

Immediate cause of death: Arteriosclerotic cardio-vascular renal disease — Duration: 5 yrs.
Due to
Due to
Other Conditions Senility — 2 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi
Address 6211 Harford Rd Date signed 7/20/40 D.

F 71257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 71257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not write the causes of death clearly and legibly. Give full name of deceased; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Hanson Pl
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 E. 36th (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma D. Reilly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas C. Reilly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months 63 | Days | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER 12. Name Benjamin F. Penfield
13. Birthplace Maryland

MOTHER 14. Maiden Name Rudra Gosnell
15. Birthplace Maryland

16 (a) Informant Franklin E. Penfield
(b) Address 7144 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 (a) JUL 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to July 22 1940 and that I last saw him alive on July 22 1940

Immediate cause of death: Myocardial Failure — Duration

Due to: Hypertension and Arteriosclerosis — 2 yrs.

Due to:

Other Conditions: Tumor Uterus

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) —
(e) Means of injury —

23. Signature Wm. M. D.
Address 842 Chatsworth Date signed 7/24/40

VS 3

F 71258

VS 5

F 71258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 61

F 71258
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Underlying causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 Colorado Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 Colorado Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JENNY MEYLS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George A. Meyls

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1877

8. AGE: Years 63 | Months 5 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER 12. Name George R. Albaugh
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Jane Morrison
15. Birthplace Maryland

16 (a) Informant George A. Meyls
(b) Address 6361 Colorado Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1940 (Month) (Day) (Year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co., Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3681 Falls Road

(c) Date rec'd by registrar JUL 23 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 4 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration —
Due to
Due to
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wollenweber M.D. (Medical Examiner.)
Date signed 7-22-40

VS 6

F 71259

VS 6

F 71259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 71259

Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 3, 4, 5, 6, 7, 8, and 12 to 15 is correct, as this is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 S.Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 S.Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME Augusta May Metzger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frederick Wm.Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19. 1890

8. AGE: Years	Months	Days	If less than one day
49	10	1	hr. min.

9. Birthplace St.Michels Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Wesley Willey
13. Birthplace St.Michaels Md.

MOTHER
14. Maiden Name Julia Ann Goodwin
15. Birthplace Baltimore Md.

16 (a) Informant Husband
(b) Address 637 S.Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway.

JUL 23 1940 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to 7/19 1940
and that I last saw h[illegible] alive on 7/19 1940.

Immediate cause of death	Duration
Carcinoma of left Ovary with Implantasis to peritoneal organs.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma L ovary
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H E Metzgenhunder
Address 1044 Wood Ison ST Date signed M. 7 D. 22/40

VS 3

F 71260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B Registered No. F 71260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvester Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Nettie Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1893

8. AGE: Years 47 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Isaac Brown
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Fannie Crawford
15. Birthplace Washington D.C.

16 (a) Informant Nettie Brown
(b) Address 1414 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Mt. Winans Md.

18 (a) Funeral director Mrs. P. G. Elliott Daughter
(b) Address 1129 E. Cardenas St.

JUL 23 1940 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940 to July 21 1940.
and that I last saw h alive on 19

Immediate cause of death: Cancer of Stomach — Duration: about a year

Due to

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Pelletaine M. D.
Address 817 Hamilton Ave Date signed July 23/40

PLEASE WRITE PLAINLY. Fill in all blanks with the best information obtainable. Be sure the cause of death entered is correct and complete. Physicians: please write the correct age is especially important.

1261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 71261 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 S. Chapelgate Lane
(c) Hospital or institution: Maple Grove Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. 757 None (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Anna Rachel Matthews Price

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Charles H. Price
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 6, 1854
8. AGE: Years 86 | Months 6 | Days 16 | If less than one day ____ hr. ____ min.
9. Birthplace Sparks Balto Co., Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Matthews
13. Birthplace Sparks Md

MOTHER
14. Maiden Name Rachel Matthews
15. Birthplace Sparks, Md

16 (a) Informant D. W. Bosley
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1940 (month) (day) (year)
(c) Cemetery or crematory Friends
Location Sparks, Md.
18 (a) Funeral director Lemuel M. Brooks
(b) Address Sparks, Md.
19 (a) July 23 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Report one cause of death clearly and legibly. Give the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940; at 10:A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1940 to July 22 1940 and that I last saw her alive on July 22, 1940.

	Duration
Immediate cause of death: Cerebral Apoplexy.	16 dys.
Due to: Senility.	Years.
Due to: Arterial Hypertension.	Years.
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: None.
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. Lloyd Johnson M.D.
Address Catonsville, Md. Date signed July 22

71262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71262

CERTIFICATE OF DEATH

V 83-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Madeira St., 7th 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Louis Thome.

(a) Residence: No. 807 N. Madeira St. St., ... Ward. 9.S.212 76-9242

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Elizabeth Thome.

6. DATE OF BIRTH (month, day, year) Dec. 30th. 1870.

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	69	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pork packer

10. Date deceased last worked at this occupation (month and year) July. 6th. 1940

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hesson (State or country) Germaney

FATHER

13. NAME Heinrich Thome.

14. BIRTHPLACE (city or town) Hesson, ermany. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " " " " " " (State or country) " " " " " " " "

17. INFORMANT Son

(Address) 807 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Burial Date July. 24th. 1940

19. UNDERTAKER Geo. M. Fink #Son

(Address) # 811 N. Wolfe St.

20. FILED JUL 23 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 21st. 1940

22. I HEREBY CERTIFY, That I attended deceased from July 11 1940 to July 21 1940

I last saw h.. alive on July 21 1940 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 7/11/40

Other contributory causes of importance

Arterio Sclerosis 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) William J. Reamer M. D.

(Address) 801 Kenwood

No. 1. Information should be carefully supplied. Age and OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 71263

LB57303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 71263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1943

3 (a) FULL NAME Gladys Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/1933

8. AGE: Years	Months	Days	If less than one day
7	0	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Earl Richardson
13. Birthplace Md.

MOTHER
14. Maiden Name Gladys Gainyard
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 23 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 214 Preston
Huntington Williams, M.D.
Registrar

19 JUL 23 1940 (Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7.11 1940 to 7.21 1940 and that I last saw h alive on 7.21 1940.

Immediate cause of death	Duration
Tuberculous peritonitis	3 months
Disseminated Tuberculosis	3 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Some

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Tabler M. D.
Address Balto City Hosp Signed

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in terms which will indicate correct age is especially important.

VS 3

COK

57414 F 71264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 71264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16bd

3 (a) FULL NAME Janie watty

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Daniel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-1885

8. AGE: Years	Months	Days	If less than one day
54	11	26	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Byerle
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Elliott
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Conrad Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) JUL 23 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 2

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1940; at 4 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15- 1940 to 7-21- 1940 and that I last saw her alive on 7-21- 1940

Immediate cause of death	Duration
Uremia	6 days
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmeng Lehotsin M. D.
Address Balto city Hosp Date signed 7-22-40

VS 3

F 71265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 71265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Myrtle Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Myrtle Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rice P. Trust.

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Florence Trust

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 79 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Staunton Va (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Joseph Trust
13. Birthplace Va

MOTHER
14. Maiden Name Lucy V. Trust
15. Birthplace Va

16 (a) Informant Florence Trust
(b) Address 1409 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 518 N. Bidder St.

JUL 23 1940 (b) Hunting Town Williamsport Md.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to July 22 1940, and that I last saw h[illegible] alive on July 21 1940

Immediate Cause of death: Cerebral Hemorrhage
Complications
Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stewart M. D.
Address 628 Hamburg St. Date signed July 22 1940

PLEASE WRITE PLAINLY. Spelling of names and correct age is especially important. Physicians: please write the causes of death in terms

F 71266 — Henry Andrew Krabbe — F 71266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. ANSWER EACH QUESTION. Report the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 McKean Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME HENRY A. KRABBE (ANDREW)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Widower

6 (b) Name of husband or wife Margaret Krabbe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1888

8. AGE: Years	Months	Days	If less than one day
51	8	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Smith Bros.

FATHER
12. Name Henry Krabbe
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Anna Knight
(b) Address 1712 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Lickner & Sons
(b) Address North & Pa Aves.

19 (a) (Date received by Registrar) JUL 23 1940 (b) (Signature of Registrar) Timothy Tom Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions Nil.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil

Of autopsy Nil

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Asst. Medical Examiner.

Date signed 7-22-40

F 71267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71267 Registered No. 92-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Cerrie L. Landstreet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 2-9-1871

8. AGE: Years	Months	Days	If less than one day
69	5	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name William H. Shipley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary J.
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Robert Landstreet
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 JUL 23 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 11:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to July 21 1940, and that I last saw h[illegible] alive on July 21 1940.

Immediate cause of death Heart failure — Duration
Cerebral vascular accident.
Due to Auricular fibrillation, Cardiac hypertrophy, and
Due to mitral insufficiency, hypertension.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longshein M. D.
Address Bal. Gen. Hosp. Date signed 7/22/40

PLEASE WRITE THE CAUSES OF DEATH CLEARLY. Physicians: please write the correct age is especially important.

F 71268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-a

F 71268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Alto Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Last time
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Alto Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Roehn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Josephine Roehn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1872

8. AGE: Years	Months	Days	If less than one day
68	1	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Linotype Machinist
11. Industry or business U. S. Printing Office

FATHER
12. Name August Roehn
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Mueller
15. Birthplace Germany

16 (a) Informant Mrs. Josephine Roehn
(b) Address 3404 Alto Road

17 (a) Burial (b) Date thereof 7/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Avenues.

19 (a) (Date received) JUL 23 1940 (b) Thomas Williams M.D. (Registrar)
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1938, to July 21 1940, and that I last saw him alive on July 21 1940

Immediate cause of death: Ch. Myelogenous Leukemia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Argyle St Date signed 7/23/40

PLEASE WRITE LEGIBLY. Fill in the causes of death clearly and accurately. Be sure correct age is especially important. Physicians: please write the cause of death.

F 71269

F 71269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71269
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Carlisle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Carlisle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Albert Coohran

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie B. Coohran
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 14 1871
8. AGE: Years 69 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.
9. Birthplace: Iowa (Town, county, and state)
10. Usual Occupation: Coal Traffic Mgr.
11. Industry or business: B.& O.R.R.

FATHER
12. Name: John Coohran
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Eliza Ray
15. Birthplace: Ohio

16 (a) Informant: Mr. John A. Coohran
(b) Address: 5805 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1940 (month) (day) (year)
(c) Cemetery or crematory: Lorraine, [illegible]
Location: Woodlawn, Md.

18 (a) Funeral director: Willian J. Tickner & Sons
(b) Address: North & Pennsylvania Aves.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 21 1940 and that I last saw him alive on July 20 1940

Immediate cause of death	Duration
Bronchio-pneumonia	4 days
Due to	
Due to	
Other Conditions Arteriosclerosis Cerebral Embolism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 3403 Fairmount Blvd Date signed 7/22/40

PLEASE WRITE the Causes of Death legibly. Physicians: please write the causes of death legibly. Correct age is especially important.

F 71270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

F 71270

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2117 Denison Street

(c) Hospital or institution:
Edgewood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2108 Allendale Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Yielding Weekes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1867

8. AGE: Years	Months	Days	If less than one day
73	4	18	hr. min.

9. Birthplace Des Monies, Iowa
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Sealy Weekes
13. Birthplace Ireland

MOTHER
14. Maiden Name Matilda Phillips
15. Birthplace Ireland

16 (a) Informant Mrs. Maude S. Weekes
(b) Address 2108 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to July 22 1940 and that I last saw him alive on July 22 1940.

Immediate cause of death: Heat Prostration — Duration 10 hrs

Due to: Extreme Heat and general weakness — Duration

Due to: Chronic nephritis — Duration

Other Conditions: Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Cole M. D.

Address 220 Garrison Blvd. Date signed 7-24-40

Please write clearly. Physicians: please write carefully. Correct age is especially important.

71271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 71271
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 Clifton Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Clifton Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alice Grace Carr

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George A. Carr
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	4	4	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business Home

FATHER
12. Name Robert H. Clarke
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret A. ?
15. Birthplace Md.

16 (a) Informant George A. Carr
(b) Address 2833 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave.,
18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.
19 (a) JUL 26 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION 12.30

20. DATE OF DEATH July 21, 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to July 21 1940, and that I last saw her alive on July 20 1940.

	Duration
Immediate cause of death Terminal Cardiac failure	1940
Due to Hypertensive cardio-vascular disease	1939
Due to	
Other Conditions Hemiplegia right. April 1 was 1939 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kenrig Wallace M. D.
Address 2839 Walbrook Ave. Date signed 7-23-40

Please write clearly in ink. Every item is especially important. Physicians: please write carefully.

VS 8

71272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 71272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore County Jail (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Henry Zinkhan

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Helen Zinkhan
6 (c) If alive, give age: 46 years
7. Birth date of deceased (mo., day, yr.): Sept. 3, 1892
8. AGE: Years: 47 | Months: 10 | Days: 19 | If less than one day: hr. min.
9. Birthplace: Jacksonville, Md. (Town, county, and state)
10. Usual Occupation: Warden of county jail
11. Industry or business: Baltimore County, Md.

FATHER
12. Name: Conrad Zinkhan
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine M. Hunstanich
15. Birthplace: Germany

16 (a) Informant: Hospital Records
(b) Address: Union Memorial Hospital, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1940 (month) (day) (year)
(c) Cemetery or crematory: First Reformed
Location: Jacksonville, Md.

18 (a) Funeral director: John Bruni Sons
(b) Address: Towson, Md.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

JUL 23 1940

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 12 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to July 22 1940, and that I last saw h[illegible] alive on July 22 1940.

	Duration
Immediate cause of death: Myocardial infarction	18 hrs.
Due to: Coronary thrombosis	18 hrs.
Due to: Arteriosclerosis & hypertension	4 years.
Other Conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Leonard E. Chatard M. D.
Address: Union Memorial Hosp. Date signed 7-22-40

F 71273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 71273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Emersonian apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Emersonian Apts, Ent. A
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Abraham Bernheimer

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Helen S. Bernheimer
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) May 16th 1887
8. AGE: Years 53 | Months 2 | Days 6 | If less than one day ... hr. 57 min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation merchant (Retired)
11. Industry or business Dept. Store.

FATHER
12. Name Herman Bernheimer
13. Birthplace Hartford Conn

MOTHER
14. Maiden Name Fannie Hamburger
15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen S Bernheimer
(b) Address Emersonian Apts
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.
18 (a) Funeral director Harry Grundmeyer & Son
(b) Address 1911 Eutaw Pl.
19 (a) JUL 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 2.40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940 to July 22 1940 and that I last saw h.m. alive on July 22 1940.

Immediate cause of death	Duration
Myocardiotis & nephritis acute	6 mos
Due to Hypertension - (	2 1/2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Garden Date signed July 23 1940

VS 8

Please write the letters or figures as plainly as possible. Physicians: please write correct age is especially important.

F 71273 516 Eastland St. F 71274

VS 3

71274 Rev. mar. 516 Cathedral St. F 71274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Weldon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Weldon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy E. Buck.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife Benjamin J. Buck Jr.

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Nov 6, 1919.

8. AGE: Years 20 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name H. C. Hennberger.
13. Birthplace Pa.

MOTHER
14. Maiden Name Ann E. Bailey.
15. Birthplace Md.

16 (a) Informant Benjamin J. Buck. Jr.
(b) Address 1208 Weldon Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof July 24, 1940 (month) (day) (year)

(c) Cemetery or crematory Moreland Park.
Location

18 (a) Funeral director Chenoweth & Sonnad
(b) Address 3615 Eastern Ave

19 JUL 23 1940 (Date filed by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940 to July 21 1940, and that I last saw h[illegible] alive on July 20 1940

Immediate cause of death: Uremia — Duration: 1 day
Due to: Chronic Int. Nephritis — 1
Due to:
Other Conditions: Acute Bronchitis — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature E. E. Myers M. D.
Address 516 Cathedral Date signed 7-23-40

VS 3

Fill in the causes of death clearly and correct age is especially important. Physicians: please write the cause

F 71275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194-a

F 71275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits write RURAL and give town)
(d) Street No. 1218 Cold Spring Lane. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Levi B. Lentz.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Margaret S. Lentz
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1867

8. AGE: Years	Months	Days	If less than one day
72	8	1	..... hr. ..... min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Carpenter.

FATHER
12. Name Amos Lentz
13. Birthplace md

MOTHER
14. Maiden Name Mary Barnes
15. Birthplace md

16 (a) Informant Mrs. George P. Cox.
(b) Address 1218 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge. Location Pikesville, Md.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave. Hunting Ton Williams, M.D.

19 (a) Date received by local registrar JUL 23 1940 (b) Registrar

Correct age is especially important. Physicians, please state.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1940, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940, to July 20 1940, and that I last saw h. l. alive on July 20 1940:

Immediate cause of death Coronary Thrombosis

Duration
2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph V. Miranda, M.D. M. D.
Address 900 W. 34th St. Date signed 7-11-40

F 71276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-W

F 71276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1164 Cleveland St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Bayer (BAYER)

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 218-09-4393

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: W. Dowed.

6 (b) Name of husband or wife: Mary P. Bayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21. 1867

8. AGE: Years 73 | Months 5 | Days 01 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Machinist Helper
11. Industry or business Koppers Co

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Catherine Daniels
(b) Address 1164 Cleveland St

17 (a) Burial (b) Date thereof July 24. 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Jno. Mc. Mud John W. Teufel
(b) Address 80 W. Lafayette Ave

19 (a) JUL 23 1940 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd 1940, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22nd 1940, to July 22 1940, and that I last saw him alive on July 22 1940.

Immediate cause of death: Cerebro vascular accident — Duration: 12 hours
Due to: arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature W. H. Luttell M. D.
Address University Hospital Date signed 7-22-40

correct age is especially important. Physicians: please write

VS 3

F 71277

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56852 F 71277

58-F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Bradley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Butler Milton Skinner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1933

8. AGE: Years	Months	Days	If less than one day
7	2	8	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Joseph Butler
13. Birthplace Balto.

MOTHER
14. Maiden Name Ruth Skinner
15. Birthplace Baltol

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/25/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location West Post Rd Md

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 332 N Schroeder St.

19 Filed July 29 1940 (b) Registrar

VS 3

correct age is especially important. Physicians, please w

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 11:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to July 20 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death	Duration
Rheumatic Heart Disease & Acute Cardiac failure	6 months
Due to Rheumatic fever & Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed

Huntington Williams, M.D.

F 71278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 71278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Woodyear St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Woodyear St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Harvey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John F. Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1883

8. AGE: Years 56 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Samuel Lewis
13. Birthplace Md.

MOTHER
14. Maiden Name Annie White
15. Birthplace Md.

16 (a) Informant John F. Harvey
(b) Address 706 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 23 (day) 40 (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Jas. L. Kehoe
(b) Address 1303 Pennsylvania Ave

19 (a) (b) Huntington Mills
(Date received by registrar)
JUL 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to July 19 1940, and that I last saw her alive on July 18 1940.

Immediate cause of death: Pneumonia Edema
Due to Chr. Endocarditis
Due to Mitral regurg

Duration

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Howard M. D.
Address 601 Carroll Ave Date signed

correct age is especially important. Physicians, please

57262--fa

F 71279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B F 71279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Miles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-18-1903

8. AGE: Years	Months	Days	If less than one day
37	0	28	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name Luther Miles
13. Birthplace Va.

MOTHER
14. Maiden Name Molley Stokes
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director G. Halstead
(b) Address 916 Druid Hill Ave.
19 (a) Date received (year) (b) Registrar

JUL 23 1940

VS 5

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16- 1940, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10- 1940, to 7-16- 1940, and that I last saw h alive on 7-16- 1940.

Immediate cause of death Coronary Thr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Goldstein M. D.
Address Balto City Hosp Date signed 7-22-40

F 71280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 71280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Payson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LENA WOODEN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Late James J. Wooden
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/18/1884

8. AGE: Years	Months	Days	If less than one day
55	9	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Albert Christ
13. Birthplace Baltimore

MOTHER
14. Maiden Name Matilda Thompson
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd
18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins Street

19 (a) (Date received by Registrar) (b) Registrar

JUL 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11- 1940, to 7-21- 1940, and that I last saw h-er alive on 7-21- 1940.

Immediate cause of death	Duration
Uremia	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-22-40

Correct age is supremely important. Please verify.

F 71281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71281 Registered No. 3698

93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs +

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

14-22

3 (a) FULL NAME Soloman Nickens

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	married

6 (b) Name of husband or wife Mrs Martha Nickens
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov 1871

8. AGE: Years	Months	Days	If less than one day
69	8		hr. min.

9. Birthplace Lancaster Va.
(Town, county, and state)
10. Usual Occupation Butler
11. Industry or business Private family

FATHER
12. Name Nathan Nickens
13. Birthplace Lancaster Va

MOTHER
14. Maiden Name Louisa Johnson
15. Birthplace Lancaster Va.

16 (a) Informant Theresa Nickens
(b) Address 1605 McCulloh St.

17 (a) Burial (b) Date thereof 7-23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Mem Pk.
Location Balto Co Md

18 (a) Funeral director Mrs Geo D. Holland
(b) Address 2 mid Hill Ave

19 (a) JUL 23 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1940, to 7-20 1940, and that I last saw him alive on 7-20-1940.

Immediate cause of death	Duration
Cerebral hemorrhage	Sun 6-30-40
Due to Myocarditis & Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1 Orchard St. Date signed 7-22-40

VS 3

correct age is especially important. Physicians: please write the ca

COR

F 71282

BALTIMORE CITY HEALTH DEPARTMENT 50 55377

CERTIFICATE OF DEATH F 71282

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 McCulloh St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1875

8. AGE: Years	Months	Days	If less than one day
65	1	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Eliz. Williams
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Wm. Lee Woodyard
(b) Address 1431 Edmondson Ave.

19 (a) JUL 23 1940 Huntington Williams, M.D.
(Date received by Local Registrar) (Signature of Local Registrar)

VS 8

Correct age if expressed in months, days, or hours

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21-40 1940, at 6 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1940 to 7-21 1940 and that I last saw h.e.r alive on 7-21 1940.

Immediate cause of death Carcinoma of Left Breast with metastasis — Duration 7 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Wanner, Jr. M. D.
Address Balt. City Hosp. Date signed 7-21-40

VS 8

71283 57114--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 71283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Johnson (Agnes Johnson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-40

8. AGE: Years	Months	Days	If less than one day
0	0	13	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name James Frazier

13. Birthplace New Jersey

MOTHER 14. Maiden Name Agnes Johnson

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/20/40 (month) (day) (year)

(c) Cemetery or crematory crematory Location Baltimore City Hospitals

18 (a) Funeral director Baltimore City Hospitals

(b) Address Huntington Williamsport, Md.

19 (a) JUL 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1940, to 7-18 1940, and that I last saw her alive on 7-18 1940.

Immediate cause of death Bronchopneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature A. C. Goodson M. D.

Address Baltimore City Hospitals Date signed 7-19-40

VS 8

Spec.—1-12-23—M&T—500 Blks.

F 71284

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71284

CERTIFICATE OF DEATH.

83-a

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Sinai Hospital ST. 25-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McCauley.

(a) RESIDENCE No. 6005 Chapel Gate Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Frank McCauley

6 DATE OF BIRTH (month, day, and year) June 5 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC.

PARENTS

10 NAME OF FATHER John Straing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Frank McCauley Camp Meade Jessup Md

15 Filed JUL 23 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1940

17 I HEREBY CERTIFY, That I attended deceased from July, 6, 40. to July, 22, 40., 19

that I last saw her alive on July, 15, 40., 19

and that death occurred, on the date stated above, at 4:30. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

Senility.

(duration) yrs. mos 16 da.

CONTRIBUTORY (Secondary) Arterial Hypertension.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. Hoge Johnson M. D.

7/22, 1940 (Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and: (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md DATE OF BURIAL July 23 40

20 UNDERTAKER Lloyd Lauer ADDRESS Laurel Md

mation should be carefully supplied. Age must be given in all cases where CAUSE OF DEATH is very important. See instructions on back of certificates.

71285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

✓ F 71285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street and number 1112 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 3

✓

3 (a) FULL NAME Phyllis Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1939

8. AGE: Years	Months	Days	If less than one day
1	-	11	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Robert Kelly
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Young
15. Birthplace Md

16 (a) Informant Alice Kelly
(b) Address 1112 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 40 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director James A. Hayes
(b) Address 1402 W. Hill St

19 (a) JUL 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-40 19 , at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21-40 19 to 7-22-40 19 , and that I last saw h[illegible] alive on 7-22-40 19

Immediate cause of death	Duration
Pneumonia (Lobar)	
Due to Cardiac & respiratory collapse	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Martin Rhode M. D.
Address University Hosp Date signed 7-22-40

CC K

F 71286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-D

Registered No. F 71286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Roscoe

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-0944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1875

8. AGE: Years	Months	Days	If less than one day
64	10	24	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Daniel
13. Birthplace Ga.

MOTHER
14. Maiden Name Dolly Masenheimer
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof July 23 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 1320 N. Schroeder St

19 (a) JUL 25 1940 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1940 at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1940, to 7-20 1940, and that I last saw her alive on 7-20 1940.

Immediate cause of death Cerebral hemorrhage — Duration 4 hrs.

Due to

Due to

Other Conditions Carcinoma of liver — 2 mo. +
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Johnson H. Cahlert Jr.
Address Baltimore City Hosp. Date signed 7/22/40

Huntington Williams, M.D.

F71287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F71287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Windsor Mill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. Becker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Henry J. Becker Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1880

8. AGE: Years	Months	Days	If less than one day
59	8	5	hr. min.

9. Birthplace Pittsburg, Pa. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name ? Cook
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Henry J. Becker, Jr.
(b) Address Windsor Mill Road, Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) (b) Huntington Hitchcock
Date received by registrar JUL 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1940. to July 21 1940.
and that I last saw her alive on July 21 1940.

Immediate cause of death Post Operative Shock — Duration

Due to Adenocarcinoma of Rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma of Rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tompkins M.D.
Address Md Gen. Hosp Date signed 7-21-40

F 71288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-W

Registered No. F 71288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital. 16-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Edgewood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Marie Sellman.
3 (b) If veteran, name war
3 (c) Social Security Account No. 205-05-4992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/26/04

8. AGE: Years	Months	Days	If less than one day
36	3 8	26	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Clerk - Stenographer
11. Industry or business B. & O. R. R.

FATHER
12. Name John H. Sellman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mrs Mary Sellman.
15. Birthplace ? Baltimore, Md.

16 (a) Informant Mrs. Arthur Bastress
(b) Address 728 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues.

19 (a) JUL 22 1940 (Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940 to July 22 1940 and that I last saw her alive on July 22 1940.

Immediate cause of death: Intestional Obstruction — Duration: 36 hours
Due to Hernia of Intestine thru Mesentery
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene of Bowel
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hospital Date signed 7-22-40 M. D.

Correct age is especially important. Typewriter preferred.

71289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6

F 71289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution:
St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 200 Witherspoon Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Joseph Gately

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Catherine A. Gately
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21 - 1880

8. AGE: Years 60 | Months 4 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Michael Gately
13. Birthplace Ireland

MOTHER
14. Maiden Name Witherspoon
15. Birthplace Baltimore

16 (a) Informant Edward J. Coolahan
(b) Address 200 Witherspoon Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Karl B. Gray Funeral
(b) Address 118 W. Mount Royal Ave

19 (a) JUL 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1940 to 7-31 1940 and that I last saw h[illegible] alive on 7-21 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: Cerebral embolus	
Due to: Coronary infarction	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Feldmeson M. D.
Address St. Joseph's Hosp. Date signed 7-22-40

F 71290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 71290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) #
(e) Length of stay in Baltimore (yrs., mos., or days) 50

10-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME John Joseph Duggan

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Duggan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1860

8. AGE: Years 79 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Retired from
11. Industry or business B & O R.R.

FATHER
12. Name Martin Duggan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Hosty
15. Birthplace Ireland

16 (a) Informant Rev. John J Duggan
(b) Address 408 N. Charles St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/25/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick and Dugnester Sts

18 (a) Funeral director H W Mears & Son
(b) Address 805 N. Calvert St

(b) Registered

JUL 23 1940

Huntington Williams, M.D.

VS 6

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 1.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture, of femur
Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/22/40
(c) Where did injury occur? 1925 W Baltimore St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell out of bed

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 7/23/40

71291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 71291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 N. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM HARVEY OR HORNEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0790

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Horney Jr.
13. Birthplace

MOTHER 14. Maiden Name Bell C. Bishop
15. Birthplace Md.

16 (a) Informant Ella Brown
(b) Address 5 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. & Co. Md.

18 (a) Funeral director Byron & Francis K. Knight
(b) Address 1218 Inc Elderry St

19 (a) Date received JUL 23 1940 (b) Investigator Williams, M.D. Registrar

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute dilatation of heart	
Due to Rheumatic heart disease	
Due to	
Other Conditions — No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. I. Wollenweber M.D. Medical Examiner.

Date signed 7-21-40

71292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 71292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2501 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lelia Evelyn Gilbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	divorced

6 (b) Name of husband ~~or wife~~ Samuel Gilbert
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 15, 1867

8. AGE: Years	Months	Days	If less than one day
73	3	8	hr. min.

9. Birthplace Stuart, Va.
(Town, county, and state)
10. Usual Occupation seamstress
11. Industry or business Dress-making.

FATHER
12. Name Samuel F. Shelor
13. Birthplace Va.

MOTHER
14. Maiden Name Sallie E. Capsell
15. Birthplace Va.

16 (a) Informant Mrs. Edith Donnelly
(b) Address 617 W. North Ave.

17 (a) Removal (b) Date thereof July 24 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stuart
Location Patrick Co. Va.

18 (a) Funeral director Bertrand W. Orr
(b) Address 2334 N. Charles St.

19 (c) JUL 23 1940 Hunting for Williams M.D.
(Date rec'd by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 8 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940, to July 23 1940, and that I last saw h.W. alive on July 23 1940

Immediate cause of death	Duration
Primal carcinomatosis	6 mos.
Due to carcinoma of gall bladder	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Dotterer M. D.
Address 447 N. Kenwood Ave. Date signed 7/24/40

12315
7-71293
7-71293

92-a 7-71293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH F 71293 (Registered No.)

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Calhoune (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hezekiah Butler
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Pauline
6 (c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.) 9-23-06
8. AGE: Years 33 Months 9 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace Ga (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business
FATHER 12. Name Noah Butler
13. Birthplace Ga.
MOTHER 14. Maiden Name Laura Rhodes
15. Birthplace Fla
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carlton Cemetery
Location Mt Wilson
18 (a) Funeral director E C Wilson
(b) Address 1202 Bradford & Huntington Williams, M.D.
19 (a) Date received JUL 23 1940 (b) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH July 21 1940 at 720 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1940 to 7-21 1940.
and that I last saw him alive on 7-21 1940
Immediate cause of death Heart Failure — Duration
Due to aortic Stenosis.
Due to
Other Conditions Extrasystoles and hematuria.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. A. Calhoun M. D.
Address Johns Hopkins Hospital Date signed 7/22

VS 3

71294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 71294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 W. Eden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 W. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Carlew Handley Kane

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife George Kane
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) May 2, 1915

8. AGE: Years	Months	Days	If less than one day
25	2	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charles Handley
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie —
15. Birthplace

16 (a) Informant George Kane
(b) Address 801 W. Eden St

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 7/23/40 (month) (day) (year)
(c) Cemetery or crematory Washington D.C.
Location

18 (a) Funeral director Robert F. Young
(b) Address 804 W. Caroline St

19 (a) JUL 23 1940 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940 5 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 19, 1940 to July 23 1940, and that I last saw h[illegible] alive on July 23 1940.

Immediate cause of death Pneum. T.B.

Duration
7.

Due to

Due to

Other Conditions Myocardial failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St. Date signed 7-23-40

Correct age in expressing ages of deceased

VS 3

VS 3

F 71295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 71295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 156 N.POTOMAC ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 156 N.POTOMAC ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

6 1

3 (a) FULL NAME ELIZABETH HOLZHAUS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife BERNARD HOLZHAUS
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MAY 7 1859

8. AGE: Years	Months	Days	If less than one day
81	2	15	..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name JOHN STOCK
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant BERNARD HOLZHAUS(SON)
(b) Address 156 N.POTOMAC ST.

17 (a) BURIAL (b) Date thereof JULY 25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) JUL 23 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 22 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7- 1940, to 7-22 1940, and that I last saw h[illegible] alive on 7-22 1940,

Immediate cause of death	Duration
Myocardial degeneration	
Due to arteriosclerosis	
Due to hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J J Gould M. D.
Address 14 N. East ave Date signed 7-23-40.

VS 3

71296 52696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 71296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos. 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Pabst

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 18, 1874
8. AGE: Years 65 | Months 9 | Days 22 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Pressman also OAP
11. Industry or business

FATHER
12. Name John Pabst (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Canighauer
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25/40 (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler
(b) Address 463 S. Wolfe St. Williams, Md.

19 JUL 23 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940, at 9:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8- 1940 to 7-22- 1940 and that I last saw h alive on 7-22-1940

Immediate cause of death	Duration
Cardiac Failure	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Canighauer M. D.
Address Balto City Hosp Date signed 7-23-40

VS 2

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

71297 71297

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 N Washington St Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Sterling P. Busick 69

If U. S. Veteran specify WAR

(a) Residence: No. 1316 N. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lucy C Leiber

6. DATE OF BIRTH (month, day, year) 9-28-1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9.	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James H Busick

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Busick
(Address) 315 S. Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date 7-25-40.

19. UNDERTAKER Wenzell E Humphreys
(Address) 1501 E. Broadway.

20. FILED Huntington Williams M.D.

VS 2 JUL 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-40 19

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1940 to July 21st 1940

I last saw h. alive on July 21st 1940. Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Chronic nephritis Arterial sclerosis	

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H Talbot Mark M. D.

(Address) 900 S. St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 71298 400--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 71298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Kilduff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sylvester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1894

8. AGE: Years 45 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name John Joseph Pfarr
13. Birthplace Balto.

MOTHER
14. Maiden Name Charlotte Nash
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell E. Trumbauer
(b) Address 4511 N. Broadway

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JUL 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1940 at 6 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940 to 7-20 1940 and that I last saw her alive on 7-20 1940.

Immediate cause of death: Miliary tbc. a/w

Due to: Bronchopneumonia

Duration: 2 years 2 days

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt. City Hosp. Date signed 7-21-40

VS 2

F 71299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

90-B F 71299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Ann Arundle
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Spring Dale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Lipschin

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-3037

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rose Lipchin

6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) aug 8- 1920

8. AGE: Years 19 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jack Lipchin
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Friend
15. Birthplace Baltimore, Md

16 (a) Informant Jack Lipchin
(b) Address Eastport Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1940 (month) (day) (year)
(c) Cemetery or crematory Kenwick Memorial Park
Location 3 mile oak. Near Annapolis

18 (a) Funeral director B. L. Hickson
(b) Address Annapolis Md

JUL 23 1940 (b) Signature for Registrar
(Date Filed by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 11:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 23 1940 and that I last saw him alive on July 23 1940.

Immediate cause of death Hemorrhage at time of operation. — Duration

Due to constrictive pericarditis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation constrictive pericarditis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J King B.E. Segar, Jr. M.D.
Address Maternity Hospital Date signed July 23, 40

71300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 McHenry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto. (b) County Md.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 McHenry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta J. Windle
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Clarence J. Windle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1875

8. AGE: Years	Months	Days	If less than one day
65	5	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Harthfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Stutter
15. Birthplace Germany

16 (a) Informant Mrs. Edwin Windle
(b) Address 1609 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Reisterstown Rd.

18 (a) Funeral director Fred J. Krause & Son
(b) Address 1216 S. Charles St.

19 (a) Date received JUL 23 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 40, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 22 1940, and that I last saw deceased alive on July 21 19 40.

Immediate cause of death	Duration
(a) Acute cardiac dilatation	1 day.
Due to (b) Chronic myocarditis	9 yrs
Due to (c) Senility.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Yates
Address 47 N. Easton Date signed July 23/40

correct are is especially important. Physicians: please w

VS 3

71301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. E 71301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Parkwyrth Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Ortman

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 29th 1858

8. AGE: Years	Months	Days	If less than one day
82	2	23	____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Sell

FATHER — 12. Name Edward J. Ortman

13. Birthplace Germany

MOTHER — 14. Maiden Name Charlotte Posky

15. Birthplace Germany

16 (a) Informant Mrs Dorothy Shipley

(b) Address 622 Parkwyrth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/40 (month) (day) (year)

(c) Cemetery or crematory Emanuel Lutheran

Location Harford Rd - Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

JUL 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd 1940, at 8:50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 1940 to July 22 1940, and that I last saw her alive on July 22 1940

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension

Due to: Myocarditis

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Francis L. Lagle M. D.

Address 6077 Harford Rd Date signed 7/23/40

Correct age in duplicate unless impossible to obtain.

71302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ Registered No. F 71302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo.10da.
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 East Chase Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry RYAN

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Hayes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 20, 1865

8. AGE: Years: 75 | Months: 4 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Philadelphia, Pennsylvania (Town, county, and state)

10. Usual Occupation: Oil Tender

11. Industry or business

FATHER
12. Name: James Ryan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Anne McCullane
15. Birthplace: Ireland

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/40 (month) (day) (year)
(c) Cemetery or crematory [illegible] Cathedral
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 JUL 23 1940 [illegible] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940 19 , at 5:00AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1940 to July 23, 1940, and that I last saw him alive on July 23, 1940.

Immediate cause of death: Fibrous Myocarditis — Duration: Unknown

Due to: Coronary Arteriosclerosis — Duration: Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Manipulation of left shoulder
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address U.S.Marine Hospital Date signed 7/23/40
Baltimore, Maryland.

F 71303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 4303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Northern Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie Shore

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fred Shore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1875

8. AGE: Years 64 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Monroe County, Penna (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew J. Snyder
13. Birthplace

MOTHER
14. Maiden Name Louise Heller
15. Birthplace Monroe County, Pa.

16 (a) Informant Mrs. Hoatz
(b) Address 6512 Glen Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pa
Location Loudon Pa

18 (a) Funeral director Wilhelm & Cox
(b) Address 129 Hunting Park Ave

19 (a) JUL 23 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 21 1940, and that I last saw her alive on July 21 1940.

Immediate cause of death: Cerebral Embolism — Duration: 2 days (?)
Due to: Coronary Thrombosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Mc Laughlin M. D.
Address Mercy Hospital Date signed 7/22/40

VS 3

71304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. F 71304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 South St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HILTON C. JOYNER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Removal (b) Date thereof July 23 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Anacostia, D. C.

18 (a) Funeral director Frederick G. Cole
(b) Address 1200 W. Lombard St.

JUL 23 1940
(Date rec'd by Registrar)

(By) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 8:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hemorrhage, subdural

Due to Fracture, base of skull,

Due to blunt force

Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy see above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident, suicide, or homicide? Accident

(b) Date of occurrence July 22, 1940

(c) Where did injury occur? Broadway 622 S.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury blunt force. Fell down work

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 7-22-40

VS 6

correct age is especially important. Typewrite or print plainly with pen and ink. Do not use pencil.

F 71305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 71305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. Upper Cabbage Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Shaw Newman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Margaret Thomas

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 7 1870

8. AGE: Years	Months	Days	If less than one day
70	2	16	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation Lapper

11. Industry or business

FATHER
12. Name Jacob N Newman
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Shaw
15. Birthplace Md

16 (a) Informant Wife
(b) Address Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Md.

18 (a) Funeral director M. B. Eichelberger & Son
(b) Address Frederick, Md.

19 (Date received by Registrar) JUL 23 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1940, at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1940 to 7-23 1940 and that I last saw him alive on 7-23 1940

Immediate cause of death	Duration
Bronchopneumonia	
Due to Mile operation for Adeno-carcinoma	
Due to of rectum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adeno-Carcinoma of Rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp Date signed 7-23-40

71306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 71306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Roland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3801 Roland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1937

3 (a) FULL NAME. Rachael C. Zepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Zepp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1856

8. AGE: Years	Months	Days	If less than one day
83	9		hr. min.

9. Birthplace Carroll County
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John Boring
13. Birthplace Carroll County

MOTHER
14. Maiden Name Rachel Slagel
15. Birthplace Carroll County

16 (a) Informant Mrs. Edgar Rodgers
(b) Address 3801 Roland Avenue

17 (a) Burial (b) Date thereof 7-25-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount Cemetery
Location Carroll County

18 (a) Funeral director A. B. Hargrath
(b) Address 2539 Falls Road

19 (a) Filed July 23 1940 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 10 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 22 1940 and that I last saw C. C. R. alive on July 22 1940.

Immediate cause of death	Duration
Left Cerebral Hemorrhage	6 hrs.
Due to Cardio-Renal-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Wilson M. D.
Address 617 W 40th Date signed 7/23/40

VS-3

71307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 71307
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3129 Cliftmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3129 Cliftmont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose A. Wernig

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank M. Wernig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1875

8. AGE: Years 64 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name James Cassilly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebbecca Delaney
15. Birthplace Balto. Md.

16 (a) Informant Marie V. Bonbach
(b) Address 3129 Cliftmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John G. Miller
(b) Address 1334 Jefferson St.

19 (a) Dr. Livingston Williams M.D. (Physician or coroner)
(Date received by registrar) JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 7:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1940, to July 21 1940, and that I last saw her alive on July 21, 1940.

Immediate cause of death: Carcinoma of the Rectum and Colon — Duration: 6 Mos.
Due to:
Due to:
Other Conditions: General Abdominal Metasteses. — Duration: 6 Mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Singewald M. D.
Address 1613 E. North Ave. Date signed 7-22-40

F 71308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 71308
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 McElderry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia E. Roche
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dennis J. Roche
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 1892
8. AGE: Years 48 Months 4 Days If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Degeles
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eliz. Schadger
15. Birthplace Balto. Md.

16 (a) Informant Dennis J. Roche
(b) Address 2241 McElderry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) (Signature of Registrar) (b) by [illegible] Registrar

JUL 24 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 to 7-20 1940.
and that I last saw h[illegible] alive on 7-20 1940.

Immediate cause of death
Coronary Thrombosis
Due to Arteriosclerosis
Due to Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

Duration
3 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature [illegible] Date signed 7-23-40
Address [illegible]

F 71309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 71309
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 E Biddle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane E L Hulse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel Hulse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1873

8. AGE: Years	Months	Days	If less than one day
66	10	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John McKay
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Murphy
15. Birthplace West Indies

16 (a) Informant Mrs Edmina Palmer
(b) Address 2537 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 23 40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Wilkens Ave & Hilton Pkwy

18 (a) Funeral director John E Miller Jr
(b) Address 2455 E Oliver St

19 JUL 24 1940 (Date rec'd by registrar) Lington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 4:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1940, to 7-22 1940, and that I last saw h[illegible] alive on 7-22 1940.

Immediate cause of death	Duration
Cerebral Thrombosis (right)	
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Costantine M. D.
Address 711 S. Conkling St. Date signed 7-23-40

cause age is especially important. Physicians, please

V8 s

71310

HEALTH DEPARTMENT—CITY OF BALTIMORE

71310

CERTIFICATE OF DEATH

48-d

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. 9-6 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margarete Bramble

(a) Residence: No. 2874 HARFORD AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: JOHN G. BRAMBLE

6. DATE OF BIRTH (month, day, year): JUNE 27. 1873

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): GERMANY

FATHER

13. NAME: NOT KNOWN

14. BIRTHPLACE (city or town) (State or country): NOT KNOWN

MOTHER

15. MAIDEN NAME: NOT KNOWN

16. BIRTHPLACE (city or town) (State or country): NOT KNOWN

17. INFORMANT: Miss Lillie Bramble
(Address) 2874 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date July 26 1940

19. UNDERTAKER: L. Howard Gilbony
(Address) 715 Light St.

20. FILED ... 19 ... Registrar

JUL 24 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1940, to July 23, 1940
I last saw her alive on July 23, 1940. Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	1938
generalized metastases.	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Thelma L. Dappelman M. D.

(Address) South Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

F71311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V170-C

Registered No. F71311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 E Lynn St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Sanders

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-4210

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Dora Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30-1893

8. AGE: Years	Months	Days	If less than one day
47	2	14	2 hr. min.

9. Birthplace Balto - Md. (Town, county, and state)

10. Usual Occupation Shovel Operator

11. Industry or business

FATHER 12. Name Herman Sanders
13. Birthplace Germany

MOTHER 14. Maiden Name Eliza Klerpke
15. Birthplace Germany

16 (a) Informant Dora Sanders
(b) Address 514 East Lynn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-40 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Rd.

18 (a) Funeral director John G. Miller
(b) Address 2034 Jefferson St.

(a) Embalmer Williams, Md.
(b) Registrar

JUL 24 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 5:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing Injury Chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/22/40
(c) Where did injury occur? Eaton Sand Inc Halethorpe Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Run over by auto truck

23. Signature W. H. Vandeventer M.D. Medical Examiner.
Date signed 7/23/40

Copies are to be especially important. A typewriter, please.

VS 6

71312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71312
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Edgewood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Edgewood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen F. Hetz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Geo. P. Hetz Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1868

8. AGE: Years 71 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Foss, John
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Ann Jones
15. Birthplace Md

16 (a) Informant Marguerite O'Hara
(b) Address 607 Edgewood St.

17 (a) Interment (b) Date thereof 7/24/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loraine Park, (Mausoleum)
Location Woodlawn

18 (a) Funeral director Henry H. Wittle
(b) Address 4101 Edmondson Ave. Huntington Williams, M.D.

JUL 24 1940 (Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/40. 19 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1940 to July 21 1940 and that I last saw her alive on July 21 1940.

Immediate cause of death Neoplasm of Liver

Due to

Due to

Other Conditions Senility.
(Include pregnancy within 3 months of death)

Major findings of operations —

Of autopsy —

Duration: one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Dr. Walter Brunner M.D.
Address 3603 Edmondson Ave. Date signed 7/23/40

Correct age is especially important

382701
71313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W

F 71313
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 ays

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar W. Eck

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mamie (Bert)
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 6-12-72

8. AGE: Years 68 | Months 1 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Md. Harford Co. (Town, county and state)
10. Usual Occupation None / Retired
11. Industry or business Mrs. Agent

FATHER
12. Name Gottlieb Eck
13. Birthplace Md

MOTHER
14. Maiden Name Wilhelmina Bush
15. Birthplace Md.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North & Pennsylvania Ave

18 (a) Funeral director George J. Ruth Inc
(b) Address 123 N. Howard St

19 (a) ... (Date received by registrar) (b) ... Registrar

JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 1015 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1940, to 7-22 1940, and that I last saw h[illegible] alive on 7-22 1940.

Immediate cause of death Pneumonia (24 hrs) | Duration
Secondary to cerebral vascular accident c rt. hemiplegia and
Due to aphasia 11 12 days duration. Generalized
Due to arteriosclerosis of at least 9 yrs duration.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Johns Hopkins Hospital Date signed 7-23-40

F 71314 Prica

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V107

F 71314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 S. High St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Teresa Jamonica Priori.

3 (b) If veteran, name war none | 3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louis Priori.
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 7, 1867

8. AGE: Years 73 | Months 2 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Italy

MOTHER 14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Mrs. Assunta Signa
(b) Address 313 S. High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 40 (Mo.) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director J. J. Flanagan's Son
(b) Address 32 S. Broadway

19 (a) (Date rec'd by registrar) JUL 24 1940 Interring for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 3P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17th 1940 to July 21st 1940 and that I last saw h[illegible] alive on July 20th 1940

Immediate cause of death acute Dilatation of Heart

Due to Bronchopneumonia — Duration 5 d.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Tankersley M. D.
Address 119 N. Milton Ave Date signed 7/23/40

56433--FD

71315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-C

Registered No. F 71315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 11 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 549 W. Norman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-1898

8. AGE: Years 41 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name John
13. Birthplace N.C.

MOTHER
14. Maiden Name Betty Whitley
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)
(c) Cemetery or crematory
Location New Bethel N. Cem. Geo. W. Ireland

18 (a) Funeral director Mrs. Dwight Hillcoat
(b) Address

19 (a) (Date rec'd by registrar) JUL 24 1940 (b) Huntington Ave. & Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10- 1940 to 7-21- 1940 and that I last saw h alive on 7-21- 1940

Immediate cause of death (a) Acute Dilatation of Pancreas — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hosp. Date signed 7-23-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71316 — CERTIFICATE OF DEATH — F 71316

Registered No. 52-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gaol Hosp. St. 24-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine H. Austin — If U. S. Veteran specify WAR ...

(a) Residence: No. 205 4th Ave Brooklyn Park St., ... Ward. Anne Arundel
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm C. Austin

6. DATE OF BIRTH (month, day, year): Jan. 5th 1866

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
74	6	18	

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: Daniel O'Connor
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Alice Hayes
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Kathryn Austin
(Address) 205 Fourth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cem. Date: July 27, 1940

19. UNDERTAKER: Bernard E. Fader
(Address) 121 E. West St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1940 to July 23, 1940
That saw h... alive on July 23d, 1940 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Uremia	3d
Carcinoma of Bladder	1 year
Hypostatic Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Bernstein, M. D.
(Address) So. Balto. Jail Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V.S. 2

July 24 1940

Hunter Williams, M.D.

F 71317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 F 71317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.C.A. South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Annapolis Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Bartolomeo BARTOLOMEO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife LOUIS BARTOLOMEO
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1895

8. AGE: Years	Months	Days	If less than one day
44	9	30	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Harry Rowland.
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Cath. Seipelt
15. Birthplace Balto Md.

16 (a) Informant Louis Bartolomeo
(b) Address 411 Annapolis Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co.
18 (a) Funeral director Bernard E. Harle
(b) Address 121 E. West St. Hunting for Millers, Md.

19 (a) JUL 24 1940 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 10:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Vandersall M.D. Medical Examiner.
Date signed 7/23/40

VS 6

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 — 57250 — 31-a — Registered No. F 71318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Crew Hargrave

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1897

8. AGE: Years 42 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace: W. Va. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Fletcher
13. Birthplace: Md.

MOTHER
14. Maiden Name: Hattie King
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)
(c) Cemetery or crematory: Wilbuthes
Location:

18 (a) Funeral director: Geo. L. Keloan
(b) Address: 1303 Pressman St

19 JUL 24 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940, at 4 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9- 1940, to 7-22- 1940 and that I last saw h. alive on 7-22- 1940.

Immediate cause of death: Uremia — Duration: ?

Due to: Carbuncle of the neck and abscess — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Carbuncle of the neck and abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Minnie Hargrave M. D.
Address: Balto City Hosp. Date signed 7-22-40

57401-FD

71319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

145-BF 71319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 days
(e) Length of stay in Baltimore (yrs., mos., or days): 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1026 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Eugene Tolson

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married-separated

6 (b) Name of husband or wife: Mattie

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1883

8. AGE: Years: 56 (?) 57 Months: 10 Days: 20 If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Gardner

11. Industry or business:

FATHER
12. Name: Thomas Tolson
13. Birthplace: Md.

MOTHER
14. Maiden Name: Jane Makel
15. Birthplace: Md.

16 (a) Informant: B.C.H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/24/40 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn
Location:

18 (a) Funeral director: Geo. H. Kelson
(b) Address: 1613 Pennsylvania Ave

19 (a) JUL 24 1940 (Date received by registrar) Interment to Atlanta, Ga. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-20 1940, at 10 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15-40 19 to 7-20 1940, and that I last saw h.i.m alive on 7-20 1940.

Immediate cause of death: Carcinoma of tongue — Duration: 5

Due to:

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [illegible] M. D.
Address: Balt. City Hosp. Date signed 7-21-40

VS 3

CGK

71320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V93-D

56661 Registered No. F 71320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 747 Dolphin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1923

3 (a) FULL NAME Elwood Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
W. W.	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Thelma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1897

8. AGE: Years	Months	Days	If less than one day
43	11	24	hr. min.

9. Birthplace Del.
(Town, county, and state)
10. Usual Occupation On Relief
11. Industry or business

FATHER
12. Name Nathan
13. Birthplace N.J.

MOTHER
14. Maiden Name Sarah Brooks
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7/34/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location
18 (a) Funeral director Thos. E. Kelson
(b) Address 303 Cresmont Ave. Hunting[illegible]

JUL 24 1940
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1940 at 4 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17- 1940 to 7-21- 1940
and that I last saw h~~im~~ alive on 7-21- 1940

Immediate cause of death	Duration
Cardiac failure	?
Pulmonary embolism	?
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulm. embolism, cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-22-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71321 V167 Registered No. F 71321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	214-16-7609

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Carey Taylor
13. Birthplace md

MOTHER
14. Maiden Name Minnie ?
15. Birthplace md

16 (a) Informant Joseph Carey Taylor
(b) Address 1201 Clendenin St

17 (a) Burial (b) Date thereof 7/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Geo. L. Kelso
(b) Address 1303 Presstman St

19 (a) 7/24 Huntington & Livingston
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Stab wound of heart — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7/22/40
(c) Where did injury occur? 615 N. Carlton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Stabbing with pocket knife

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 7/23/40

VS 6

71322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lizzie C. Webber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1872

8. AGE: Years	Months	Days	If less than one day
67	7	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Wm. Motshman
13. Birthplace City

MOTHER
14. Maiden Name Emily Gerwig
15. Birthplace City

16 (a) Informant Chas R. Webber
(b) Address 2829 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1940 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Ave

18 (a) Funeral director Robert L. Little
(b) Address 2702 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 24 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Van de Graaff M.D. Medical Examiner.
Date signed 7/23/40

F 71322

F 71323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71323 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 Leadenhall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Leadenhall St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mike Love

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 12 | 21 | 1896

8. AGE: Years	Months	Days	If less than one day
43	7	1	hr. min.

9. Birthplace York, Co. to
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business U.S. Metal Plant

FATHER
12. Name Harry Love
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace S.C.

16 (a) Informant Beatrice Love
(b) Address 931 Leadenhall

17 (a) removal (b) Date thereof July 26 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Gaston N. C.
18 (a) Funeral director Isaiah L. Brannon
(b) Address 1015 W Monument St
Registrar
(Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 19 40, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death Uremia — Duration 2 days
Due to Chronic Interstitial Nephritis ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature D H Arnold M. D.
Address 911 Warner Date signed 7-24-40

VS 3

1324 HEALTH DEPARTMENT—CITY OF BALTIMORE 71324

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 876 Eyron St. 113 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Roane

(a) Residence: No. 8 Pl Eyron St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) Howard County Md

MOTHER

15. MAIDEN NAME Ellen Farmer

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Isaiah L Brown Sr
(Address) 1643 Montpelier Apt

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 24 1940

19. UNDERTAKER Isaiah L Brown Sr
(Address) 1643 Montpelier Apt

20. FILED JUL 24 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1940, to July 20, 1940

I last saw her alive on July 19, 1940 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1940

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H C Pelletier M. D.

(Address) 817 Hamilton Terr

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 71325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 71325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 West Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME George Franklin ALLEN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-01-7939

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Patterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1894

8. AGE: Years 45 | Months 7 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Lenora, Virginia (Town, county, and state)

10. Usual Occupation Stevedore R. D. Herd

11. Industry or business

FATHER
12. Name George Allen
13. Birthplace LENORA, VIRGINIA.

MOTHER
14. Maiden Name Willie Johnson
15. Birthplace LENORA, VIRGINIA

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 40 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md

18 (a) Funeral director Isaiah A Brandon
(b) Address 105 W Montgomery St

19 (a) JUL 24 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940 at 11:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1940 to July 22, 1940, and that I last saw him alive on July 22, 1940.

Immediate cause of death	Duration
Lobar pneumonia	6 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 7/23/40

F 71326

1326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 71326

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 Mc Elderry st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Mc Elderry st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Weitzel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John C. Weitzel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1882

8. AGE: Years 58 | Months 4 | Days 2124 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Charles Ringrose

13. Birthplace Md.

MOTHER 14. Maiden Name Charlotte Kraft.

15. Birthplace Md.

16 (a) Informant Mrs. J. F. Blank

(b) Address 2226 Mc Elderry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Philip Herring & Sons

(b) Address 2024 Orleans st

JUL 24 1940 (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to July 21 1940 and that I last saw her alive on July 21 1940

Immediate cause of death Myocardial Insufficiency — Duration 15 days

Due to

Due to

Other Conditions Diabetis and Coma
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Amelia E. Link M. D.

Address 2211 Lake ave Date signed 7/22/40

VS 3

1327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71327

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3158 Remington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
12-7
(d) Street No. 3158 Remington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gordon D. Snelling

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lizzie B. Snelling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19- 1868

8. AGE: Years 71 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Supt. Park School

11. Industry or business

FATHER
12. Name James F. Snelling
13. Birthplace Virginia

MOTHER
14. Maiden Name Judy Odae
15. Birthplace Virginia

16 (a) Informant Mrs. Lizzie B. Snelling
(b) Address 3158 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-1940 (mo.) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Forney F. Burgee
(b) Address 3631 Falls Road

19 (a) July 24 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22- 1940, at 6-15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to July 22 1940.
and that I last saw h— alive on July 22 1940.

Immediate cause of death: Cerebral Haemorrhage — Duration 48 hrs

Due to Hypertension — about 4 yrs

Due to Myocarditis — about 4 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. P. Van Schaick M.D.

Address 4 & 6 E. Edmondson Ave. Date signed July 23 1940

F 71328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 71328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3339 Belvedere Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3339 Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 18

3 (a) FULL NAME MISS. DOROTHEA BOLLMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16-1874

8. AGE: Years	Months	Days	If less than one day
65	11	6	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name August Bollman
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline
15. Birthplace Phila

16 (a) Informant Tillie Bollman
(b) Address 3339 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto

18 (a) Funeral director Jos J Thompson
(b) Address 3061 Kentucky

19 JUL 24 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 40, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis general

Due to

Other Conditions nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 7-24-40

VS 6

71329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 71329

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.14da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Harford Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-1

3 (a) FULL NAME George R. HENDERSON → 216-05-1422

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Burloge
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1891

8. AGE: Years	Months	Days	If less than one day
48	9	27	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business WPA-Dundalk

FATHER
12. Name A. B. Henderson,
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Emma Townsley,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof July 26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jos Justus Thompson
(b) Address 2061 Kentucky ave

19 (a) (Date rec'd by registrar) (b) Hunting Dr. Williams Registrar

VS 8 JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1940, to July 23, 1940, and that I last saw him alive on July 23, 1940.

Immediate cause of death	Duration
Chronic nephritis	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. H. Anderson, M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 7/23/40

vs: JUL 24 1940

F 71330

12 87524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. F 71330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Preston St. E.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Shreck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Anna (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/24/1869

8. AGE: Years 70 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name unknown
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 7-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Albert W Berger
(b) Address 440 E South Ave

19 (a) (b)
(Date rec'd by registrar)

JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19- 1940, to 7-22-1940, and that I last saw him alive on 7-22-1940.

Immediate cause of death
Cardiac failure
Broncho pneumonia
Due to 9-5. Hrt. Dis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac failure

Duration
?
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7-23-40

F 71331

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 57056 114-D Registered No. F 71331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
17 4
(d) Street No. 2006 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Lowman

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Marshall Stenbar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1890

8. AGE: Years 49 50 | Months 0 11 | Days 2 2 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin Lowman
13. Birthplace Balto.

MOTHER
14. Maiden Name Alice Leigler
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Albert W. Bevans
(b) Address 440 E. North Ave

19 (a) (Date rec'd by registrar) Hunting for Williams Mgr.

JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1940 at 5 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1940 to 7-23 1940 and that I last saw h[illegible] alive on 7-22 1940.

Immediate cause of death Lung abscess - lower left (?) — Duration 6 weeks
Due to Emfysema, left ? — Duration over 2 weeks
Due to Gen. osteosclerosis — Duration ?
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Balt. City Hosp. Date signed 7-23-40

JUL 24 1940

71332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-W

F 71332
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens and Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 S. Conkling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

26-9

3 (a) FULL NAME (Miss) Mary Lardner

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MAY 3 1906

8. AGE: Years 34 | Months 2 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business

FATHER
12. Name JOHN LARDNER
13. Birthplace BALTO.

MOTHER
14. Maiden Name Catherine CRYAN
15. Birthplace BALTO.

16 (a) Informant JOHN J. LARDNER (BROTHER)
(b) Address 1210 S. CONKLING ST.

17 (a) BURIAL (b) Date thereof JULY 25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

(Date received by registrar) (b) Baltimore, Md.

JUL 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940, at 9:22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1940 to 7/22 1940, and that I last saw her alive on 7-22- 1940.

Immediate cause of death	Duration
Intrastate Carcinoma	
Due to Carcinoma of Cervix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Parkes M. D.
Address Date signed

F 71333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-B

Registered No. F 71333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 Warkeley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Warkeley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NANNIE WILLIAMSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/31/887

8. AGE: Years 53 Months 4 Days | If less than one day hr. min.

9. Birthplace Ashland Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Steven Winston
13. Birthplace Va

MOTHER 14. Maiden Name Margaret Winston
15. Birthplace Va

16 (a) Informant James Devine
(b) Address 2200 Hunter St

17 (a) Burial (b) Date thereof 7/24/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Haynes Sanders
(b) Address 1172 E Preston St

JUL 24 1940 (Date rec'd by registrar) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Intussusception

Due to chronic hypertrophic arthritis

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 7-21-40

Correct age is especially important

F 71334

VS 6

71334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 71334

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Carlton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

161

3 (a) FULL NAME James Miles

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) — 1920

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Elisha Miles
13. Birthplace Blackstone Va

MOTHER
14. Maiden Name Maria Williams
15. Birthplace Balto Md

16 (a) Informant Elisha Miles
(b) Address 615 Carlton st

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ag A. Co. Md

18 (a) Funeral director Chas Halpin
(b) Address 1700 McCulloh St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Pneumothorax, left
Hemo pneumothorax, rt
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7/22/40
(c) Where did injury occur? 615 N. Carlton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Its Home (Specify type of place) While at work? No
(e) Means of injury Stabbing pocket knife

23. Signature Wm B Lansdale M.D. Medical Examiner.
Date signed 7/23/40

F 71335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 71335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1648 Kleyna Falls Pkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 Kleyna Falls Pkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

13

3 (a) FULL NAME FANNIE FLAX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Samuel Flax

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1890

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Houseworker

11. Industry or business

FATHER 12. Name Hess Handen

13. Birthplace Russia

MOTHER 14. Maiden Name Jennie —

15. Birthplace Russia

16 (a) Informant Ida Handen

(b) Address 1648 Kleyna Falls Pkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location E. Balto. St.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto. St

19 (a) Date received JUL 24 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 8 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1940, to July 23 1940, and that I last saw her alive on July 23 1940.

Immediate cause of death	Duration
Ulcerated Carcinometosis	8 mos.
Due to Carcinoma of left breast	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of left breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Israel P. Mesenkin M.D.
Address 1910 W. Mosher St. Date signed July 24, 1940

VS 3

F 71336 7516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 W Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

1843

3 (a) FULL NAME Jacob Sass

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed DIVORCED
6 (b) Name of husband or wife: Mary LENA —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible], 1888

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace O'Dessa, Russia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Oscar
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Records
(b) Address 4940 Eastern Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Russedale
Location Negro Corp Cemetery
18 (a) Funeral director Jack Lobis Inc
(b) Address 1439 E. Balto St
19 (a) JUL 24 1940 (Date rec'd by registrar) Huntington Williams, M.D. Address Balto City Hospitals

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23- 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19- 1940, to 7-23- 1940 and that I last saw him alive on 7-23-1940.

Immediate cause of death: Cardiac Failure — Duration 3
Due to Hypertension CVD — 7
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [signature] M. D.
Address Balto City Hospitals Date signed 7-23-40

VS 3

F 71337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 71337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Eagle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

2005

3 (a) FULL NAME Mrs. Benjamin Mansel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-8006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 2-15-1875

8. AGE: Years	Months	Days	If less than one day
65	5	8	hr. min.

9. Birthplace Europe Austria
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Nathan

13. Birthplace Europe

MOTHER 14. Maiden Name Sarah

15. Birthplace Europe

16 (a) Informant Wife

(b) Address

17 Burial (Burial, cremation or removal) (b) Date thereof 7-24-40 (month) (day) (year)

(c) Cemetery or crematory Arms Achim

Location Pikesville Rd.

18 (a) Funeral director Jack Lewis Jr.

(b) Address 1439 E. Baltimore St.

19 (a) JUL 24 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 19 40, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 19 40, to 7/23 19 40, and that I last saw h[illegible] alive on 7/23 19 40.

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerosis & hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Bound M. D.

Address Date signed

VS 3

VE 3

71338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Woodhaven ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Woodhaven Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3. (a) FULL NAME Rose Pinsky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1888

8. AGE: Years 52 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER 12. Name Husch —
13. Birthplace Russia

MOTHER 14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Louis Pinsky
(b) Address 3706 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Mount Hebron Mem. Pk.
Location Phila. Rd.

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto

19 (a) ~~Filed 7-24-1940~~ Horatio Jon Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1940 at 730 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to July 24 1940 and that I last saw h.e. alive on 7/22/1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerotic Cardiovasc	
Due to Hypertension	Couple Yrs 3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature David Jenner
Address 101 N. Red St. Date signed M. 7/27/40 D.

VE 3

F 71339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 71339

1. PLACE OF DEATH: W
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) ~~Hospital or~~ institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Rose St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3. (a) FULL NAME Peter Joseph Maher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Agnes W. Maher

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 16, 1869

8. AGE: Years 71 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Kilbanion, Ireland (Town, county, and state)

10. Usual Occupation Pugilist

11. Industry or business

MOTHER

12. Name Peter Joseph Maher

13. Birthplace Ireland

FATHER

14. Maiden Name Katherine Connanion

15. Birthplace Ireland

16 (a) Informant Agnes W. Maher (Widow)

(b) Address 2526 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson Ave., City

18 (a) Funeral director Walter Brooke Bindley

(b) Address 1922 W. Mount Ave., City

19 JUL 24 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to July 22 1940, and that I last saw him alive on July 22 1940

Immediate cause of death: Cerebral hemorrhage — Duration 5 days

Due to

Due to

Other Conditions Hypertrophied prostate — Duration over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Patterson M. D.

Address 2324 Reisterstown Rd. Date signed 7/23/40

F 71340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

Registered No. F 71340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 W Baltimore
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 W. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Frances Cassidy

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John J. Cassidy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 5, 1874

8. AGE: Years 66 | Months 4 | Days 17 | If less than one day — hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

MOTHER / FATHER

12. Name Michael Murphy
13. Birthplace Ireland

14. Maiden Name Margt. Brady
15. Birthplace Ireland

16 (a) Informant Mary S. Cassidy
(b) Address 2428 W. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Frederick Road

18 (a) Funeral director John J. Feeney
(b) Address 1 Ellis & Glenn

19 (a) Registered JUL 24 1940 Harrington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to July 23 1940 and that I last saw h[illegible] alive on July 22 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 6/10-40

Due to: thrombosis

Due to: Hypertension

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Carlson M.D.
Address 1145 W Balto St Date signed 7/24/40

71341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C ✓ Registered No. F 71341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 W. Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 W. Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

29 14

3 (a) FULL NAME Lucy J. Ashton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Wm. Ashton
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 18, 1874

8. AGE: Years	Months	Days	If less than one day
66	0	5	-- hr. --- min.

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Robert Johnson
13. Birthplace Indiana

MOTHER
14. Maiden Name Mary H. -----
15. Birthplace Indiana

16 (a) Informant Miss Margaret Ashton
(b) Address 301 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meats & Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940, to July 23 1940, and that I last saw h-- alive on July 22 1940.

Immediate cause of death Uremia — Duration 3 days

Due to Paralysis Agitans — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wm. Newman M. D.
Address 20 E. Preston St. Date signed July 23 1940

F 71342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 71342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 522 S. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Matilda Harrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Percy Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1874

8. AGE: Years	Months	Days	If less than one day
65	8	2	.....hr. .....min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Samule Grey
13. Birthplace Maine

MOTHER
14. Maiden Name Mary Ellen Doyle
15. Birthplace Baltimore

16 (a) Informant Mrs. Larretta Mathai
(b) Address 3219 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director H. Sander & Son Inc. Leo J. Sander
(b) Address North Ave. & Broadway

19 (a) (Date received by Registrar) JUL 24 1940 (b) Henry H. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1940, to July 22 1940, and that I last saw her alive on July 16 1940.

Immediate cause of death Peritonitis — Duration Prob.
Due to Ruptured Appendix
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Major findings: Of operations Peritonitis
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Edward J. Sabatini M. D.
Address At Doctors. Date signed 7-22-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71343 99 ✓ Registered No. F 71343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1716 Division St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Peters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Lenora Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6-1896

8. AGE: Years 44 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation Booth Black

11. Industry or business

FATHER 12. Name Joseph Peters
13. Birthplace md

MOTHER 14. Maiden Name Mary Levi
15. Birthplace md

16 (a) Informant Dorothy
(b) Address 1716 Division

17 (a) Burial (b) Date thereof 7-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Sam'l H. Chase Son
(b) Address 1617 Eutaw

19 (a) JUL 24 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Thrombosis of superior mesenteric artery — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 7/23/40

VS 6

71344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 71344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Gold st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ethel Hester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Henry Hester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1915

8. AGE: Years 25 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Marie Burke

15. Birthplace Md

16 (a) Informant Annie E. Jackson

(b) Address 1519 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Sam'l N. Chase & Son

(b) Address 638 N. Gilmor St

19 Date received JUL 24 1940 by Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wounds of chest and abdomen — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence July 19, 1940
(c) Where did injury occur? 2328 Annapolis Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Revolver bullet

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 7-19-40

71345 Schieck 51-B F 71345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County D.C.
(c) City or town Baltimore Wash.
(If outside city or town limits, write RURAL and give town)
Street No. 2730 Wisconsin Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frederick Schieck

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-31-76

8. AGE: Years	Months	Days	If less than one day
64	5	22	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Tich
11. Industry or business

FATHER
12. Name William Schieck
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Reth
15. Birthplace Germany

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof July 24 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director J. H. Hines & Co.
(b) Address Washington D.C.

1940 JUL 24 1940 Huntington Williams, M.D.
Date Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 11- P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1940 to 7-23 1940.
and that I last saw h[illegible] alive on 7-23 1940

Immediate cause of death: Pulmonary Edema
Acute Cardiac Dilatation — Duration: 2 days
Due to:
Due to:
Other Conditions: Carcinoma Prostate — 6 wks
Anaemia - Secondary, Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Strong
Address J. Hopk. Hosp. Date signed 7/24/40

F 71346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. F 71346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Old York Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Old York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 Sept 10

3 (a) FULL NAME Mr. Thomas S. German

3 (b) If veteran, name war(s) INDIAN WAR — Enlisted Rough. | 3 (c) Social Security Account No. None..

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice Lewis German
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1858

8. AGE: Years	Months	Days	If less than one day
81	9	19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired

FATHER
12. Name John German
13. Birthplace Baltimore County Md.

MOTHER
14. Maiden Name Elizabeth Strebeck
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs Alice German (wife)
(b) Address 4300 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 420 Eutaw Place

19 JUL 24 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH July 22, 40 19 , at 8.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1920, to July 22, 1940, and that I last saw him alive on June 1940.

Immediate cause of death	Duration
Angina Pectoris	3 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fritz J. Kinzey M. D.
Address 2700 Harford Rd. Date signed 7/ /40

VS 3

Dr. Fritz J. Kinzey..

71347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-a

F 71347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Guilford Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Bonaparte Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adeline Stockdale

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	01	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Stockdale
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Zindrick
15. Birthplace Md.

16 (a) Informant Adelina Stockdale
(b) Address 1015 Bonaparte Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18. (a) Funeral director William Cook
(b) Address 217 St. Paul St
(c) Date received 7/25 1940 (By Funeral Director) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 24 1940, and that I last saw h[illegible] alive on July 24 1940.

Immediate cause of death Carcinomatosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Metastasis throughout abdomen
Of autopsy Same

Duration
days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address Union Memorial Hospital Date signed 7/25/40

71348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71348

Registered No. 122-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 26 & 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ina Murphy
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 23-1874

8. AGE: Years	Months	Days	If less than one day
66	1	1	hr. min.

9. Birthplace San Francisco Cal (Town, county, and state)
10. Usual Occupation Mgr Lit Watch Lunch
11. Industry or business

FATHER
12. Name Thomas Murphy
13. Birthplace New York

MOTHER
14. Maiden Name Anna [illegible]
15. Birthplace Baltimore

16 (a) Informant Mrs Ina Murphy
(b) Address 426 N East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2028 E. Orleans

JUL 25 1940 (a) (Date received by local registrar) (b) Registrar

VS 2

Huntington Ave Towson, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at 8 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 24 1940, and that I last saw him alive on July 24 1940.

Immediate cause of death	Duration
Operative Procedure	
Cancer Ovary (Carcinoma)	
Due to Intest. Obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Telmenson M. D.
Address Date signed

F 71349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V46-E

F 71349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Keswick Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Keswick Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD PURNELL GORDY

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-7321

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Esther D. Gordy
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1899

8. AGE: Years	Months	Days	If less than one day
40	8	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business Baltimore & Ohio R.R.

FATHER
12. Name Linwood Gordy
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Boarmann
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Esther D. Gordy
(b) Address 2900 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Rural Pikesville

18 (a) Funeral director John Ellicott
(b) Address 200 E Lexington

19 (a) (Signature of Registrar) (b) Registrar

JUL 25 1940
VS 3
Registrar of Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940 19 09, at 11 34 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to July 22 1940 and that I last saw h alive on July 22 1940.

Immediate cause of death Carcinoma of Transverse Colon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Transverse Colon

Of autopsy no

Duration: 10 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature H. P. Gordy M. D.
Address 5706 Harford Rd. Date signed 7-27-40

71350 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 71350

CERTIFICATE OF DEATH 83-a

1. PLACE OF DEATH Womens' Hospital

CITY OF BALTIMORE: (No. Lafayette - John St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth 47 yrs. mos. da.

2. FULL NAME Katherine Cohen (Mrs. Nathan Cohen)

(a) Residence: No. 2401 Allendale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Cohen

6. DATE OF BIRTH (month, day, year): Nov 18, 1886

7. AGE: Years 53 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mat Schochet

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mr. Nathan Cohen

(Address) 2401 Allendale Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Hebrew Cem. Date: 7/25/ 1940

19. UNDERTAKER: Harris Sons Littman & Son

(Address) 1902 Eastern Ave

20. FILED: JUL 25 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1940, to 7/24, 1940

I last saw her alive on 7/24, 1940. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

Hypertension

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sara Srier M. D.

(Address) Hosp. for Women of Md.

F 71351
38192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 71351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1122 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sammie Topping

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-17

8. AGE: Years	Months	Days	If less than one day
22	8	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Topping
13. Birthplace Va.

MOTHER
14. Maiden Name Effie Turner
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 26 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bay Side Va
Location A C Combs Co,
18 (a) Funeral director J E Thomas
(b) Address Accomac Co Va
19 (a) Rec'd by W O Wilson Registrar
(Date rec'd by registrar)
VS 3 1000 Weldon-Williams, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death	Duration
Heart Failure	
Due to Rheumatic Myocarditis	24 hrs.
" Mitral Stenosis	24 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr. M. D.
Address Date signed 7-24-40

VS 1

71352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57529 F 71352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Woodhouse

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophrena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. ? 1886

8. AGE: Years 54 | Months 5 ? | Days ? | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation W. P. A.

11. Industry or business

FATHER
12. Name Abexander Woodhouse
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Nixon
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Norfolk - Va.

18 (a) Funeral director Wm & Frances A. Hensley
(b) Address 578 W. Baltimore St.

19 (a) Date received July 25 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1940 at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19- 1940, to 7-22-1940 and that I last saw h[illegible] alive on 7-22- 1940.

	Duration
Immediate cause of death: Cardiac failure	P
Due to: Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-23-40

71353

C9K

57085 F 71353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 557 W. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

1121

3 (a) FULL NAME Anthony Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Lula
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
(?) 73	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Martin Cooper
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) 10 (Date received by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1940, at 1:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1940 to 7-20 1940, and that I last saw him alive on 7-20 1940.

	Duration
Immediate cause of death: Bronchopneumonia	2 days?
Due to: Gen. arteriosclerosis, arteriosclerotic heart disease	13 yrs.
Due to:	
Other Conditions: Bronchial asthma	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Henry P. Gilbert Jr.
Address Baltimore City Hosp. Date signed 7/20/40 M. D.

F 71354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

F 71354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2344 Sidney Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2344 Sidney Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 3

3 (a) FULL NAME George W. Meeks

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Susie Meeks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 - 1870

8. AGE: Years 70 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name William H. Meeks
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elisa R. Wilson
15. Birthplace Baltimore. Md

16 (a) Informant Albert H. Meeks
(b) Address 2344 Sidney Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 27-40 (month) (day) (year)
(c) Cemetery or crematory Westerly
Location Balto. Md

18 (a) Funeral director Roof & B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at 1:37 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 1940, to July 29 1940, and that I last saw him alive on July 24 1940.

Immediate cause of death Cirrhosis of Liver — Duration 10 yrs.

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schmeisser M. D.
Address 2301 Annapolis Rd Date signed 7/29/40

F 71355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7/31-aF 71355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3032 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~3302~~ 3032 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

54

3 (a) FULL NAME Esther Hinda Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Abner —
6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years 89 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Nusch Holtzberg
13. Birthplace Russia

MOTHER
14. Maiden Name — Jozia —
15. Birthplace Russia

16 (a) Informant Abner Rubinstein
(b) Address 3032 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)

(c) Cemetery or crematory Lwndale Mill Rd
Location Beth Israel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 JUL 25 1940 (Date rec'd by registrar) Huntington Willenbrock, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-40 19 ..., at 130 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1940, to July 24 1940, and that I last saw h.r alive on July 23 1940.

	Duration
Immediate cause of death: Chronic Myocarditis	7 yrs
Due to: Arteriosclerotic Cardiovascular Renal Disease	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Kroop M. D.
Address 1331 E North Ave Date signed 7-XX-40

71356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-V

F 71356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 Arlington ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 250 N Arlington ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Eppa Jones

3 (b) If veteran, name war
3 (c) Social Security Account No. 3

4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Leander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years 87 Months Days If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ? Brooks
15. Birthplace Va

16 (a) Informant Marie Winston
(b) Address 252 Arlington ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holland
(b) Address 716 Druid Hill ave.

19 (a) JUL 25 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7.23 1940, at 11:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7.22.40 19 to 7.23 1940 and that I last saw her alive on 7.22 1940

Immediate cause of death: Cardiac Failure — Duration 18 hrs.
Due to: Cardio-Vascular Renal Disease
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature J. H. P. Hughes M.D.
Address 875 N Pleasant Ave Date signed 7/23/40

71357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 71357
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Mount St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Samuel Thomas Taylor

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kate I. Taylor
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	4	____ hr. ____ min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business Wholesale Dry Goods

FATHER
12. Name Louis Taylor
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabell Potter
15. Birthplace Baltimore, Md.

16 (a) Informant Kate I. Taylor
(b) Address 219 S. Mount St.

17 (a) Burial (b) Date thereof July 25 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location ———

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor st

19 (a) ——— (b) Huntington Williams, M.D.
(Signature of registrar)

JUL 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~March~~ Feb 1937 to July 22 1940, and that I last saw him alive on 7-22 1940

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	3 yrs
Due to	
Due to	
Other Conditions generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Raemm M. D.
Address 206 S. Gilmor St. Date signed 7-24-40

Mary W L Gildea — Gildea

F 71358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 71358

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 2722 Gardenton Ave
(b) Street address — No.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2722 Gardenton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Mary Watson Lorton Gildea

3 (b) If veteran, name war —

3 (c) Social Security Account No. Pension

4. Sex F | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Francis Gildea

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1861

8. AGE: Years 79 | Months 2 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Wm H. Lorton
13. Birthplace Balto

MOTHER
14. Maiden name Henrietta M Watson
15. Birthplace Balto. Md.

16 (a) Informant Mrs Dorothy Lyons
(b) Address 2722 Arch St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Jos. J. Tikar & Sons
(b) Address North & Pennsylvania Ave.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

JUL 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to July 23 1940 and that I last saw her alive on July 23 1940

Immediate cause of death: Carcinoma of Breast and Empyema — Duration: 2 Mo.

Due to Pleurisy — 4 yrs.

Due to ...

Other Conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...

23. Signature Edward W. Parker M. D.
Address 1600 N. Eutaw St. Date signed 7/20/40

F 71359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 71359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3723 Nortonia Rd.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits write RURAL and give town)
(d) Street No. 3723 Nortonia Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

59

3 (a) FULL NAME Susan Elizabeth Smith

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 1860

8. AGE: Years 80 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Gloucester Co. Va.
(Town, county, and state)

10. Usual Occupation Magazine Agent

11. Industry or business

FATHER 12. Name Leswellington Smith
13. Birthplace Va.

MOTHER 14. Maiden Name Catherine Susan Hughes
15. Birthplace Va.

16 (a) Informant Mrs S. Elizabeth Smith
(b) Address 3723 Nortonia Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Eutaw Aves
Huntington Williams Mgr.

JUL 25 1940
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1940 to July 24 1940, and that I last saw her alive on July 23 1940.

Immediate cause of death: Hypertensive cardio-vascular disease with terminal failure. — Duration Feb. 1940

Due to —

Due to —

Other Conditions: Cerebral arterio-sclerosis — onset Apr. 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Kendrick Wallace M. D.
Address 2839 Walbrook Ave Date signed 7-25-40

VS 3

F 71360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 F 71360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3729 Nortonia Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3729 Nortonia Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Weaver Backer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John W. Backer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 18, 1854

8. AGE: Years	Months	Days	If less than one day
86	5	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Kahler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Klein
15. Birthplace Baltimore, Md.

16 (a) Informant John W. Backer
(b) Address 3729 Nortonia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) 7-25-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1940, to July 23, 1940, and that I last saw her alive on July 23, 1940

Immediate cause of death	Duration
Congestive Heart failure	7 days
Due to Pulmonary Congestion	10 days
Due to Fracture of right hip.	30 days
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Secondary to the fracture
(b) Date of occurrence which occured 6/23/1940
(c) Where did injury occur? at her home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home While at work? no (Specify type of place)
(e) Means of injury Fall while walking in bathroom

23. Signature Maurice L. Shalmen M. D.
Address 3300 W. North Ave. Date signed 7/24/40

F 71361

F 71361

71361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2822 Walbrook Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) 2822 Walbrook Avenue
(If outside city or town limits, write RURAL and give town)
(d) Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. B. Grant, Sr.

3 (b) If veteran, name war: Spanish Am. & World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie E. Grant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1874

8. AGE: Years	Months	Days	If less than one day
65	10 11	22 23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Naval Officer
11. Industry or business

FATHER
12. Name Michael Grant
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine O'Brien
15. Birthplace Ireland

16 (a) Informant Mr. William E. B. Grant, Jr.,
(b) Address 2822 Walbrook Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues.

JUL 25 1940 (Date filed) Registrar Hunting for William E. B. Grant

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940 to July 23 1940, and that I last saw h[illegible] alive on July 23 1940

Immediate cause of death	Duration
Adeno-carcinoma of stomach with metastasis	Sept 1939
Due to Cardiac failure and terminal cardiac	
Due to pulmonary tuberculosis and local metastases	
Due to	
Other Conditions Pulmonary tuberculosis	Onset 1903

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kerby Wallace M. D.
Address 2839 Walbrook Ave Date signed 7-25-40

F 71362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B F 71362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis Lewin Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-1288

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Beatrice Brown.

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 11, 1886.

8. AGE: Years 54 | Months - | Days 10 | If less than one day hr. min.

9. Birthplace Kent Co Md. (Town, county, and state)

10. Usual Occupation Steadm + Porter.

11. Industry or business

FATHER 12. Name [illegible] Brown.
13. Birthplace Kent Co Md.

MOTHER 14. Maiden Name Ella Rasin.
15. Birthplace Kent Co Md.

16 (a) Informant Beatrice Brown.
(b) Address 110 N. Chapel St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/25/1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location

18 (a) Funeral director Mrs Kate R. Wilkins
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) JUL 25 1940 (b) Huntington Wilkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 21 1940, and that I last saw h[illegible] alive on July 21 1940.

Immediate cause of death Bronchopneumonia. — Duration 24 hrs.

Due to Carcinoma of stomach.

Due to

Other Conditions Syphilis and arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach.
Of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Calloway M. D.
Address University Hosp Balto. Date signed 7-27

F 71363

90X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

57805 F 71363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Briscoe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1903

8. AGE: Years 37 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Sold Chickens

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace N.C.

MOTHER 14. Maiden Name Kate Blackwell

15. Birthplace N.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)

(c) Cemetery or crematory Mt Cavalry Cemetery

Location Baltimore Md

18 (a) Funeral director Charles B Sowers

(b) Address 1390 W Baltimore St Baltimore, Md.

19 (a) JUL 25 1940 (Date Rec'd) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-1940, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21-1940 to 7-22-1940 and that I last saw h[illegible] alive on 7-22-1940.

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 7-23-40

VS 3

F 71364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 71364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Vincent Ave
(c) ~~Hospital~~ or institution:

(d) ~~Length~~ Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Vincent Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Mottley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thos. J. Mottley (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 7/10/874

8. AGE: Years 66 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Abraham Lewis

13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Emily Lewis

15. Birthplace Balto Co Md

16 (a) Informant Thos J. Mottley

(b) Address 1618 Vincent Ave

17 (a) Burial (b) Date thereof 7-26-40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Arbutus Balto Co. Md

18 (a) Undertaker or director Archibald A. Laffoon

(b) Address 2[illegible] N. Caton St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/40 19 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/23/40 to 7/23/40, and that I last saw her alive on 7/23/40 19[illegible]

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to High blood pressure

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 5 E Mosher St Date signed 7/24/40

F 71365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 71365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Elizabeth Basil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harry Basil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1857

8. AGE: Years	Months	Days	If less than one day
82	9	26	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George T. King
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Rebecca Hopkins
15. Birthplace Annapolis, Md.

16 (a) Informant Mr. Christian V. Gable
(b) Address 1514 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Ann's Cemetery
Location Annapolis, Md.

18 (a) Funeral director M. Lawrence
(b) Address 1003 W. Baltimore St.

19 (Date received) JUL 25 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 11.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from September 1939 to July 22 1940.
and that I last saw her alive on July 22 1940.

Immediate cause of death
Chronic Myocarditis
Chronic Nephritis
Due to Arteriosclerosis
Due to
Other Conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Duration
4 yrs
1 year

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter Eckberg M.D. M. D.
Address 1524 N. Patterson Pk. Ave. Date signed

VS 3

F 71366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C ✓ F 71366 Registered No.

F 71366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 S. Wickham Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 Rosecroft Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-8

3 (a) FULL NAME Katherine Gertrude Ray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-0717

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13, 1892

8. AGE: Years 47 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business Hospital

FATHER
12. Name Oliver Ray
13. Birthplace Illchester, Howard County, Md.

MOTHER
14. Maiden Name Anne Gertrude Moloney
15. Birthplace Galway, Ireland

16 (a) Informant Miss Mabel M. Ray
(b) Address 431 Rosecroft Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director C. A. Cameron
(b) Address 1005 W. Baltimore St.

19 (a) JUL 25 1940 (Date rec'd by Registrar) (b) Registrar

Huntington for Wilkerson

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1940, at 10.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to July 24 1940, and that I last saw h. alive on July 24 40.

Immediate cause of death: arteriosclerosis Hypertension — Duration: ?
Due to: Cerebral hemorrage — 1 day
Due to: cerebral decongestion — 1 day
Other Conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Fred T. Lyles. M. D.
Address 3321 Frederick Ave. Date signed

VS 3

71367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160 C

F 71367

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 621 S. Potomac St. (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Jasinski

If U. S. Veteran specify WAR

(a) Residence: No. 621 S Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/23/40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Jasinski

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ida Plazynski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward Jasinski
(Address) 621 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 7/25 40

19. UNDERTAKER J. J. Dyda
(Address) 128 29 Hudson St

APR 25 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25 40

22. I HEREBY CERTIFY, That I attended deceased from 7-25-40 to 7-25 40

I last saw h... alive on 7-24 40 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	

Other contributory causes of importance

Consultation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Murphy M. D.

(Address) 1000 N Bethesda Ave Balto Md

F 71368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 71368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1507 E. Monument Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1901

8. AGE: Years	Months	Days	If less than one day
38	11	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Stewart (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Susie Stewart
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 (month) (day) (year)
(c) Cemetery or crematory Cambridge Md
Location Cambridge Md

18 (a) Funeral director E O Wilson
(b) Address 600 Bruce St Cambridge Md

19 JUL 25 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14-1940, to 7-22-1940, and that I last saw h alive on 7-22-1940.

Immediate cause of death	Duration
Bronchopneumonia	?
Cardiac decompensation	?
Due to Syphilitic CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Syphilitic CVD

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-23-40

VS 3

Huntington Wil.

71369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 ✓ 3 F 71369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution:
Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Elizabeth Bettinger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stanislaus Bettinger | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation house work

11. Industry or business at home

FATHER
12. Name not known
13. Birthplace Poland

MOTHER
14. Maiden Name not known
15. Birthplace Poland

16 (a) Informant Walter Jerome
(b) Address 2248 Mc Elderry St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 7/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 (a) JUL 25 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 6.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to July 24 1940, and that I last saw her alive on July 24 1940.

Immediate cause of death	Duration
Carcinoma of Urinary Bladder	
Due to Circulatory Collapse Uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of Urinary Bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature L. Frederick Johnston M. D.
Address Md General Hosp. Date signed 7/29/40

F 71320

F 71370

VS 2

F 71370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-C

Registered No. F 71370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland yes
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 S. LAKEWOOD AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wolfe

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-40

8. AGE: Years | Months | Days | If less than one day: 10 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Irwin Wolfe
13. Birthplace PENNA.

MOTHER
14. Maiden Name Eleanor Pumphrey
15. Birthplace Baltimore, Md.

16 (a) Informant Eleanor P. Wolfe
(b) Address 525 S. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25/40 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director Lilly & Zaleski Inc.
(b) Address 463 S. WOLFE ST.

JUL 25 1940 (Date received by Registrar) (c) Funeral for William H.P. Lilly

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 24 1940, and that I last saw deceased alive on July 24 1940

Immediate cause of death	Duration
Intra uterine Asphyxia	
Due to Premature separation of placenta	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Douglas Jr. M. D.
Address Mercy Hospital Date signed 7-24-40

F 71371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-D

Registered No. F 71371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski Sts
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Ramsey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME mrs. Elizabeth Braun

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late August Braun
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr 2, 1869

8. AGE: Years 71 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Germany.
(Town, county, and state)
10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name George Eisman
13. Birthplace Germany.

MOTHER
14. Maiden Name Hohenwald
15. Birthplace Germany.

16 (a) Informant Mr Harry Braun
(b) Address 1510 Ramsay St

17 (a) burial (b) Date thereof 7/26/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 2800 Pedigrict Ave

18 (a) Funeral director Gelwicks Bowman & Son
(b) Address 961 Hollins Street.

Filed 7/25 1940 (Date) (Month) (Day) (Year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-1940 at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-1940 to 7-24-1940, and that I last saw h. alive on 7-24-1940.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to
Due to
Other Conditions Carcinoma of rectum — owd
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Rollins M. D.
Address Bon Secours Hospital Date signed 7-24-40

VS 3

F 71372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 71372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Lennox Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Lennox (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

13-K

3 (a) FULL NAME Joseph La Gard Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Greenwell
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) May 13, 1861

8. AGE: Years	Months	Days	If less than one day
79	2	9 11	-- hr. --- min.

9. Birthplace St. Mary's County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ---

FATHER
12. Name Edmund H. Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Anne Alstone
15. Birthplace Maryland

16 (a) Informant Mrs. Katherine G. Jones
(b) Address 612 Lennox Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JUL 25 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1939, to July 24 1940, and that I last saw h~~im~~ alive on July 23 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	15 days
Due to Arterio-Sclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature G. W. Billings M. D.
Address 722 W. North Ave. Date signed July 24 1940

71373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-C

Registered No. F 71373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street # 2023 St. Paul (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN EMORY COCKEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of ~~husband or~~ wife: MABEL
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July. 12, 1879

8. AGE: Years 61 | Months | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed.

11. Industry or business

FATHER 12. Name GEORGE B. COCKEY

13. Birthplace BALTIMORE, Md.

MOTHER 14. Maiden Name ~~Mabel~~ EMORY

15. Birthplace Maryland

16 (a) Informant Mabel Cockey

(b) Address 502 Allegheny Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore, Md.

18 (a) Funeral director Charles H. Blaede

(b) Address 742 West Fourth Ave.

19 (a) JUL 25 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

	Duration
Immediate cause of death: Asphyxia	
Due to: Bronchopneumonia, Carcinoma of Mediastinal Metastases	2 mos.
Due to	
Other Conditions: Pleural Effusion and Empyema (Include pregnancy within 3 months of death)	1 mo.

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury.....

23. Signature F. J. Sellmer M. D.
Address Mercy Hosp. Date signed 7-25-40

VS 3

71374

HEALTH DEPARTMENT—CITY OF BALTIMORE 71374

CERTIFICATE OF DEATH

161-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. ..... Ward)

Length of residence in city or town where death occurred 11 hrs. mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Girl Brown

(a) Residence: No. Elyaton, Anne Arundel Co., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7.25.40

7. AGE	Years	Months	Days	If LESS than 1 day, ~~hours~~ or ..... min.
				11 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME William Robert Brown

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Ella May Haegerich

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 25, 1940

19. UNDERTAKER Guy A. Phillips
(Address) Fulton & Gay Sts.

20. FILED ..... 19.. [illegible] Registrar

JUL 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.25.40, 19

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940. to July 25, 1940. 19..

I last saw her alive on July 25, 1940. Death is said to have occurred on the date stated above, at 8:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
8. Pulmonary Atelectasis	7-24-40
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Collins M. D. M. D.

(Address) Bon Secours Hospital

7-25-40

F 71375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71375

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3906 Ridgewood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3906 Ridgewood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Maude E. Will

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3741

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced (write) Widow

6 (b) Name of husband or wife Wm. R. Will

6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Feb 24 1881

8. AGE: Years 59 | Months 5 | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Clerk

11. Industry or business Balto Transit Co.

FATHER 12. Name Edward J. Hand

13. Birthplace Kentucky

MOTHER 14. Maiden Name Katherine Lennon

15. Birthplace Baltimore

16 (a) Informant Elizabeth S. Carr

(b) Address 3906 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Chas. J. Graul Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 JUL 25 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to July 24 1940, and that I last saw her alive on July 30 1940.

Immediate cause of death Coronary Thrombosis — Duration 6 mos.

Due to

Due to

Other Conditions Hypertension — Duration 5 years

Q.V. Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edw. Pleasants M. D.

Address 1904 W. Balto St. Date signed 7-25-40

VS 3

71376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 71376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 S. Franklintown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Franklintown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2044

3 (a) FULL NAME Theresa E. Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George W. Dorsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1866

8. AGE: Years 74 | Months | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

MOTHER FATHER

12. Name Samuel Magaha
13. Birthplace Baltimore, Md.

14. Maiden Name Agness Ross
15. Birthplace Baltimore, Md.

16 (a) Informant May A. Witt
(b) Address 460 Brunswick St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Frederick A. Dale
(b) Address 2200 W. Lombard St.

19 JUL 25 1940 (Date rec'd by registrar) Huntington Williams Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 23 1940 and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arterio sclerosis	?
Due to	
Other Conditions Pulmonary Edema	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St Date signed

VS 3

F 71377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B ✓

Registered No. F 71377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 S. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1940 B

3 (a) FULL NAME Daisy E. Whalen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Married

6 (b) Name of husband or wife Joseph T. Whalen
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) May 27, 1913

8. AGE: Years	Months	Days	If less than one day
27	1	26	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Jessie W. Phelps
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Viola Ridgley
15. Birthplace Oella, Md.

16 (a) Informant Joseph T. Whalen
(b) Address 412 S. Calhoun St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 26 1940 (month) (day) (year)
(c) Cemetery or crematory McCarrick's
Location Baltimore
18 (a) Funeral director Frederick A. Cook
(b) Address 1700 W. Lombard St.

JUL 25 1940 (Date rec'd by Registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1940, to 7/23 1940 and that I last saw h[illegible] alive on 7/23 1940

Immediate cause of death
(a) Pulmonary Tuberculosis — Duration 2 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Fletcher M.D.
Address 1725 Park Ave. Date signed 7/25/40

VS 3

71378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E F 71378
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 E Mt Vernon Pl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Hamilton T. Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1872

8. AGE: Years	Months	Days	If less than one day
67	8	25	hr. min.

9. Birthplace St. Marys Co. Md
(Town, county, and state)

10. Usual Occupation Bartender.

11. Industry or business Hotel

FATHER
12. Name Philip Lloyd.
13. Birthplace Unknown

MOTHER
14. Maiden Name Eliza - Unknown
15. Birthplace Unknown

16 (a) Informant Miss Frances Shirley
(b) Address 33 E. Mt. Vernon Place

17 (a) Burial (b) Date thereof July 27, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md.

18 (a) Funeral director Thomas W. Aughton
(b) Address Glen Burnie Md.

JUL 25 1940
19 (a) (Date received) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death Uremia

Due to metastatic malignancy, primary source unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. O. Dane, Jr. M. D.
Address Univ. Hosp. Date signed 7-25-40

71379

COK

57266

BALTIMORE CITY HEALTH DEPARTMENT

13-B

CERTIFICATE OF DEATH

Registered No. F 71379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick R. Schollian

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Frederick SCHOLLIAN
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Ganzhorn GANZHORN
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location B. C. Co.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E West St

19 JUL 25 1940 (b) Huntington Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 25 1940, and that I last saw h[illegible] alive on July 25 1940

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to Tuberculo Bacilli	
Due to	
Other Conditions Metastatic Abscess Tuberculous Laryngitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Ganzhorn M. D.
Address Baltimore City Hospitals Date signed 7-25-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

71380 CERTIFICATE OF DEATH √50 F 71380

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 W. Pratt St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma G. Hoffmann

If U. S. Veteran specify WAR

(a) Residence: No. 2015 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick W. Hoffmann
6. DATE OF BIRTH (month, day, year): March 7-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Gensler
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Geisler
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Frederick W. Hoffmann
(Address) 2015 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: July 20 1940

19. UNDERTAKER: George L. Schnabel
(Address) 2101 Frederick Ave.

JUL 25 1940

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1940, to July 14, 1940

I last saw her alive on July 7, 1940. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	6 mos. ago

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 1939

For what disease or injury? Carcinoma of breast

Name of operation Mastectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jas. W. Thompson M. D.

(Address) 2000 Eutaw

VS 3

F 71381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

Registered No. F 71381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1224 Hanover.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1224 Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Louis D. Klingenberg

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary H. Klingenberg
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1870

8. AGE: Years 70 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name August Klingenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Wortman
15. Birthplace Germany

16 (a) Informant Mary H. Klingenberg
(b) Address 1224 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Westview Mem
Location Balto City

18 (a) Funeral director C. Howard Bauernschub
(b) Address 1400 W. Baltimore St

19 Filed JUL 25 1940 Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24/40 19..., at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15/1940 to 7/24/1940, and that I last saw him alive on 7/24/1940.

Immediate cause of death: General arterio sclerosis, chronic interstitial nephritis — Duration: ?
Due to: — Duration: ?
Due to: — Duration: ?
Other Conditions: Uraemia — Duration: 1 week
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St. Date signed 6/25/40 (M. D.)

Deiter

F 71382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 71382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 N. Fulton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N Fulton ave.
222
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Deiter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Deiter
13. Birthplace Md.

MOTHER
14. Maiden Name Adelade Hoffpeir
15. Birthplace Md

16 (a) Informant Clarence Eroffer
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 26 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette Huntingtown, Md.

19 (a) Date received by Registrar (b) Registrar

JUL 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to July 24 1940, and that I last saw h[illegible] alive on July 24 1940.

Immediate cause of death	Duration
Myocarditis	48 hr.
Heart	
Due to	
Due to Hemiplegia for	
last 4 years	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Crane M. D.
Address 1712 N 40 St Date signed

71383 Vaughan

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 71383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town South Boston Va (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Page Harkins Vaughan
3 (b) If veteran, name war
3 (c) Social Security Account No. 228-01-4460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1904

8. AGE: Years	Months	Days	If less than one day
36	4	4	hr. min.

9. Birthplace Va
10. Usual Occupation Borough Mgr (Town, county, and state)
11. Industry or business New Amsterdam Casualty Co

FATHER
12. Name Aaron W. Vaughan
13. Birthplace Va

MOTHER
14. Maiden Name Ida Rogers
15. Birthplace Va

16 (a) Informant Mrs Mary B. Vaughan
(b) Address South Boston Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)
(c) Cemetery or crematory Dell Rest
Location South Boston Va

18 (a) Funeral director Harry M. Dietz
(b) Address 101 Edmondson Ave

JUL 26 1940 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1940, at 6:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1940, to 7-25 1940, and that I last saw h[illegible] alive on 7-25 1940.

Immediate cause of death	Duration
Intestinal Obstruction	4 days
Due to Carcinoma of Sigmoid	1 yr
Due to peritonitis & abdominal wall	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Curettage-Exploratory Exp. Laparotomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Garlick M. D.
Address Mercy Hospt Date signed 7-25

VS 3

71384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-V F 71384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Arabia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Arabia
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. Engel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Herman L. C. Engel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1867

8. AGE: Years 72 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John F. Kreamer
13. Birthplace Ger.

MOTHER
14. Maiden Name Dortheay Koeppel
15. Birthplace Ger.

16 (a) Informant Mrs. Engel
(b) Address 4301 Arabia Ave

17 (a) Burial (b) Date thereof 7 27 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Peter Herring Sons
(b) Address 2054 Orleans St.

19 (a) Date received by Local Registrar JUL 26 1940 (b) Registered

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to July 24 1940, and that I last saw h. alive on July 24 1940.

Immediate cause of death: Cerebral Embolism
Due to Cerebral Softening
Due to Chronic Cardio Vas. Renal Disease
Other Conditions Various Ulcers

Duration: 7 days; 4 days; years; years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 433 Hollins St. Date signed 7/26/40

71385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

✓ F 71385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Lemmelbild Apt
(b) Street address 1705 Dutton
(c) ~~Hospital~~ or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Dutton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robt Williams ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Bookbinder

11. Industry or business

FATHER 12. Name Geo. W. Williams

13. Birthplace Penna

MOTHER 14. Maiden Name Catherine Bloomfield

15. Birthplace Md

16 (a) Informant Jennie L. Thomas

(b) Address 1705 Dutton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto. Md.

18 (a) Funeral director Wm. Spencer A. Hennessey

(b) Address 578 W. Baltimore St.

19 (a) 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24/40 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19/40 to 7/24/40, and that I last saw ~~him~~ alive on 7/24/40

Immediate cause of death Broncho Pneumonia — Duration 2 days

Due to Hypostatic congestion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.

Address 324 Mosher Date signed 7/24/40

71386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 71386

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2517 Liberty Heights Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2517 Liberty Heights Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Rachel GLASS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife Sam - Herman Klaus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Henry Fred

13. Birthplace Germany

MOTHER

14. Maiden Name Sophia Fry

15. Birthplace Germany

16 (a) Informant Jack Levin Jr

(b) Address 1424 E Baltimore St

17 (a) Burial (b) Date thereof July 26 1940

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Belair Rd & Harford Ave

(c) Funeral director Jack Levin Jr

(b) Address 1424 E Baltimore St

19 (a) (b) Registrar

(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1924 to July 25 1940

and that I last saw her alive on July 25 1940

Immediate cause of death

arteriosclerosis

Duration
15

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Simon Lobstone

Address 1720 Eutaw Place Date signed 7/26/40

M. D.

Spec.—1-10-21—M&T—1500 Eks.

71387 F 71387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 131-a

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1200 E. Lafayette Ave. WARD) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Keck

(a) RESIDENCE No. 1200 E Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ William Keck

6 DATE OF BIRTH (month, day, and year) JAN 12 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) LANCASTER COUNTY Pennsylvania

PARENTS

10 NAME OF FATHER Abraham Greider

11 BIRTHPLACE OF FATHER (city or town) LANCASTER COUNTY (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Linda Eshelman

13 BIRTHPLACE OF MOTHER (city or town) LANCASTER COUNTY (State or country) Pennsylvania

14 Informant Gertrude Whyers (Address) 1200 E. Lafayette Ave

15 JUL 26 1940 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JULY 26 1940

17 I HEREBY CERTIFY, That I attended deceased from JAN 25, 1940, to JULY 25, 1940, that I last saw her alive on JULY 25, 1940, and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

UREMIA

(Duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Hypertension (Duration) 3 yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of X X

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Otto H. Dykes, M. D.

7/26 1940 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Md — DATE OF BURIAL 7-28 1940

20 UNDERTAKER Jacob Winkelsas — ADDRESS Manchester Md

71388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. F 71388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Elm Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Bottle.

3 (b) If veteran, name war — Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife John W. Bottle
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1867

8. AGE: Years	Months	Days	If less than one day
72	7	27	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name James Stauffer.
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Brimmer.
15. Birthplace Md.

16 (a) Informant Mrs. Robert Hudson.
(b) Address 3031 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Jonathan Davis
Location Elliott City, Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Edmondson Ave. Attending for Milburn, Md.

19 (a) (Date received by registrar) (b) Registrar

JUL 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 10.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940, to July 23 1940, and that I last saw h[illegible] alive on July 23 1940.

Immediate cause of death
Asphyxia.
Due to Arteriosclerosis
Duration One day
17 Medical
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies. M. D.
Address 800 W 33rd Date signed 7-25-40

F 71389

F 71389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Hillsdale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
Street No. 3719 Hillsdale Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Caroline Estelle Kershaw

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick E. Kershaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1873

8. AGE:	Years	Months	Days	If less than one day
	67	0	2	hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Luttgerding
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Hayworth
15. Birthplace Ellicott City, Maryland

16 (a) Informant Mr. Frederick E. Kershaw
(b) Address 3719 Hillsdale Road

17 (a) Burial (b) Date thereof 7/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland
18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Avenues
19 JUL 26 1940 (b) Thurston Foy Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1940 at 12:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1939 to July 24 1940, and that I last saw h.e.r. alive on July 22 1940.

Immediate cause of death	Duration
Carcinoma of Pancreas	4 mo f
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of Pancreas Subtotal gastrectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature M.D.
Address 3403 Fairmount Blvd Date signed 7/25/40

F 71390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-E 71390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-13

3 (a) FULL NAME John A. Robb

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emma Robb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1869

8. AGE: Years: 70 | Months: 11 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Retired Sheet Metal Worker

11. Industry or business:

FATHER
12. Name: Dorsey Robb
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Hargest
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. May Cross
(b) Address: 4311 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Penna. Avenues

19 (a) JUL 26 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 23, 1940, at 11:20M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1940 to July 23 1940 and that I last saw h[illegible] alive on July 23 1940.

Immediate cause of death: Cardiac Hemorrhage

	Duration
Due to:	7/19/40 to 7/23/40
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Otto D. Bucket M. D.
Address 4613 Park Heights Ave. Date signed 7/25/40

F 71391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 71391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2774 Tivoly Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2774 Tivoly Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Emery E. Moeller

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-9220

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen O. Moeller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1878

8. AGE: Years	Months	Days	If less than one day
62	4	12	hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation Marble Worker
11. Industry or business Hilgartner Marble Co.

FATHER
12. Name George H. Moeller
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Carl
15. Birthplace Germany

16 (a) Informant Mrs. Helen Moeller
(b) Address 2774 Tivoly Avenue

17 (a) Burial (b) Date thereof 7/27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address Baltimore, Md.

19 (a) JUL 26 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1940, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940 to July 24 1940 and that I last saw him alive on July 24 1940.

Immediate cause of death	Duration
Bronchio Pneumonia	1 day
Due to Cerebral Hemorrhage	3 day
Due to Hypertension and Arteriosclerosis	
Other Conditions Chr. Tuberculosis Kyphosis	3 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 7-25-40

F 71392

OUK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

57459 F 71392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
3 W
Street No. 822 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Karl Klein Correct name is Karl Barnowski

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 213-01-5232.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1885

8. AGE: Years 54 | Months 7 8 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/8 (Month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore
18 (a) Funeral director John Ulrich
(b) Address 2008 Aliceanna St
19 (a) JUL 26 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1940, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1940 to 7-24 1940, and that I last saw h[illegible] alive on 7-24 1940.

Immediate cause of death: Cerebral hemorrhage (?) — Duration: ?
Due to: Gen. arteriosclerosis — ?
Due to: Diabetes Mellitus — ?
Other Conditions: Compound fracture of left foot
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Schlert Jr. M. D.
Address Balt. City Hosp. Date signed 7-24-40

F 71393

71393 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 71393

CERTIFICATE OF DEATH ✓55-E

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 628 Pitcher St. 42 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie R. Carter Mason
If U. S. Veteran specify WAR.....

(a) Residence: No. 628 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Mason.

6. DATE OF BIRTH (month, day, year): 3/13/1896.

7. AGE: Years 44 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

FATHER
13. NAME: Joseph Johnson
14. BIRTHPLACE (city or town) (State or country): Ann. A. Co Md

MOTHER
15. MAIDEN NAME: Martha Holley.
16. BIRTHPLACE (city or town) (State or country): Anne Co. Md.

17. INFORMANT: Bernard Mason. (Address) 628 Pitcher St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Cemetery Date: 7/26, 1940

UNDERTAKER: Mrs Kathy R. Williams (Address) 322 N Schroeder St

20. FILED 7/26 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 1939 to July 23, 1940

I last saw her alive on July 23, 1940 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of glands in left iliac fossa, with metastasis to liver.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 13, 1939

For what disease or injury? Same as above

Name of operation Exploratory laparotomy Date of 12-13-39

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. R. Campbell M. D.

(Address) 718 Dolphin St.

OCCUPATION is very important. See instructions on back of certificate.

71394

51205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 71394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Gilmor Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hollman (Hallman)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/15/1890

8. AGE: Years	Months	Days	If less than one day
50	6	22	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Hauling
11. Industry or business

FATHER
12. Name John Hollman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Davis (d)
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof July 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St
19 (a) JUL 26 1940 (Date rec'd by registrar) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-1940, at 1.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21-1939 to 7-23-1940, and that I last saw h[illegible] alive on 7-23-1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 3[illegible] Eastern Ave. Date signed 7-24-40

VS 2

Garnett Richards F 71395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 71395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 Mad. ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 2420 Mad. ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Garett Richards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14-1872

8. AGE: Years	Months	Days	If less than one day
68 68	4	8	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter Richards
13. Birthplace Georgia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret Richards
(b) Address 2420 Madison Ave

17 (a) Burial (b) Date thereof 7-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

7-26-40 (Date rec'd by registrar) (b) Huntingtown, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1940 to July 22, 1940, and that I last saw h[illegible] alive on July 22 1940.

Immediate cause of death Pneumonia — Duration 5 days
Due to
Due to
Other Conditions Hem. Cerebral Chronic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E. 23rd St. Date signed 7-26-40

B-H-#3773

F 71396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 71396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 667 W Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 667 W. Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Washington Pearson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-07-5238

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9 | 20 | 1911

8. AGE: Years	Months	Days	If less than one day
29	-	5	..... hr. ..... min.

9. Birthplace Valentine, Brunswick Co. Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Pearson
13. Birthplace Brunswick Co. Virginia.

MOTHER
14. Maiden Name Belle Bruggold.
15. Birthplace Brunswick Co. Va

16 (a) Informant Mrs Hooper Reed
(b) Address 667 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/40 (month) (day) (year)
(c) Cemetery or crematory Cemetary
Location Valentine, Brunswick Co, Va

18 (a) Funeral director P Lindsay
(b) Address 514 Mosher St

19 (a) (Date received by registrar) (b) JUL 28 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 - 1940, to July 25 1940, and that I last saw him alive on July 25 - 1940.

Immediate cause of death	Duration
Acute dilatation of Heart	2 days
Due to Acute Gastritis	2 days
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Pat Thomas
Address R.F.D. 2 St Denis Pa. Date signed 7/28/40 M. D.

71397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71397

Registered No. 85

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Patterson Pk. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Wancowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Leon Wancowicz

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Feb 28-1913

8. AGE: Years 27 | Months 4 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Housework

FATHER
12. Name Michael Chmielewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Michalak
15. Birthplace Balto Md

16 (a) Informant Leon A. Wancowicz
(b) Address 315 S Madeira street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 5 Linn st Huntington Williamsport

JUL 26 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1940 to July 25, 1940, and that I last saw h. alive on July 25, 1940

Immediate cause of death: Pulmonary edema — Duration

Due to: Toxemia of pregnancy

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Seher M. D.
Address Sinai Hospital Date signed 7/26/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71398

CERTIFICATE OF DEATH

1937 F 71398

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Hanover St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D Sauerhoff

If U. S. Veteran specify WAR

(a) Residence: No. 415 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Sauerhoff

6. DATE OF BIRTH (month, day, year): May 18 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Sauerhoff

14. BIRTHPLACE (city or town) (State or country): N. J.

MOTHER

15. MAIDEN NAME: Susan Cuffison

16. BIRTHPLACE (city or town) (State or country): ~~Balto~~ Va ~~Md~~

17. INFORMANT: Mrs Gertrude Frederick

(Address) 110 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: July 27 1940

19. UNDERTAKER: William M Marack

(Address) 715 Light St

20. FILED JUL 26 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940 to 7/24/40 19

I last saw him alive on 7/23/40 19 Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? no Date of - - - -

For what disease or injury? - - - -

Name of operation - - - - Date of

What test confirmed diagnosis? D.f.e. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify - - -

(Signed) Harry Deiler M. D.

(Address) 1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 71399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 F 71399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Carey ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Smallwood
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race cd
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 12, 1893
8. AGE: Years 47 Months - Days 12 If less than one day hr. min.
9. Birthplace Easton md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Smallwood
13. Birthplace md

MOTHER
14. Maiden Name Sophya Batum
15. Birthplace md

16 (a) Informant Mary Stanley
(b) Address 1511 N. Carey St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Preston St.
JUL 26 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 6:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 24 1940 and that I last saw h.i.m. alive on July 24 1940.

	Duration
Immediate cause of death Peritonitis	
Due to Carcinoma of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach.
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M.D.
Address Univ. Hosp. Date signed 7-25-40

VS 3

71400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 71400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otis V. Marchant

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-12-3209

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Lola Belle Marchant

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Feb 16 1858

8. AGE: Years 82 | Months 5 | Days 9 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Commission Merchant

11. Industry or business Phillips + Co

FATHER
12. Name James B Marchant
13. Birthplace Va

MOTHER
14. Maiden Name Katherine Davis
15. Birthplace Va

16 (a) Informant Lola B. Marchant
(b) Address 2804 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director J. Wilson Ford
(b) Address 1217 E Fort Ave

19 (a) JUL 26 (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940 to July 25 1940, and that I last saw him alive on July 24 1940

Immediate cause of death: Carcinoma of Stomach — Duration: 1 Year

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morley Hoag M. D.
Address 1 W Gwynn Bld. Date signed July 26 40

vs :

381286 F 7140 X F 7140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Welch
(If outside city or town limits, write RURAL and give town)
(d) Street No. 45
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lanham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-19

8. AGE: Years	Months	Days	If less than one day
21	5	27	hr. min.

9. Birthplace W Va
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Luther Lanham
13. Birthplace W Va

MOTHER
14. Maiden Name Edna Hickman
15. Birthplace W Va

16 (a) Informant Richard
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 28/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Philippi W. Va.

18 (a) Funeral director John Bruce Mitchell Sons
(b) Address 706 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williamson W. Va.

JUL 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 10.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1940 to 7-25 1940, and that I last saw him alive on 7-25 1940.

Immediate cause of death: Subacute glomerulo-nephritis — Duration: 3 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney Mayer M. D.

Address Baltimore Date signed 7/26/40

F 71402

0K57522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-2 F 71402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Ashland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-40

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew James Peterson
13. Birthplace Unknown

MOTHER
14. Maiden Name Cecelia Stevenson
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn

18 (a) Funeral director E. O. Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date received by Registrar) (b) Registrar

JUL 28 1940

Henry H. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 5.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death: Pulmonary atelectasis — Duration: 10 hrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorsam Jr. M. D.
Address Baltimore City Hospitals Date signed 7/24

7493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 71403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL A. DI PIETRO

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-7571

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1917

8. AGE: Years 22 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Chemist Helper

11. Industry or business

FATHER 12. Name Innocente Di Pietro

13. Birthplace Italy

MOTHER 14. Maiden Name Anna Rubini

15. Birthplace Italy

16 (a) Informant Innocente Di Pietro

(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Balt. Md

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

JUL 26 1940 (Date received) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 , at 4:22 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Tumor, malignant, liver (hepatoma) — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 7/25/40

VS 6

F 71404 — BALTIMORE CITY HEALTH DEPARTMENT — F 71404

CERTIFICATE OF DEATH

131-W — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 Queen Ann Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Queen Ann Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-9

3 (a) FULL NAME James L. Moog

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louise B. (Richardson)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22 1868

8. AGE: Years 71 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name George W. Moog
13. Birthplace Md

MOTHER 14. Maiden Name Lussie Clark
15. Birthplace Md

16 (a) Informant Mrs Louise B. Moog
(b) Address Queen Ann Rd

17 (a) Burial (b) Date thereof July 26, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md

18 (a) Funeral director Harry K Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

JUL 26 1940 VS 42

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-40 19 to 7-23 1940 and that I last saw h. in alive on 7-23 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 7-9-40
Due to: Hypertension and Arterio-sclerosis — (?)
Due to: Uremia
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 44 W. Biddle St Date signed 7-26-40

HEALTH DEPARTMENT, CITY OF BALTIMORE

JUL 26 1940

71405

HEALTH DEPARTMENT—CITY OF BALTIMORE

71405

CERTIFICATE OF DEATH

V 137a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lorman's Baltimore General Hosp. St., Ward) 16-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. Born in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Warfield

(a) Residence: No. 3005 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Caroline Warfield

6. DATE OF BIRTH (month, day, year) March 15, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME James Warfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maryland Stuart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. W. W. Warfield
(Address) 3005 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 7-27 19 40

19. UNDERTAKER D. J. McCully
(Address) 130 E. Fort Ave.

FILED JUL 26 1940 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1940 to 7-25, 1940

I last saw him alive on 7-25 1940 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Post Operative Bronchopneumonia	7-13-40
2. Hypostatic Pulmonary congestion.	7-20-40
Other contributory causes of importance:	

Was an operation performed? Yes Date of 7-19-40

For what disease or injury? Benign Hypertrophy of Prostate

Name of operation Suprapubic Prostatectomy.

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. H. Lewis M. D.

(Address) 20. E. Mt. Vernon Place

OCCUPATION is very important. See instructions on back of certificate.

V8

F 71406

1406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-F

F 71406

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 N. Greene St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank James Hartsock

3 (b) If vetetan, name war

3 (c) Social Security Account No. 550-26-0876

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife LOTTIE E HARTSOCK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 2 1876

8. AGE: Years 64 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name James Hartsock
13. Birthplace Indiana

MOTHER
14. Maiden Name Louisa Adkins
15. Birthplace Md.

16 (a) Informant Mrs Wm. Hitchcock
(b) Address 81 Quincy St NW Wash DC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-40 (month) (day) (year)

(c) Cemetery or crematory
Location Washington DC

18. Funeral director Wm Gilbert
Address North Capitol Ave

19 (a) JUL 26 1940 (Date rec'd by registrar) Huntington Williams Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Chemical Gastritis (Carbolic Acid) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/26/40
(c) Where did injury occur? 310 N. Greene St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Carbolic acid by mouth

23. Signature Wm D Gilbert M.D. Medical Examiner

Date signed 7/26/40

VS 6

383252

71407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 71407 Registered No. 157-M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick Md. RFD #3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Morningstar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-40

8. AGE: Years 4 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Md Frederick Co.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Philip Morningstar
13. Birthplace Md.

MOTHER 14. Maiden Name Mamie Boughes
15. Birthplace Md

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 27/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Utica
Location Frederick Co. Md.

18 (a) Funeral director M. L. Creager & Son
(b) Address Thurmont, Md.

19 (a) Date received by Registrar JUL 26 1940 (b) Registrar's Number

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1940 to 7-24 1940, and that I last saw him alive on 7-24 1940.

Immediate cause of death: Marble Bones — Duration: life

Due to

Due to

Other Conditions Rickets

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Marble Bone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 7-28-40

F 71408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-B

Registered No. F 71408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Litz
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband ~~or wife~~: Henry Litz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1872

8. AGE: Years 68 | Months 1 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Louis Kirsch
13. Birthplace Md

MOTHER
14. Maiden Name Mary Schulter
15. Birthplace Md

16 (a) Informant Mrs Kirsch
(b) Address 2303 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27th 1940 (month) (day) (year)
(c) Cemetery or crematory Ideal Redeemer
Location Belair Road

18 (a) Funeral director Leo S. Cook
(b) Address 1745 N. Patt. Park Ave

(b) Signature of person by registrar Huntington Williams, M.D.

JUL 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940, to July 24 1940, and that I last saw her alive on July 23 1940.

Immediate cause of death Myocarditis & Nephritis (Abscess) & Cerebral Hemorrhage — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrison M.D. M. D.
Address 1701 N Caroline St Date signed 7-25-40

VS 8

71409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 71409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Schissler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 0 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henrey Schissler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Teresa Kurech
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Released for ANATOMICAL PURPOSES.
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 26 1940 Huntington Hollins Mill Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 1940 to 7/22 1940, and that I last saw h[illegible] alive on 7/22 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.
Address Sinai Hospital Date signed 7/23/40

VS 8

VS 8

71410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 F 71410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Schissler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 0 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henrey Schissler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Teresa Kurech
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Released for ANATOMICAL PURPOSES.
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 26 1940 Huntington Hollins Mill Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1940, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 1940 to 7/22 1940, and that I last saw h[illegible] alive on 7/22 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.
Address Sinai Hospital Date signed 7/23/40

VS 8

VS 3

71410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3 ✓ F 71410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 E madison st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 E madison st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LUCILLE ARGENT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 25 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 26 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUL 26 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 8 0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
mitral stenosis	
Due to Rheumatic heart disease	
Due to	
Other Conditions MD	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wolfenmeyer M.D. Asst Medical Examiner.
Date signed 7-19-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71411

CERTIFICATE OF DEATH

92-B F 71411

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2758 Tivoly Ave St., 9-6 (Ward)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Donald Kittone House

(a) Residence: No. 2758 Tivoly Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel A House

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Helen Anderson

16. BIRTHPLACE (city or town) (State or country) Dalton Md.

17. INFORMANT Samuel A House (Address) 2758 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL Floreland Mem Park Date July 29 1940

19. UNDERTAKER Chas F Wade & Son Inc (Address) 118 W. Mt Royal Ave

20. JUL 26 1940 Huntington Williams Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1940 to July 26, 1940

I last saw him alive on July 26, 1940 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Disease with Mitral Stenosis	April 1940
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Wm Edmunds M. D.

(Address) 2746 Alameda

OCCUPATION is very important. See INSTRUCTIONS on BACK OF CERTIFICATE.

VS 8

F 71412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

✓ F 71412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found in Canyon Falls near Frederick Ave

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

5.16

3 (a) FULL NAME Charles G. Stump, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1928

8. AGE: Years	Months	Days	If less than one day
12	3	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At School
11. Industry or business

FATHER
12. Name Charles G. Stump, Sr.
13. Birthplace Manchester, Md.

MOTHER
14. Maiden Name Mary Ensor
15. Birthplace Manchester, Md.

16 (a) Informant Mrs. Mary Ensor Stump
(b) Address 2704 W. North Ave.

17 (a) Burial (b) Date thereof July 27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Manchester, Md.

18 (a) Funeral director
(b) Address 1053 N. Baltimore St.

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

JUL 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 1P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~m~~ death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental Death
(b) Date of occurrence July 25 1940
(c) Where did injury occur? Canyon Falls, Frederick Rd. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Drowning

23. Signature W. B. Vandersall M.D.
Medical Examiner.
Date signed 7/25/40

F 71413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

Registered No. F 71413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 S. Fremont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S. Fremont St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Julia Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife John Monroe
(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb. 26-1889

8. AGE: Years	Months	Days	If less than one day
51	4	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER / FATHER
12. Name Jos. Yuszkiewicz
13. Birthplace Poland
14. Maiden Name Francis Valatenaite
15. Birthplace Poland

16 (a) Informant Mr. John Monroe
(b) Address 36 S. Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John Kurvan Son
(b) Address 1 E. Baltimore St

JUL 26 1940
(Date rec'd by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to July 24 1940 and that I last saw h alive on July 24 1940

Immediate cause of death	Duration
Carcinoma of Ovary	1 yrs
Due to and Uterus —	
Due to	2 mos
Other Conditions Metastasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of pl) While at work?
(e) Means of injury —

23. Signature
Address 6 W. Mount Rd. Date signed 7/27/40 M. D.

VS 3

VS 3

71414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

Registered No. F 71414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2059 Griffiss Av
(c) Hospital or institution: Mosrell Park
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2059 Griffiss Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

25-2

3 (a) FULL NAME Thelma J. Brightold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edmond L. Brightold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/7/1903

8. AGE: Years 37 | Months 1 | Days 17 | If less than one day hr. min. 1 mo

9. Birthplace (Town, county, and state)

10. Usual Occupation: House Work

11. Industry or business

FATHER 12. Name: Henry Miller
13. Birthplace: Maryland

MOTHER 14. Maiden Name: Annie C. Frazer
15. Birthplace: Maryland

16 (a) Informant: Edward L. Brightold
(b) Address: 2059 Griffiss Av

17 (a) (Burial, cremation, or removal) (b) Date thereof: July 29, 1940 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Edgewood Av.

18 (a) Funeral director: C. Schlossnagle Son
(b) Address: 1039 Hanover St

19 (a) July 26 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1940, to July 24 1940, and that I last saw her alive on July 23 1940.

Immediate cause of death: cerebral embolism — Duration 5 hrs

Due to: Rheumatic cardiovascular disease — unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Nathan Rosman M. D.
Address: 206 S Gilmor St Date signed 7-26-40

VS 3

VS 3

HARPLE

71415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/91

Registered No. F 71415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Harford Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Harford Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allen M. Harple

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-10-1922

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug 20 1884

8. AGE: Years 57 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Inspector - Ivy Watch Co.

11. Industry or business Watches

FATHER
12. Name John Harple
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary J. Shaeffer
15. Birthplace Penna

16 (a) Informant Mrs Hannah Harple

(b) Address 1813 Harford Av

17 (a) Burial (b) Date thereof 7/28/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Pikesland Cem.

Location Chester Springs, Pa

18 (a) Funeral director Geo. J. Pfeltz Inc

(b) Address 315 Harford Ave.

JUL 26 1940

(Signature of registrar) (b) Huntington Mills, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to July 25 1940 and that I last saw h[illegible] alive on July 25 1940

Immediate cause of death: Heart exhaustion

Due to: Coronary Thrombosis Heart stroke — Duration: 3 Hrs

Due to: Sinus. 104°

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address 1605 N. Broadway Date signed 7/28/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

71416

CERTIFICATE OF DEATH

83-a F 71416

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Broadway St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie McElroy

(a) Residence: No. 1711 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry McElroy

6. DATE OF BIRTH (month, day, year) Oct 28, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6 months

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME William D. McElroy

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Elizabeth Weyaught

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Wm. N. McElroy
(Address) 1711 N. Broadway

18. BURIAL, CREMATION OR REMOVAL
Place Parkwood Cemetery Date 7/29/40 19

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pa. Avenues

FILED JUL 27 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1940 to July 25 1940

I last saw her alive on July 25 1940. Death is said to have occurred on the date stated above, at 9:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis-generalized and cerebral Vascular Accident	7/23/40
	over

Other contributory causes of importance.

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis T. Stuck M. D.

(Address) 715 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71417

CERTIFICATE OF DEATH

F 71417

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. ____

CITY OF BALTIMORE: (No. Lafayette & John St., ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. If not in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Marie Gladman Yingling — If U. S. Veteran specify WAR ____

(a) Residence: No. Cockeysville, Md St., ____ Ward. Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Yingling

6. DATE OF BIRTH (month, day, year) July 25 1915

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
25	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Rockland Baltimore County, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT B J Yingling (Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial - Cockeysville Date July 29 1940

19. UNDERTAKER Landon M. Brooks (Address) Sparks, Md

20. Filed JUL 27 1940 by Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940, to July 27, 1940

I last saw h[illegible] alive on July 27, 1940 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis due to Sulfanilimide	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Blood count Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Raymond D. Truitt M. D.

(Address) Hospital for Women of Md.

Sherwood Cemetary, Cockeysville, Md.

57704

71418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 71418

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 202 S Durham Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Alegre

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 6, 1939
8. AGE: Years 1 | Months | Days 19 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick
13. Birthplace Phillipine Islands

MOTHER
14. Maiden Name Goldie
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) Date received JUL 27 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 9:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death Tuberculous meningitis — Duration 2 weeks

Due to Mediastinum Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 7-26-40

F 71419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 71419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1033 St. Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 St Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolyn Dulany Basler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or ~~wife~~ Herman E. Basler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1874

8. AGE: Years	Months	Days	If less than one day
66	3	8	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. J. C. Dulany
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Carrie Dickey
15. Birthplace Balto, Md.

16 (a) Informant Mrs. J. C. Dulany
(b) Address 1033 St Paul St

17 (a) Burial (b) Date thereof 7/27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director H. W. Jenkins & Son, Co.
(b) Address McCulloh & Orchard Sts

JUL 27 1940
(Date rec'd by registrar)

Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940 at 10a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Wade Hall M.D.
Medical Examiner.

Date signed 7/26/40

VS 6

F 71420 57627 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. F 71420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Avenue
(c) Hospital or institution:
Baltimore City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Saratoga Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Norma Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1882

8. AGE: Years 58 | Months 4 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Grabi Hill (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Phebie Bond (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cem.
Location Pikesville Harford Co Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 537 N. Bridge St. Westminster Md.

19 (a) JUL 27 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1940, to 7-24 1940, and that I last saw h e alive on 7-24 1940.

	Duration
Immediate cause of death Gen. Carcinomatosis — primary site ?	?
Due to Gen. arterio sclerosis	?
Due to Myocardial failure	?
Other Conditions Bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed M. 7 D. 25/40

F 71421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. F 71421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MOSES LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 1903

8. AGE: Years 18 | Months 5 | Days 17 | If less than one day hr. 19 22 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sylvester Lee

13. Birthplace Md.

MOTHER 14. Maiden Name Ellen Hall

15. Birthplace Md.

16 (a) Informant Sylvester Lee.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Wm. H. James & Sons

(b) Address 578 W. Biddle St.

19. (a) JUL 27 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8 55 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ^ find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Asphyxia	
Due to: Fracture of hyoid bone and thyroid cartilage	
Due to	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 24, 1940
(c) Where did injury occur? Hilltop Ave. near Greenspring Ave (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury passenger in car which struck embert

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.

Date signed 7-25-40

VS 6

E 71422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 71422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 N. Howard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 N. Howard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John N Johnson

3 (b) If married, name wife Florida Mae | 3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22 1885

8. AGE: Years 55 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name John Johnson

13. Birthplace Md.

MOTHER 14. Maiden Name Caroline Johnson

15. Birthplace Md.

16 (a) Informant Elizabeth Johnson

(b) Address 2514 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)

(c) Cemetery or crematory Laurel Cem

Location Harford Co. Md.

18 (a) Funeral director Wm. Frances A. Hendley

(b) Address 578 N. Biddle St.

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D. Registrar

JUL 27 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec X 1939 to July 25 1940 and that I last saw h[illegible] alive on July 25 1940

Immediate cause of death [illegible]

Due to Cerebral Hemorrhage

Due to Hypertension Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: [illegible] 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 1 W. Lex. St. Date signed July 28

F 71423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 71423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Dalto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4327 Park Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Chas. Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Alice Kramer
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 27-1868

8. AGE: Years 71 72 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Dalto. Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name George Kramer
13. Birthplace Germany

MOTHER 14. Maiden Name Maria Huffner
15. Birthplace Germany

16 (a) Informant Alice Kramer
(b) Address 4327 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-40 (month, day) (year)
(c) Cemetery or crematory Forrelaid Park
Location Taylor Ave

18 (a) Funeral director John. J. McGann
(b) Address 3009 E. Baltimore St

19 (a) JUL 27 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1940 at 8:27 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 7/23 1940 to 7/25 1940 and that I last saw h[illegible] alive on 7/25 1940

Immediate cause of death Cerebral Hemorrhage 2 days — Duration

Due to Arterio-Sclerosis and

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Fredrick Johnston Jr. M. D.
Address Md. General Date signed 7/25/40

VS 3

F 71424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 71424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts, 40± (Rural give location) Cathedral Rd
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Augusta Brennan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Brennan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1866

8. AGE: Years 73 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Benj. D. Hiss
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah E. Sears
15. Birthplace Balto Md

16 (a) Informant Margaret Brennan
(b) Address Ambassador Apts

17 (a) Burial (b) Date thereof July 29, 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd

18 (a) Funeral director Margaret G. Flynn
(b) Address 1432 Light St

JUL 27 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1940, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to July 26 1940. and that I last saw her alive on July 26 1940.

Immediate cause of death Congestive Heart Failure — Duration 2 weeks

Due to Arteriosclerotic Heart Disease. — ? years

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M. D.
Address Bon Secours Hospital Date signed 7-26-40

F 71425

VS 8

F 71425

F 71425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 North Central ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily Todd.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas Todd.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-10-1880

8. AGE: Years 60 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business —

FATHER 12. Name unknown.

FATHER 13. Birthplace unknown

MOTHER 14. Maiden Name Sophia ?

MOTHER 15. Birthplace Md

16 (a) Informant William Ferguson.

(b) Address 402 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 29 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary cem

Location Anne Arundel County Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) (Date received by registrar) JUL 27 1940 Hunting Park Funeral Home

Correct age is especially important if deceased was under one year or 100 years or more.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26-1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1940, to 7-26-1940, and that I last saw her alive on 7-25-1940.

Immediate cause of death Heat Exhaustion — Duration 6 dys

Due to Heat.

Due to

Other Conditions Chronic Valvular Dis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Langley M. D.

Address 611 N. Carolin Date signed 7-27-40

VS 8

F 71426

38243-3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-04 F 71426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 21
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Kenwood Ave (Catonsville)
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude M. Ile Graw

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-09

8. AGE: Years 31 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Horace Williams

13. Birthplace NC

MOTHER 14. Maiden Name Amelia Mantz

15. Birthplace N. J. ~~Conn~~

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1940 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd.

18 (a) Funeral director Martin E. Lippel

(b) Address 7110 Belair Rd

19 (a) 7-27-1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 2 23 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from July 5 1940 to July 26 1940, and that I last saw her alive on July 24 1940.

Immediate cause of death ? pulmonary embolus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations HORSESHOE KIDNEY
PYONEPHROSIS over
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H Ridley M.D.

Address J.H. Hosp. Date signed 7-29-40

F 71427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days): 10 d
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna J. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace: Baltimore? (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Anthony Smith
13. Birthplace: ?

MOTHER
14. Maiden Name: Catherine Lahur
15. Birthplace: ?

16 (a) Informant: Little Sisters of the Poo
(b) Address: I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rita Wiedefeld
(b) Address: 914 Cathedral St. (Number or location)

19 Filed JUL 29 1940 (Date filed by registrar)

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940 19 1p.m. M

21. I certify that death occurred on the date above stated, that I attended deceased from JUN 26 1940 to JUL 26 1940 and that I last saw h[illegible] alive on JUL 26 1940

	Duration
Immediate cause of death: Acute Dilated Heart	none
Due to: Myocarditis	probably 2yrs or more
Due to:	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X X X
(b) Date of occurrence: X X X
(c) Where did injury occur? (City or town) (County) (State): X X X
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place): X X X While at work?
(e) Means of injury:

23. Signature: Otto H Duker M. D.
Address: 928 E Fort Ave Date signed 7/27/40

VS 8

F 71428

LB 57467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71428 ✓ 159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 N. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jeffries ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/17/40

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Caroline Woodson
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 7-21-40
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address JUL 27 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 7.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 21 1940; and that I last saw h-im alive on July 21 1940.

Immediate cause of death: Aspiration pneumonia — Duration: 24 hrs

Due to

Due to

Other Conditions: Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 7/21/40

VS 8

F 71429
57653 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-a

F 71429
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Brevard Street (if rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hill, Baby Boy (Thelma)

3 (b) If veteran, name war.
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day: 5 hr. 51 min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name John Hill
13. Birthplace Virginia

MOTHER
14. Maiden Name Thelma Batty
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 7-21-40
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 1.20 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940, to July 23 1940, and that I last saw h-- alive on July 23 1940.

Immediate cause of death: Intracranial hemorrhage — Duration: 5 hrs.
Due to: Difficult delivery
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 7/24/40

VS 3

F 71430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

Registered No. F 71430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 N Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH MARSHALL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-1909

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles E Marshall (Son)
(b) Address 814 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co, Md

18 (a) Funeral director Robert T Williams
(b) Address 1515 McCulloh St

JUL 27 1940
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 10 45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Tuberculosis pulmonary Acute — Duration Unknown

Due to

Due to

Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-19-40

VS 6

Correct age is especially important. A typewriter, please. If not, write plainly.

F 71431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 71431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Gardens Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Gardens Apts. Madison Ave + Cloverdale Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Weinberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Blanche Weinberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1858

8. AGE: Years	Months	Days	If less than one day
81	9	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Mfg's Agent
11. Industry or business

FATHER
12. Name Abraham Weinberg
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. H. Weinberg
(b) Address Temple Gardens Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Samuelson & Son
(b) Address 1202 Eastern Ave.

19 (a) Huntington Willis Registrar, M.D.
(Date rec'd by registrar) JUL 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death Cerebral-hemorrhage — Duration 5 days

Due to Arteriosclerosis — 2½ yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Leitz M. D.
Address Temple Gardens Apts. Date signed

VS 3

VS 3

71432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 71432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735½ W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SUSAN COX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1890

8. AGE: Years: 50 Months: Days: If less than one day hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Stilly Flowers
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Anne
15. Birthplace: N. C.

16 (a) Informant: Eliza Dunn
(b) Address: 318 Mapleave.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 7-27-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location:

18 (a) Funeral director: A. Halstead
(b) Address: 940 Mund Ave

19. (a) JUL 27 1940 (Date Registered) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 9:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis, general	
Due to:	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 7-24-40

VS 6

71433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

Registered No. 71433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Belair Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry F. Milchling

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Elizabeth F. Milchling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20th 1868

8. AGE: Years	Months	Days	If less than one day
71	7	6	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation Motorman (Retired)

11. Industry or business Balto. Transit Co.

FATHER
12. Name Conrad Milchling
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Elizabeth Milchling
(b) Address 2012 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Leander Ferguson Hanna
(b) Address 2100 Belair Road Huntington Terrace, Md.

19 (a) JUL 27 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3- 1940, to 7-26-1940 and that I last saw him alive on 7-26-1940.

Immediate cause of death	Duration
Acute Cardiac dilation	7-3-40
Due to Chronic Myocarditis	7-3-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton C. Lang M. D.
Address 2117 Belair Rd Date signed 7-26-40

VS 3

71434

HOSKINS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157M Registered No. F 71434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument Home
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Margaret Haskins

3 (b) If veteran, name war: 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b). Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1940

8. AGE: Years | Months | Days: 6 weeks 2 | If less than one day: hr. min.

9. Birthplace: Sinai Hospital Baltimore Md. (county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Frank Haskins
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Dorothy Feglein
15. Birthplace: Balto Md.

16 (a) Informant: Mr. Frank Haskins
(b) Address: 2820 Hudson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 40 (month) (day) (year)
(c) Cemetery or crematory: St. Thomas Bens
Location: Highlandtown

18 (a) Funeral director: Stephen J. Galloway & Son
(b) Address: Kenwood Ave Huntington Terrace Md.

19 (a) JUL 27 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to July 26 1940 and that I last saw her alive on July 6 1940

Immediate cause of death	Duration
Atelectasis of pulmonary edema	6 wks
Due to Congenital malformations	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Wellesley Taffe M. D.
Address: Sinai Hospital Date signed 7/27/40

VS 3

F 71435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. F 71435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 E. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Booth Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1875

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19 - 1873

8. AGE: Years	Months	Days	If less than one day
66	11	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business Manufacturing Chem Co

FATHER
12. Name Louis Miller
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Barkhamp
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Ida Sebo
(b) Address 1740 E Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-40 (Month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Sec 54 Sq 58 N ½

18 (a) Funeral director Charles P Towell & Son
(b) Address 2427 Edmondson Ave

19 (a) 28 1940 (b) Huntington Williamsport Md.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to July 26, 1940, and that I last saw h.i.m alive on July 25, 1940.

Immediate cause of death Pulmonary Embolism

Due to Post-Operative

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Sigmoid Colon

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter H. Genes Jr. M.D.

Address Municipal Hospital Date signed 7/26/40

F 71436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71436

71436

CERTIFICATE OF DEATH

52B

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No.) ..... St., 11-2 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thomas Haydon

If U. S. Veteran specify WAR .....

(a) Residence: No. 127 W. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Page Haydon

6. DATE OF BIRTH (month, day, year) 2/12/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME John Haydon

14. BIRTHPLACE (city or town) (State or country) At Sea England

MOTHER

15. MAIDEN NAME Alice McSherry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emily Bankhead

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 29, 1940

19. UNDERTAKER H. W. Mears and Son

(Address) 824 N. Calvert St

20. FILED ..... 19.... Registrar.

JUL 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1940 to July 26, 1940

I last saw him alive on July 24, 1940. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1935
Other contributory causes of importance: Carcinoma of the Bladder	1939

Was an operation performed? Yes Date of 1940

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify .....

(Signed) W. Stratton Harsperger M. D.

(Address) 214 Medical and Chirurgical Building

OCCUPATION is very important. See instructions on back of certificate.

F 71437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

F 71437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Maryland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Maryland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Custis Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Norman F. Hill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 28, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	29	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Park Custis
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza Horsey
15. Birthplace Maryland

16 (a) Informant Mr. Norman F. Hill
(b) Address 1900 Maryland Avenue

17 (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

19 (a) 7-29-1940 (b) Huntington Williams
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1940, to July 27, 1940, and that I last saw him alive on July 27, 1940.

Immediate cause of death: Carcinoma of the Colon — Duration: 1 year.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank M. Ogden, M. D.
Address 2701 N. Calvert St. Date signed July 27 40

F 71438

VS 3

F 71438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 71438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1069 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-9908

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Calvert Co Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Balto Tube Co.

FATHER
12. Name Edward Gross.
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden Name Emma Straiton.
15. Birthplace St Marys Co Md.

16 (a) Informant Howard Straiton.
(b) Address 1217 Argyle Ave.

17 (a) Buried (Burial, cremation or removal) (b) Date thereof 7/28/1940 (month) (day) (year)
(c) Cemetery or crematory Brooks Chapel.
Location Calvert Co Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Registrar) Huntington Williams M.D.

JUL 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1940, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25-1940, to 7-25-1940, and that I last saw h[illegible] alive on 7-25-1940.

Immediate cause of death: Peritonitis of undetermined origin — Duration: 12 hrs
Chronic Emphysema
Due to Bilateral pulmonary tbc
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William L Miller M. D.
Address University Hospital Date signed 7-26-40

71439 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 71439

No Social Security Number **CERTIFICATE OF DEATH** 92 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 E. Eager St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nicholas Scherer

If U. S. Veteran specify WAR

(a) Residence: No. 2027 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE~~ of Bessie Scherer

6. DATE OF BIRTH (month, day, year) July 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 7/25/40

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Nicholas Scherer

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Marie Mocka

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Bessie Scherer

(Address) 2027 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7-29-40

19. UNDERTAKER Frank Grach & Son

(Address) 900 N. Chester St

20. FILED JUL 28 1940 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10 1940 to July 26 1940

I last saw h[illegible] alive on July 26 1940 Death is said to have occurred on the date stated above, at 8 A m.

The principal causes of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1939
Mitral Regurgitation	?
Other contributory causes of importance: Coronary Thrombosis	5 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Vincent V. Jooka M. D.

(Address) 845 N. Patterson Pk Ave

F 71440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 A F 71440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 15-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 W Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Camilla J Burk
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex FH | 5. Color or race W | 6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Millard H Burk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-1862

8. AGE: Years 78 | Months 5- | Days — | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name Samuel Fowble
13. Birthplace Md

MOTHER 14. Maiden Name Lydia Leight
15. Birthplace Md

16 (a) Informant Mr Russell Burk
(b) Address 1814 W Lexington St

17 (a) Burial (b) Date thereof July 29/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Paul's
Location Arcadia Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

JUL 29 1940 (b) Huntingtown Hillsboro Md.
(Date received by Registrar) Registrar

V5 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to July 26 1940 and that I last saw h[illegible] alive on July 26 1940.

Immediate cause of death Degenerative Myocarditis — Duration 2 yrs.
Due to
Due to
Other Conditions Chronic Interstitial Nephritis — 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Hamm M. D.
Address 822 W Baltimore St Date signed

F 71441 57359-FD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931 F 71441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicolina Mary Scarano

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Angelo Scarano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1884

8. AGE: Years 56 | Months 2 1 | Days 15 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Carmen Sena
13. Birthplace Italy

MOTHER 14. Maiden Name Victoria Carcillo
15. Birthplace Italy

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ /40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Wilmington, Delaware

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) Date received JUL 23 1940 (b) Registrar Huntington Williams, Jr.

VS 3

MEDICAL CERTIFICATION

X 50

20. DATE OF DEATH 7-27- 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13- 1940 to 7-27- 1940 and that I last saw h-- alive on 7-27- 1940.

Immediate cause of death: Bronchopneumonia Coronal Thrombosis — Duration 4 days

Due to: Hypertension CVD — Duration ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Polatin M. D.
Address Balto City Hosp. Date signed 7-27-40

F 71442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706 F 71442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. A. Franklin Square Hosp. 18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Douglas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: James Douglas. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/25/1907.

8. AGE: Years 32 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Mountville S.C. (Town, county, and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER 12. Name Geo. Knox. 13. Birthplace S.C

MOTHER 14. Maiden Name Mary Clemens. 15. Birthplace S.C.

16 (a) Informant James Douglas.
(b) Address 1001 W Fayette St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/29/1940 (month) (day) (year)

(c) Cemetery or crematory
Location Shrader, South Carolina.

18 (a) Funeral director Mrs. Katie P. Williams Edmondson Sr.
(b) Address 322 N. [illegible]
(c) Filed JUL 28 1940 Washington Williams M.D. (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940 at 11P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Fracture of Skull, Laceration of brain

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/25/40 1&-1
(c) Where did injury occur? Fayette & Schroeder Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature W. B. Underhill M.D.
Medical Examiner.

Date signed 7/26/40

F 71443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 71443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Jefferson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Jefferson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Wohner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 - 1880

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name August Wohner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Werlein
15. Birthplace Balto. Md.

16 (a) Informant Wm Wohner
(b) Address 2106 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 3 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Herring & Son
(b) Address 1924 Orleans St.

19 (a) Filed JUL 28 1940 (b) Registrar Hunting Town Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 2 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 27 1940 and that I last saw h[illegible] alive on July 27 1940.

Immediate cause of death Chronic myocarditis. Cardio-vascular-renal Disease

Due to arteriosclerosis —

Due to —

Other Conditions Chronic Bronchitis. secondary - Chronic Heart -

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration July 1/40 - 27/40 - 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Rowena F. Kremmerz

Address 722 N. Kenwood Ave Date signed July 29/40

F 71444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

F 71444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 Mt. Pleasant Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Mt. Pleasant Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris H. Hupka

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-0473

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lena Hupka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17 - 1892

8. AGE: Years: 48 | Months: 4 | Days: 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business Carey Roofing Co.

FATHER — 12. Name: Frederick Hupka
13. Birthplace Ger.

MOTHER — 14. Maiden Name: Mary —
15. Birthplace Md.

16 (a) Informant: Lena Hupka
(b) Address 3408 Mt Pleasant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 29 40 (month) (day) (year)

(c) Cemetery or crematory: Sacred Heart
Location: Baltimore

18 (a) Funeral director: Philip Herwig Sons
(b) Address 2324 Eutaw St

19 (a) ..... (b) Huntingtown, Md.
(Date received by registrar) Registrar

JUL 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 26 1940 and that I last saw h[illegible] alive on 19.

Immediate cause of death: Sunstroke with cardiac - respiratory failure.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E S Ellison M. D.
Address 342 S. East Ave Date signed 7/27/40

F 71445

71445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

F 71445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: Univ. Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Ocean City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ann Dennis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	d

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2/1916

8. AGE: Years	Months	Days	If less than one day
23	8	25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Ticketing Department Clerk
11. Industry or business Clerk Typist

FATHER
12. Name Philip L. Dennis
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Margaret Harmonson
15. Birthplace Md

16 (a) Informant Philip L. Dennis
(b) Address Ocean City Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July (month) (day) 140 (year)
(c) Cemetery or crematory Buckingham
Location Berlin Md

18 (a) Funeral director Philip Henry Sons
(b) Address 2624 Orleans St

19 (a) (Date received by registrar) (Huntington Williams M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1940, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1940 to 7/27 1940, and that I last saw her alive on 7/27 1940

Immediate cause of death Intestinal Obstruction — Duration

Due to Carcinoma Ovary c Metastases

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Henry Nace M. D.
Address Univ. Hosp. Date signed 7/27/40

382809
F 71446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

F 71446
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Fallston
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30 1919

8. AGE: Years 21 | Months 3 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Doch Woods
13. Birthplace NC

MOTHER 14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 31 40 (month) (day) (year)

(c) Cemetery or crematory
Location North Wilkesboro N. Carolina

18 (a) Funeral director Philip Herwig Sons
(b) Address 2216 Oleander

19 (a) (Date rec'd by Registrar) 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1940, at 7:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1940, to 7-26 1940, and that I last saw h[illegible] alive on 7-26 1940.

Immediate cause of death: Uremia — Duration 4 weeks

Due to: Chronic Nephritis — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Brown M. D.

Address Johns Hopkins Hosp. Date signed 7/27/40

71447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

F 71447
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere ave
(c) Hospital or institution: Aged Home 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvidere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Jennie Rabinowitz, Jenpie

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Myer
13. Birthplace Russia

MOTHER
14. Maiden Name Ellis
15. Birthplace Russia

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) Rebecca Home (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 7/31/40

(c) Cemetery or crematory Bnai Israel
Location Baltimore Md.

18 (a) Funeral director Jack Louis Inc.
(b) Address 1439 E. Baltimore St.

JUL 28 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1939 to 7-27 1940, and that I last saw her alive on 7-26 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	1 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Kern M.D.
Address Lewisdale Date signed 7/31/40

Correct age is especially important. Physician, please write plainly.

No. 216-05-8003 Korsunsky

S. [illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71448

CERTIFICATE OF DEATH

1310 F 71448

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5101 Dennore St, 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth 7 yrs. mos. da.

2. FULL NAME Joseph Korsunsky

If U. S. Veteran specify WAR

(a) Residence: No. 5101 Dennore West St. 27-18 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Belle Korsunsky

6. DATE OF BIRTH (month, day, year) 7-25-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Pushkin

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dot Cemet Date 7/28/40

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. FILED JUL 29 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to July 28, 1940

I last saw him alive on July 28, 1940 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1939?

Other contributory causes of importance: Hypertension; Arterio-sclerosis; Chronic Nephritis;

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Pushkin M. D.

(Address) 1838 Eutaw pl.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

S. S. No. 230-03-9123

S. S. No. 230-03-9123

HEALTH DEPARTMENT—CITY OF BALTIMORE

71449 71449

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 93?

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Isaac Crystal

If U. S. Veteran specify WAR

(a) Residence: No. 2809 Hilldale st St., 15-12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac Crystal

6. DATE OF BIRTH (month, day, year) ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abram Crystal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jenny

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughter

(Address) 2809 Hilldale Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mark Pet Date 7/28/40

19. UNDERTAKER Jas. Lehnig Inc

(Address) 1139 E. Baltimore St

20. FILED JUL 28 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-1940

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1940 to 7-27, 1940

I last saw him alive on 7-27, 1940. Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	6-20-40
Hypostatic Pneumonia	7-25-40

Other contributory causes of importance:

Hypertensive Heart Disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leonard E. Bennenthal, M. D.

(Address) West Baltimore General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

vs 3

1450 57735--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 71450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals 13-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Traction St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married-sep.

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk.

8. AGE: Years ? 68 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Charles

13. Birthplace Md.

MOTHER 14. Maiden Name Alice Thompson

15. Birthplace Md.

16 (a) Informant B.C.H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem. Co

Location L. G. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St. Hunting for Williams, M.D.

19 (a) (Date received by registrar) JUL 29 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1940, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25- 1940 to 7-26- 1940 and that I last saw h. alive on 7-26- 1940.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Generalized arteriosclerosis — Duration ?

Due to — Duration own

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Neuwahl Goldstein M. D.

Address Balto. City Hosp. Date signed 7-27-40

71451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 ✓ F 71451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d. 9-7
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Robb Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oren McKinley Bishop

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jessie Biggins Bishop

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1896

8. AGE: Years 43 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace Preston County, West Virginia
(Town, county, and state)

10. Usual Occupation Mechanic-Christian Welfare

11. Industry or business Mission

FATHER
12. Name John W. Bishop.
13. Birthplace Preston County, Virginia.

MOTHER
14. Maiden Name Nancy Beavers.
15. Birthplace Preston County, Virginia.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-40 (month) (day) (year)
(c) Cemetery or crematory Natchez
Location Balto

18 (a) Funeral director Jos. J. Stern
(b) Address 3001 Kentucky

19 (a) JUL 28 1940 (Date of filing) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1940 19 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1940, to July 25, 1940, and that I last saw him alive on July 25, 1940.

	Duration
Immediate cause of death: Inanition	2 months
Due to: Metastasis to liver	3 months
Due to: Carcinoma of pyloric end of stomach with obstruction	1 year
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Andrew M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 7/25/40

M. D. S. 1938-9

71452 HEALTH DEPARTMENT—CITY OF BALTIMORE F 71452

CERTIFICATE OF DEATH

1313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Echodale Ave St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Wrightland

(a) Residence: No. 3317 Echodale ave St., 27-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Lellie Wrightland

6. DATE OF BIRTH (month, day, year): Jan 23-1887

7. AGE — Years: 53 | Months: 6 | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore City

FATHER

13. NAME: Frederick Wrightland

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Israel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Letonia Wrightland

(Address) 422 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL: July 29-40-Balto Cem

19. UNDERTAKER: Jos J Stein

(Address) 3004 Hunter St

19. Filed JUL 28 1940

Hunting ... Williams Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940, to July 25, 1940. I last saw him alive on July 25, 1940. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Nephritis
Urinary Retention

Date of onset

Other contributory causes of importance:

Nephrolithiasis
Acute prostatitis

Name of operation ... Date of ...

What test confirmed diagnosis Clinical. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E M Cunningham M. D.

(Address) Rosedale Md

F 71453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 71453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Ulman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Ulman (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Celia Jacobs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years: 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Hyman Harris
13. Birthplace Russia.

MOTHER
14. Maiden Name Rachael Davis
15. Birthplace Russia

16 (a) Informant Sol Jacobs.
(b) Address 2904 ulman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 N North ave

19 (a) (Date received by Registrar) (b) Registrar

JUL 28 1940

VS 2

Huntington Hillsdale, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940, at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to July 28, 1940, and that I last saw h[illegible] alive on July 27, 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Arteriosclerosis
Due to:
Other Conditions: Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Silvia D. Levy
Address 2324 Fountain Place Date signed 7/28/40

F 71454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a ✓ F 71454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 E Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 E. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Meyer Nathan Epstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Ida.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Abraham Epstein
13. Birthplace Russia.

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia.

16 (a) Informant Abe Epstein.
(b) Address 2021 E. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W. North Ave

19 (a) July 28 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940, to July 27 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death	Duration
Carcinoma of Esophagus	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Jenkins M. D.
Address 4320 Garrison Blvd Date signed 7/27/40

VS 3

F 71455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

Registered No. F 71455

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2954 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 24 years

15-6

3 (a) FULL NAME Abraham Reamer

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Merchant

FATHER 12. Name.....
13. Birthplace Russia

MOTHER 14. Maiden Name.....
15. Birthplace Russia

16 (a) Informant Mrs Yetta Reamer
(b) Address 2954 W North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run Boy Off Land
Location.....

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North ave

19 (a) JUL 28 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 19 40 at 9.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 19 40 to 7/26 19 40, and that I last saw h. alive on 7/26 19.....

Immediate cause of death	Duration
pulmonary edema	1 day
Due to acute cardiac failure	5 minutes
Due to coronary thrombosis arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Yetta Reamer
Address Sinai Hospital Date signed 7/26/40 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71456

CERTIFICATE OF DEATH

71456 93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Leon Jokubaitis

If U. S. Veteran specify WAR

(a) Residence: No. 123 S. Albemarle St. St. 3-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Not known?

7. AGE: Years: About 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Charles Jokubaitis

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Mr. Stanley Jokubaitis
(Address) 714 N. Hobbard St

18. BURIAL, CREMATION OR REMOVAL
Place: Holy Redeemer Date: July 29, 19 40

19. UNDERTAKER: John A. Gelbaugh Sons
(Address) 423 S. Paca St.

JUL 28 1940 Hunting Log Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1940 to July 25, 1940

I last saw h[illegible] alive on July 24, 1940 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7 hrs
Hypertensive cardio-vascular disease	7 years
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard E. Blumenthal M. D.

(Address) West Baltimore General Hosp.

THE CAUSE OF DEATH IS ONLY TO BE PROPERLY CERTIFIED BY A PHYSICIAN. See instructions on back of certificate.

OCCUPATION is very important.

VS 3

F 71457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 71457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution: Fayette & Calhoun Sts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 25 d

(e) Length of stay in Baltimore (yrs., mos., or days) 5 7yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 W Lakins Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George H. Jefferson

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Anna B. Jefferson
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 21 1882

8. AGE: Years	Months	Days	If less than one day
57	11	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boat Builder
11. Industry or business U. S. Coast Guard

FATHER
12. Name Joseph A. Jefferson
13. Birthplace St Michaels Md.

MOTHER
14. Maiden Name Catherine B. Mullen
15. Birthplace Baltimore Md.

16 (a) Informant Anna B. Jefferson
(b) Address 3414 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Comm
Location Baltimore, Md.

18 (a) Funeral director Robt C & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) JUL 28 1940 (Date received by registrar) (b) [illegible] Registrar.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to July 26 1940, and that I last saw him alive on July 26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	6 mo.
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Morris B. Schmitz M. D.
Address 545 S. Fulton Ave. Date signed 7-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71458 | 37 | F 71458 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Howard 96
(b) Street address 3306 Fernside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Fernside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS JOSEPHINE MORAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15th, 1863

8. AGE: Years	Months	Days	If less than one day
77 ~~78~~	10	12	hr. min.

9. Birthplace West Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name John Galvey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mulcahey
15. Birthplace Ireland

16 (a) Informant Mr Stephen Pedicord
(b) Address 1914 Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director John J. Cavanaugh
(b) Address 901 N Eden St

19 (a) Date received by registrar JUL 28 1940 (b) Registrar Huntington W Mizner M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. X. Wollenweber M.D. Asst Medical Examiner.
Date signed 7-27-40

F 71459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 V

F 71459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 N. Dean St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days) 07

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Dean
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Laura Virginia Dean

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harry B Dean
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1888

8. AGE: Years	Months	Days	If less than one day
51.	7	1	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John Webb
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Geisler
15. Birthplace Baltimore

16 (a) Informant Mrs Gertrude Pirl
(b) Address 11 Wells Ave Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30- 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) Filed JUL 28 1940 (b) Signature of Registrar [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to June 1940, and that I last saw her alive on 7/27 1940.

Immediate cause of death Coronary Thrombosis — Duration .....

Due to Hypertension Cardio Vascular Disease — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Charles Thom M.D.
Address 3215 Eastern Ave Date signed 7/27/40

71460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 F 71460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvina Smith

If U. S. Veteran specify WAR

(a) Residence: No. 604 S Rose St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Smith

6. DATE OF BIRTH (month, day, year): July 15 1869

7. AGE: Years 71; Months —; Days 12; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Christian Zander

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Jurgens

(Address) 615 E 29 St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Matthews Date: July 16 1940

19. UNDERTAKER: John Elliott

(Address) 2008 Eutaw

20. FILED JUL 28 1940 19 by William [illegible] Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1940 to July 27, 1940

I last saw h[illegible] alive on July 27, 1940. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	7-26
Heart Decompensation	7-26

Other contributory causes of importance:

Arterio sclerotic Heart Disease	?
Diabetes Mellitus	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Melvin D Tappelmeier M. D.

(Address) South Balto Gen. Hosp.

F 71461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

✓F 71461 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 E. Federal St.
(c) Hospital or institution:

8-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GERTRUDE SIEGLEIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Seiglein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1878

8. AGE: Years	Months	Days	If less than one day
62	6	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Snapp
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schauer
15. Birthplace Germany

16 (a) Informant John L. Sieglein
(b) Address 2209 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2102 Eastern

JUL 28 1940 (Date rec'd by registrar) (b) Registrar

Thursday 11 AM

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to July 26 1940, and that I last saw her alive on April 26 40

Immediate cause of death	Duration
Multiple Metastatic Carcinoma of Lung & Mediastinum	3 Mos
Due to Carcinoma of bladder	1 yr 3 mos
Due to generalized metastatic Carcinoma	Unk
Other Conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Biopsy of Subcutaneous nodule - Adenocarcinoma
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Kraft M.D.
Address 10 E Biddle Date signed 7/27/40

correct age is especially important. If questions 7 and 8 are not known, please write "unknown."

F 71462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 71462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 26-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Roeder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hartman Roeder
13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Roeder
15. Birthplace Germany

16 (a) Informant Mrs Roeder
(b) Address 3215 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director J. J. Sterr
(b) Address 3001 Pennsylvania

19 (a) July 28 1940 (Date received by registrar) (b) Registrar Huntington Whitehill M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 10.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20-1940 to 7-25 1940 and that I last saw h. alive on 7-25 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Acute myocardium	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address St Jos Hosp Date signed 7-28-40 M. D.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 71463 Registered No.

write the causes of death clearly and legibly. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Solomons Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OLIVER ROBINSON

3 (b) If veteran, name war: M
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 12 [illegible]

8. AGE: Years 92 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace: Calvert Co. Md
(Town, county, and state)

10. Usual Occupation:
11. Industry or business: Retired

FATHER
12. Name: James Robinson
13. Birthplace: Md.

MOTHER
14. Maiden Name: Ann —
15. Birthplace: Md

16 (a) Informant: Ann Robinson
(b) Address: Solomons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (month) (day) (year)
(c) Cemetery or crematory: Solomons M.E. Cemetery
Location: Solomons, Md.

18 (a) Funeral director: A. A. Harkins & Son
(b) Address: Mutual, Md.

(Signature of local registrar) Huntington Williams M.D.

JUL 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 11 05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: Fracture of right femur	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: July 1st, 1940
(c) Where did injury occur? Solomons Island (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] While at work? [illegible] (Specify type of place)
(e) Means of injury: fell down on wood

23. Signature: H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-27-40

Correct age is especially important.

VS 6

F-71464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F-71464

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 654 W. Fayette St (If outside city or town limits, write RURAL and give town)
(d) Street No. Dec'd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ogden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W

6 (b) Name of husband or wife dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 62			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant University Hosp
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Jesus
Location Sunnyside Md. - Md.

18 (a) Funeral director John J. Tabb's Sons
(b) Address 847 Cathedral St

19 (a) JUL 28 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940 at 1:25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Fracture 1st lumbar Cerebral collapse	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 23, 1940
(c) Where did injury occur 669 N. Lee St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Public Street (Specify type of place) While at work? No
(e) Means of injury Fell on street

23. Signature Wm. Wade Gutt M.D. Medical Examiner.
Date signed 7/28/40

F 71465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71465 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2932 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2932 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Iarrabee Innes Correll

3 (b) If veteran, name war

3 (c) Social Security Account No. 179-03-4633

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age: 1863 years

7. Birth date of deceased (mo., day, yr.): May 29, 1874

8. AGE: Years 57 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Penn. Dixie C. Co.

FATHER
12. Name Stewart Dorsey Correll
13. Birthplace Va.

MOTHER
14. Maiden Name Eliz. V. Blair
15. Birthplace Balto.

16 (a) Informant Lillian M. Correll
(b) Address 2932 St. Paul St.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemy.
Location Greenmount Ave. Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1900 Eutaw Place

JUL 29 1940 (Registrar) [illegible]

VS 8.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1940, to 7-26 1940, and that I last saw him alive on 7-26 1940

Immediate cause of death	Duration
CORONARY THROMBOSIS	22 DAYS
Due to CHR. ARTERIOSCLEROTIC HEART DISEASE	5 YRS ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Dorsey M. D.
Address 1129 St. Paul St. Date signed 7-27-40

F 71466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 71466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura S. Gwaltney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Luther H. Gwaltney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/60

8. AGE: Years 79 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name James C. Cremer
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanor Bogle
15. Birthplace Md.

16 (a) Informant L. Thayer Gwaltney
(b) Address 2605 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John Oliver Love
(b) Address 1900 Eutaw Place

19 (a) 7/28 1940 (Date received by registrar) (b) Huntington Williams Registrar

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to July 27 1940
and that I last saw h[er] alive on July 26 1940

Immediate cause of death Arteriosclerosis, generalized; General senile changes; and fibroid | Duration
Due to Arteriosclerosis, chronic bronchitis; | 4 days
Due to bronchopneumonia

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Wright M. D.
Address Medical Arts Bldg. Date signed

F 71467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 71467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James H. Brown

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Mary C. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30th 1863

8. AGE: Years	Months	Days	If less than one day
77	5	26	hr. min.

9. Birthplace Frederick Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto Copper Works

FATHER
12. Name Hiram Brown
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Gertrude Gabler
(b) Address 3113 Belair Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul st

(a) JUL 28 1940 (b) Huntington Williams, M.D. Registrar
Date filed by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940 to July 26 1940 and that I last saw him alive on July 26 1940

Immediate cause of death	Duration
Acute Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) —
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Aisquith St Date signed 7/27/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 71468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 N. Regester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 N. Regester st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Robert L. Amos

3 (b) If veteran, name war NU | 3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Violet G. Amos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21st 1861

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business Balto. Cemetery

FATHER 12. Name Robert Amos
13. Birthplace Md.

MOTHER 14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Violet G. Amos
(b) Address 1911 N. Register ST.

17 (a) Burial (b) Date thereof 7/29/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Franklinville
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JUL 29 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1940, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2d 1940 to July 26 1940, and that I last saw ~~him~~ alive on July 25 1940

Immediate cause of death	Duration
Uremia	
Due to Cardio-vascular-renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Barnaby M. D.
Address 1531 E North Ave Date signed 7/27/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV F 71469

50 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. + N. Calvert.
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County (Baltimore)
(c) City or town Edgewood, Belair (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Morgan George Simpson (Katherine)
3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-05-1704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Mr. M. D. Simpson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 19, 1898

8. AGE: Years	Months	Days	If less than one day
41	9	7	hr. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business At Home

FATHER
12. Name Mr. Charles H. Blemple
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Smith
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Union Mem Hospital

17 (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) (b)
(Deputy of the Registrar) Registrar

JUL 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July, 26 1940, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22nd 1940, to July 26th 1940 and that I last saw h[er] alive on July 26 1940.

Immediate cause of death Embolus — Pulmonary

Due to (Post-operative) Carc. of Breast, rt.

Due to

Other Conditions Carcinoma of Breast rt., Post operative.
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Breast rt. with Metastases.

Of autopsy

Duration
2½ hrs
7 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hop Date signed 7/26/40

F 71470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a F 71470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Harding

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	D Divorced

6 (b) Name of husband or wife: Thomas M. S. Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1852

8. AGE: Years	Months	Days	If less than one day: hr.	min.
88	5	24		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Theodore Eddinge
13. Birthplace Balto - Md.

MOTHER
14. Maiden Name Eliza J. Collins
15. Birthplace Md.

16 (a) Informant Raymond Harding
(b) Address 1210 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 28 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 10:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Broncho-pneumonia	2 days
Due to (b) Following fracture neck right femur	5 days
Due to (c)	
Due to (d)	

Other Conditions Hypertension, Cardio Renal Disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operation Insertion of Steinmann Pin in neck of Right femur -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 21, 1940
(c) Where did injury occur? 1210 E Preston St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell in own back yard

23. Signature William J Neligh M.D. (Medical Examiner)
Date signed 7-7-40

Howard D. Mosser M.D. Examiner

V.S. 6

Instructions: Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

V.S. 6

F 71471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Rook 13/a ✓

F 71471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1324 N. Lafayette Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 N Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lavinia Rook - Lavinia Rook

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1/2/75

8. AGE: Years 65 | Months 76 | Days 22 24 | If less than one day ..... hr. ..... min.

9. Birthplace Weldon, N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Buck Floyd
13. Birthplace N. C.

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Mae Bivens
(b) Address 1324 N. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Archibald A. Haddaway
(b) Address 2101 McCulloh St

19 (a) ..... (Date rec'd by registrar) ..... (Registrar)

JUL 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1940 to 7/26 1940 and that I last saw h[illegible] alive on 7/26 1940

Immediate cause of death: Hypostatic Pneumonia (Lobar) Renal Vascular — Duration: 6 Days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. J. Hatcher
Address 1717 Park Ave Date signed 7/27/40

Physicians: please write the causes of death clearly and legibly. Please write plainly, using ink. Do not use abbreviations or symbols. Be sure that the correct age is especially important.

F 71472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 71472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Castle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 N Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 yrs 1 years

3 (a) FULL NAME John Cooper (Kupiec)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Martha 1871
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Teofil Kupiec
13. Birthplace Poland

MOTHER
14. Maiden Name Ann Kupiec
15. Birthplace Poland.

16 (a) Informant Clement Cooper (Son)
(b) Address 1700 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus (Cem)
Location Balto County Cem

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) (b) Hunting Park Ave Williamsport Md

Filed with registrar JUL 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/40 19 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to July 25 1940 and that I last saw him alive on July 25 1940.

Immediate cause of death Carcinoma of Liver — Duration 2 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lipsey M. D.
Address 323 Peterson Pkwy Date signed 7/27/40

Filling in this certificate is especially important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

AUG 26 1940

F 71473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 119a

F 71473
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ~~317 S~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 S. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Kowalewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 193

8. AGE: Years 1 | Months 13 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene White
13. Birthplace Florida

MOTHER
14. Maiden Name Frances Kowalewski
15. Birthplace Baltimore Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Dayton County

18 (a) Funeral director John J. Whitty
(b) Address 461 S. Chester St

19 (a) (b)
(Date rec'd by registrar) Registrar
JUL 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 27 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death ? Meningitis
? Septicemia
Due to Meningococcus
Due to
Other Conditions Dehydration
Hyperpyrexia
(Including pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration: 1 day | 1 day | over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 7/27/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

127a

Registered No. F 71474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Davidsonville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leora M Stallings

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: A. Leher Wiley Stallings
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1887

8. AGE: Years 52 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Annapolis Md.
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Henry A Myers
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Henkel
15. Birthplace New Jersey

16 (a) Informant A. Leher Wiley Stallings
(b) Address Davidsonville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/40 (month) (day) (year)
(c) Cemetery or crematory Methodist
Location Davidsonville, Md

18 (a) Funeral director B. L Hopkins
(b) Address Annapolis Junction, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 11 19 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1940 to 7/27 1940, and that I last saw h[illegible] alive on 7/27 1940.

Immediate cause of death Brain abscess

Due to Appendectomy

Due to Cholecystitis

Other Conditions Paralytic Ileus

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Adhesions
Cholecystitis
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Henry Hasen
Address Univ. Hosp. Date signed 7/27/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

71475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

F 71475
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N Inglewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Kurzmiller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1924

8. AGE: Years	Months	Days	If less than one day: hr.	min.
16	0	17		

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation School
11. Industry or business School

FATHER
12. Name Louis Kurzmiller
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Carmella Tamburro
15. Birthplace Baltimore Md.

16 (a) Informant Louis Kurzmiller
(b) Address 403 N. Inglewood Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Rendell Hoppe
(b) Address 312 S. Highland St.

JUL 28 1940
(Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 2:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture Skull
Laceration of Brain

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 7/25/40
(c) Where did injury occur? Eastern Ave & Clinton St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Jumping into truck - fell off in boarding

23. Signature M. Blanchett M.D.
Medical Examiner.

Date signed 7/26/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 W Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MISS MARY THERESA RENEHAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1864

8. AGE: Years 75 76 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm Renehan
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Carroll
15. Birthplace Ireland

16 (a) Informant Miss Agnes Renehan
(b) Address 2306 W Fayette

17 (a) Burial (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Jno A Farley
(b) Address Fulton & Fayette

19 (a) (Signature of Registrar) (b) Hunting for Williams, M.D.

JUL 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 10 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquest) on and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease.

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams Asst Medical Examiner M.D.

Date signed 7-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item should be answered. Write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write t

F 71477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

✓F 71477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital 27-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Bayonne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary K. Bernasco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edward.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8-1878

8. AGE: Years 62 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Balto Co (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name William R Lynch
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Sarah Grace
15. Birthplace Balto Co. Md

16 (a) Informant Edward Bernasco
(b) Address 3104 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location

18 (a) Funeral director Leonard Rush
(b) Address 5305 Harford Rd.

JUL 28 1940 (Date rec'd by registrar) (b) Huntington Ave Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1940, at 9⁴⁰ PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940, to 7-26 1940, and that I last saw h[illegible] alive on 7-26 1940.

Immediate cause of death Toxemia — Duration

Due to Carcinoma of the Ovary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized peritoneal carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Women's Hospital Date signed

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Information required; whether complete and correct age is especially important.

F 71478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ F 71478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3103 Ravenswood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3103 Ravenswood ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas H. Curran

3 (b) If veteran, name war: World War.

3 (c) Social Security Account No. 705-10-4513

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Antonetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 22-1892

8. AGE: Years 47 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: agent Ind.

11. Industry or business: Western Md. R.R.

FATHER 12. Name: James Curran

13. Birthplace: Ire

MOTHER 14. Maiden Name: Susie B. Burns

15. Birthplace: Md

16 (a) Informant: Mame Curran

(b) Address: 2915 Whitelaw ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29-40 (month) (day) (year)

(c) Cemetery or crematory: New Cath.

Location: Old Frederick Rd

18 (a) Funeral director: John. O. Hoffman

(b) Address: 3000 E. Balto. St.

19 (a) 7-28 1940 (Date filed by registrar) (b) Hunter [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1940, to 7-25 1940, and that I last saw him alive on 7-25 1940.

Immediate cause of death	Duration
Coronary Thrombosis	7.25.40
Due to (a) Angina Pectoris (?)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Fred. T. Kodman

Address: 4200 Sheldon Ave Date signed: 7/26/40

VS 3

Do not fail to give the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the

Don As 71479
Acct. Room.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a F 71479
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Any information you can give us now will be especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland John Hopkins
(b) Street address.....
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-25
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Cashland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Adelle Parham

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Unknown
6 (b) Name of husband or wife.....
6 (c) If alive, give age.....years
7. Birth date of deceased (mo., day, yr.) 1892
8. AGE: Years 46 | Months | Days | If less than one day .....hr. .....min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Richard ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Hosp. Record
(b) Address

17 (a).....(b) Date thereof 7-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn Md.
18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brendlay Ave
19 (a) [illegible] (Signature of registrar) Hunting J Williams

JUL 28 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to ..... 19..; and that I last saw him alive on July 15 1940

Immediate cause of death..... Duration
Cerebral Accident
Due to.....
Due to Hypertensive cardio-vascular renal disease.
Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operation Ruptured Gingental
Of autopsy Cerebral aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature Philip A Turnulty M.D.
Address Johns Hopkins Hosp Date signed July 26 40
N. L. Wolfenstein M.D. Asst Med Exam.
per E. B. Brantigan

F 71480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

115 C

Registered No. F 71480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Schwartz

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-09-1898

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jennie Goldsome

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/6/1884

8. AGE: Years 56 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Cigar Salesman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Jennie Schwartz
(b) Address 1210 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director J. A. Frazier & Son
(b) Address 216 S. Charles St

19 (a) (Registrar) Huntington Williams M.D.
(b)

JUL 28 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1940 at 2'15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1940 to 7-26 1940 and that I last saw him alive on 7-26 1940

Immediate cause of death: Septicemia - organism not isolated — Duration:
Due to: Tonsillitis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Felmus M. D.
Address St Joseph's Hosp Date signed 7-27-40

VS 3

71481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C

VF 71481

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George's Co.
(c) City or town Berwyn.
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Henry Simmons

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Cecilia Ida Simmons
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1906

8. AGE: Years	Months	Days	If less than one day
34	6	3	hr. min.

9. Birthplace Pendleton Co., W. Virginia
(Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Harry Simmons
13. Birthplace Pendleton Co., W. Virginia

MOTHER
14. Maiden Name Elsie Simmons
15. Birthplace Pendleton Co., W. Virginia

16 (a) Informant Cecilia Ida Simmons
(b) Address Berwyn, Md.

17 (a) Burial (Burial, cremation, or removal) Riverdale (b) Date thereof July 31/40 (month) (day) (year)
(c) Cemetery or crematory Riverdale
Location Riverdale Md

18 (a) Funeral director W. W. Chambers & Co
(b) Address Riverdale Md

19 (a) (Date rec'd by registrar) JUL 28 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1940 to July 28 1940, and that I last saw him alive on July 28 1940.

Immediate cause of death Cardiac Failure — Duration (days) ?

Due to Rheumatic C.V. Disease — Duration (years) Unknown

Due to Left Hemiplegia, due to Embolism — Duration (days) 5 days

Other Conditions Auric. Fibrillation. Congestive Bronchopneumonia.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Glenn H. Algire
Address University Hospital Date signed 7/29/40 M. D.

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

71482

HEALTH DEPARTMENT—CITY OF BALTIMORE

71482

CERTIFICATE OF DEATH

937

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St., 10-3 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Washington

2. FULL NAME William Hiser

(a) Residence: No. Maryland Penitentiary St., 29½ Boundary St Hagerstown Md.
(Usual place of abode) Ward, (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton Va.

FATHER

13. NAME George W. Hiser

14. BIRTHPLACE (city or town) (State or country) Staunton Va

MOTHER

15. MAIDEN NAME Eliza Shuff

16. BIRTHPLACE (city or town) (State or country) Goshen Va

17. INFORMANT Records Md Penitentiary
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Elkton - Va Date 7-31, 1940

19. UNDERTAKER R. D. Esmahan
(Address) Reidyaville - Md

20. FILED JUL 28 1940 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1940 to July 28th 1940

I last saw him alive on July 28 1940. Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance: Generalized arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Saulsbury M. D.

(Address) Temple Court Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 71483
Registered No.

Every item of information should be carefully supplied. Where exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 Chestnut ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name of town)
(d) Street No. 3522 Chestnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Guy William Fogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Birdie M. Fogle
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1893

8. AGE: Years	Months	Days	If less than one day
46 48	11	6.	..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Funeral Director.
11. Industry or business

FATHER
12. Name Charles Fogle
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Smith.
15. Birthplace Md

16 (a) Informant Birdie M. Fogle.
(b) Address 3522 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 765-17 Eutaw St.

JUL 29 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 1:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Occlusion	15 min
Due to	
Due to	
Other Conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	7 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William D. Reddick M.D.
Medical Examiner.
Date signed July 27, 1940

F 71484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 71484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 S.EATON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 to 9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S.EATON ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME URSULENE MORGERETH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: JOSEPH H.MORGERETH
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) DEC? 13 1875
8. AGE: Years 64 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOSEPH SCHMIDT
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA SCHWEGERT
15. Birthplace GERMANY

16 (a) Informant JOSEPH A.MORGERETH(SON)
(b) Address 706 S.FAGLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 29/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD
18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.
19 (a) JUL 29 1940 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 25 1940, at 6/5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1940, to July 25 1940, and that I last saw h.. alive on July 25 1940.

	Duration
Immediate cause of death Carcinoma of Rt Breast	2 yrs.
Generalized carcinomatosis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E A Schumunk M. D.
Address 842 S. Eos Ave Date signed 7-28-40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 71485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71485 Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Bengies
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Armstrong
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Elisha
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-24-81
8. AGE: Years 59 Months 1 Days 4 If less than one day hr. min.
9. Birthplace W. Va (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Zephaniah Silver
13. Birthplace W. Va

MOTHER
14. Maiden Name Rachel P
15. Birthplace W. Va

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sharp Street Cem.
Location Bengies
18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 Hanover & Williams, Sts
19 (a) (b) Registrar
(Date sold by registrar)
JUL 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940, to 7-28 1940, and that I last saw her alive on 7-28 1940

Immediate cause of death: Coronary Thrombosis & Myocardial Infarction — Duration 4 days
Due to arteriosclerosis
Due to
Other Conditions Bilateral cataracts
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roger A. Lewis
Address John Hopkins Hosp. Date signed 7/29/40

PLEASE FILL IN FULLY, WITH UNUSUAL CARE. Physicians: please write the exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1486

HEALTH DEPARTMENT—CITY OF BALTIMORE

71486

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH Home for Incurables

Registered No.

CITY OF BALTIMORE: (No. 13-7 St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Ann Stewart

If U. S. Veteran specify WAR ...

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob C. Stewart

6. DATE OF BIRTH (month, day, year) Feb. 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Dublin, Ireland.

FATHER

13. NAME Dr. William Frederick Stewart

14. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

MOTHER

15. MAIDEN NAME Mary Stephenson Stewart

16. BIRTHPLACE (city or town) (State or country) Holly Hill, A. A. Co. Maryland

17. INFORMANT Home for Incurables records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 29, 1940

19. UNDERTAKER Stewart & Hamilton Co.
(Address) 108 W. Mulberry St.

20. FILED JUL 29 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938 to July 27, 1940

I last saw her alive on July 27, 1940 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Parkinsons Syndrome (Parkinsons)	1938
Arteriosclerotic Heart Disease	Unknown
Other contributory causes of importance: Acute myocardial insufficiency	7-27-40

Was an operation performed? No Date of —

For what disease or injury? Not applicable

Name of operation Not applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. Cevoli M. D.

(Address) 11 East Lafayette St. Baltimore, Md.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71487

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

40196 13B

F 71487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Scarborough

3 (b) If veteran, name war —

3 (c) Social Security Account No. none ?

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-1857

8. AGE: Years 83 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Scarborough
13. Birthplace Md.

MOTHER
14. Maiden Name Pauline
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/40 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2108 Eastern Ave

(a) (Date received) JUL 29 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1940, at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1938, to 7/26 1940, and that I last saw h alive on 7/26 1940

Immediate cause of death
Tuberculosis of the lungs
Cerebral Thrombosis

Duration
Nov. 1938
Oct 1939

Due to

Due to

Other Conditions
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 7/26/40

M. D.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the cause of death clearly and legibly. Please write age correctly, and if under one year, state months, days, or hours. Please be careful to correct age is especially important.

F 71488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2740 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-6
(e) Length of stay in Baltimore (yrs., mos., or days) 64 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2740 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elvie L. Springer

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 17, 1858

8. AGE: Years 82 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Cecil Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Francis J. Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Susanna Rooker
15. Birthplace Maryland

16 (a) Informant Miss. Edna R. Springer
(b) Address 2740 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 JUL 29 1940 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to July 27 1940, and that I last saw h[illegible] alive on July 26 1940.

Immediate cause of death Chronic Nephritis with myocardial degeneration and Cardiac hypertrophy. — Duration .....

Due to generalized arterio sclerosis .....

Due to .....

Other Conditions Ventral hernia at site of surgical scar (probably) 4 years ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. Michel M. D.
Address July 27 1940 Date signed 290 Edmondson Ave

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 3

F 71489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. F 71489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or last. (yrs., mos., or days) 26-10
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 S.Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 Yrs. years

3 (a) FULL NAME Earnest Louis Schroeter

3 (b) If veteran, name war ---
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.5,1855

8. AGE: Years	Months	Days	If less than one day
84	8	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business Grocery

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss.Lulu M.Schroeter
(b) Address 201 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31,1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E.North Ave.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) JUL 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to July 28 1940 and that I last saw him alive on July 25 1940.

Immediate cause of death: Heart prostration — Duration: 1 day
Due to: Chronic myocarditis
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gorsky M. D.
Address 147 Edmondson Ave Date signed 7-29-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 Registered No. F 71490

PLEASE WRITE PLAINLY, with UNFADING INK. Every question must be answered. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 6 ll

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Orleans Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Monk
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-09-0367

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Martha Monk
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Durham N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jack Monck
13. Birthplace N. C

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Martha Monk
(b) Address 1128 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Q. A. Co. Md.

18 (a) Funeral director Ballou Frames & Wright
(b) Address 1218 McCulloh St Huntington Hillcrest, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1940, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1940 to 7/28 1940, and that I last saw h im alive on 7/28 1940

Immediate cause of death — Duration
Heat Stroke — 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same & Left Renal Adhesions & Abdominal Adhesions

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md General Hosp. Date signed 7/28/40

PHYSICIAN
Underline the cause to which it should be charged statistically

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71491

71491

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 S. Kenwood ave St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franciszek Wielinski

If U. S. Veteran specify WAR .....

(a) Residence: No. 929 S. Kenwood ave St., 1-L Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marjanna

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Wielinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Yet known

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Leonard Wielinski

(Address) 403 Bond St

18. BURIAL, CREMATION, OR REMOVAL 40

Place St. Stanislaus Date 7/30 19....

19. UNDERTAKER John Duda

(Address) 2829 Hudson St

20. FILED JUL 29 1940 19.... Registrar. Huntington Ferguson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to July 27, 1940

I last saw h. alive on July 27, 1940. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Hunt Ferguson M. D.

(Address) 243 E. Fort Ave

71492

missing

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71493

CERTIFICATE OF DEATH 46 F F 71493

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Irene Knapp
If U. S. Veteran specify WAR

(a) Residence: No. 2834 Ellicott Driveway, 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Wilbur Knapp.

6. DATE OF BIRTH (month, day, year) Sept 12 - 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 37	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME George B. Tull

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie May Cannon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. Wilbur Knapp
(Address) 2834 Ellicott Driveway

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Druid Ridge Cem. Date July 30 1940

19. UNDERTAKER Frank Cook Lyter
(Address) 1600 W. North Ave.

20. FILED JUL 29 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1940 to 7/28 1940

I last saw h.e.r. alive on 7/28, 1940. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Duct cell Ca. (Biliary)	
(2) Cholecystitis with Cholelithiasis	Several years

Other contributory causes of importance:

Bilat. Terminal Pneumonia	7/27/40

Was an operation performed? Yes Date of 7/27/40

For what disease or injury? Cholecystitis & Cholelithiasis

Name of operation Cholecystectomy & Exploration of Com. Duct & of Duodenum & Drainage of Ampulla of Vater

What test confirmed diagnosis? Microscopic Was there an autopsy? NO

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard C. Blumenthal M. D.

(Address) West Baltimore General Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 71494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Matthews
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife John L. Matthews
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Oct. 22, 1883
8. AGE: Years 56 Months 8 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Mathias Derry
13. Birthplace Md.
MOTHER 14. Maiden Name Martha Watts
15. Birthplace Md.
16 (a) Informant Lillian M. Parrott (daughter)
(b) Address 2131 Druid Hill Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem Park
Location Arlington, Balto. Md.
18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave
19 JUL 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH July 26 1940, at 10:25 M
21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1940 to July 26, 1940 and that I last saw h[illegible] alive on July 25, 1940.
Immediate cause of death Sepsis — Duration
Due to Multiple infected ulcers
Due to
Other Conditions Arteris-sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. R. Campbell M. D.
Address 718 Dolphin St. Date signed 7-27-40

VS 3

F 71495

F 71495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 71495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4523 Pimlico Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 6
(e) Length of stay in Baltimore (yrs., mos., or days) ll

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 4523 Pimlico Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Anna Thomer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: David Thomer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Meyer Karloff

13. Birthplace Russia

MOTHER 14. Maiden Name Neomi

15. Birthplace Russia

16 (a) Informant David Thomer

(b) Address 4523 Pimlico Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)

(c) Cemetery or crematory Russdale

Location Pulaski Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto. St

19 7-29-1940 (b) Signature of undertaker Huntington Williams By Wm

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to 7-28 1940 and that I last saw h[er] alive on 7-28 1940.

Immediate cause of death: Bronchu pneumonia — Duration 4 days

Due to:

Due to:

Other Conditions: Arterio sclerosis Lt. sided hemiplegia (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Otherman M. D.
Address 1864 Eutaw Place Date signed 7/29/40

VS 3

F 71496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 W North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Florence or Flora Coplin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Elias B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sister Coplin
(b) Address 2807 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)

(c) Cemetery or crematory Washington Park
Location Langdon Valley Md

18 (a) Funeral director Jos. Lewis Inc
(b) Address 439 E. Baltimore St

JUL 29 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940 to July 28 1940, and that I last saw her alive on July 28 1940.

Immediate cause of death: Coronary Thrombosis — Duration 7/28/40

Due to Cardio-Renal-Vascular Disease — 1936

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Nilsen M. D.
Address 617 W 40th Date signed 7/28/40

VS 3

F 71497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

F 71497

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 N. Payson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Anna E Ludin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joshua

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wok.

11. Industry or business

FATHER
12. Name Isiah
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Joshua Ehrlich
(b) Address 1739 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Balt Pike & Hamilton Ave

18 (a) Funeral director Jos Sears Jr.
(b) Address 1439 E. Balt St.

19 JUL 29 1940 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 12:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1935 to 7/29 1940 and that I last saw her alive on 7/29 1940

	Duration
Immediate cause of death: Diabetic Coma	36 hr.
Due to: Emphysema & arteriosclerosis	2 wks.
Due to: Chronic nephritis & arteriosclerosis	1 yr. 10 yrs.
Other Conditions: Diabetes mellitus. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. K. Sears M. D.
Address 3703 Garrison Blvd. Date signed 7/29/40

VS 2

F 71498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133

F 71498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Battery Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred H Busch

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-1750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 6 1908

8. AGE: Years	Months	Days	If less than one day
31	8	23	....hr. ....min.

9. Birthplace Electric Baltimore Co (Town, county, and state)

10. Usual Occupation Electric Welder

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Cornelius W Busch
13. Birthplace Balto

MOTHER
14. Maiden Name Clara May Fink
15. Birthplace Balto

16 (a) Informant Mrs Cornelia Coliano
(b) Address 506 Richwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

(a) JUL 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 6.20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h.s death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 7/29/40

VS 6

F 71499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

F 71499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E. Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Edward Amass

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14 1940

8. AGE: Years | Months: 4 | Days: 13 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Herbert H. Amass
13. Birthplace Baltimore

MOTHER 14. Maiden Name Helen Kantarelle
15. Birthplace Pennsylvania

16 (a) Informant Herbert H Amass
(b) Address 217 E Cross st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 - 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 2936 Frederick ave

18 (a) Funeral director William M Marack
(b) Address 715 Light st

19 (a) JUL 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1940, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1940, to 7-27 1940 and that I last saw h alive on 7-27 1940.

	Duration
Immediate cause of death: Hyperpyrexia	3 hrs
Due to: Probable septicemia	1 day
Due to: otitis media and upper respiratory infection	3 days
Other Conditions: Dehydration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Oedema & congestion of Brain & Meninges

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kammer Jr.
Address Mercy Hospital Date signed 7/29/40

F 71500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 71500
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 E Hamburg St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 E Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Appell

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-9483

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1883

8. AGE: Years	Months	Days	If less than one day
57	4	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Metal Worker
11. Industry or business

FATHER
12. Name Charles H Appell
13. Birthplace Balto

MOTHER
14. Maiden Name Annie Hudson
15. Birthplace Balto

16 (a) Informant Miss Rosena Appell
(b) Address 303 E Hamburg

17 (a) Burial (b) Date thereof July 29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Edmondson Ave

18 (a) Funeral director William M Marack
Address 346 Light St
(b) Huntington Williams, M.D.
Registrar

JUL 29 1940
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 4.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to July 26 1940 and that I last saw him alive on July 26 1940

Immediate cause of death	Duration
Cystic Lung disease	1 year
Due to Not known	
Due to	
Other Conditions Myocarditis	1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Logan Miller M. D.
Address 1238 N. Arlington Ave Date signed 7/29/40

F 71501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 71501

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate or use ditto marks. Be sure and write the causes of death clearly and legibly. Give full name of street and number. Do not report "Hospital" as residence unless deceased was actually a resident of the hospital. Fill in all items. Information is required from the best informed person available. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christina Duntraum

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31. 1858

8. AGE: Years 82 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Geo Drechsler
13. Birthplace Germany

MOTHER — 14. Maiden Name Barbara Wittgall
15. Birthplace Germany

16 (a) Informant Mrs Dorsey
(b) Address 123 N. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Thos J. Kenny
(b) Address 1 Allen & Whitmore (representing) Williams, M.D.

JUL 29 1940
(Date Filed) by (Registrar)

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 6 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to July 29 1940, and that I last saw h alive on July 29 1940.

Immediate cause of death	Duration
Diabetes Mellitus	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Dorsey M. D.
Address 1 Allen & Whitmore Date signed July 29 1940

F 71502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a ✓ F 71502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to secure the signature of the person responsible for the statements of the causes of death clearly and legibly, correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Forest st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME PATRICK REILLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1871

8. AGE: Years	Months	Days	If less than one day
69	3		hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Retired Foreman

11. Industry or business City Water Supply

FATHER
12. Name Thomas Reilly
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Coleman
15. Birthplace Ireland

16 (a) Informant Miss Mary Reilly
(b) Address 104 Ridgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30. 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cathedral St

19 JUL 29 1940 (Date received by registrar) (b) J. Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 7 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Dr (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subdural hematoma — Duration

Due to

Due to

Other Conditions Fractured 2d Rib, left
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 27, 1940
(c) Where did injury occur? 1113 Forest St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury fell down steps, from 3rd floor to 1st floor

23. Signature H. Z. Walker M.D.
Asst Medical Examiner.

Date signed

VS 6

F 71503

Ba Hudson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 F 71503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward J. Batterden

3 (b) If veteran, name war

3 (c) Social Security Account No. 117-07-7715

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1876

8. AGE: Years 64 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tallyman Pier RR

11. Industry or business

FATHER 12. Name Patrick Batterden

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Williams

15. Birthplace Ireland

16 (a) Informant Mrs. M. Mallooly

(b) Address 508 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

JUL 29 1940 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 7 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to July 27 1940 and that I last saw h[illegible] alive on July 27 1940.

Immediate cause of death Heat Exhaustion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Sabatini M. D.

Address St Joseph Hosp Date signed 7-27-40

H Zw allamethen, M H asst Medical Examiner

71504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 71504 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use only standard abbreviations. Do not use ditto marks. Be sure and answer all questions. Give the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Be sure that the correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Edmonson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Hattie Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

Sex: Fem.
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years 29 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER — 12. Name Unknown
13. Birthplace

MOTHER — 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Williams Smith
(b) Address 1725 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. G. Kelson
(b) Address 1303 Presstman St.

19 (a) Filed JUL 29 1940 (b) Registrar for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1940 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19- 1940, to 7-26-1940 and that I last saw her alive on 7-26-1940

	Duration
Immediate cause of death Hypertension	?
Cardio-Renal Disease	
Due to Metral Insufficiency	?
Obesity.	
Due to	
Other Conditions Chr Pyelonephritis - Pulmonary Congestion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 7/26

F 71505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55D

F 71505 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Do not write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 24da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 George Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George William Garfield JONES

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 218 05 6069

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sarah Jones Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1885

8. AGE: Years 54 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace: Laurel, Delaware
(Town, county, and state)

10. Usual Occupation: Laborer-Montibello Tunnel

11. Industry or business

FATHER
12. Name: William J. Jones
13. Birthplace: Princess Anne, Maryland.

MOTHER
14. Maiden Name: Priscilla Miles
15. Birthplace: Princess Anne, Maryland.

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) National (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)

(c) Cemetery or crematory Burial

18 (a) Funeral director: Thomas E. Kelly
(b) Address: 1303 Pressman St.

19 (a) Filed JUL 29 1940 (b) Registrar: for Municipal Off. Baltimore, Maryland.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1940, to July 26, 1940, and that I last saw him alive on July 26, 1940.

	Duration
Immediate cause of death: Bronchial pneumonia with multiple abscess, bilateral	1 week
Due to: Frontal meningitis, localized meningitis	1mo.
Due to: Myxosarcoma of the right antrum with extension to the base of the brain	1 year
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Removal of tumor, enucleation of rt. eye.
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: T. B. H. Anderson M. D.
Address: U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/29/40

71506

HEALTH DEPARTMENT—CITY OF BALTIMORE

71506

CERTIFICATE OF DEATH

931

1. PLACE OF DEATH Home for Incurables — Registered No.

CITY OF BALTIMORE: (No. 40th St + Keswick Rd., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Williams Henry Fehsenfeld. If U. S. Veteran specify WAR

(a) Residence: No. 332 University Parkway (East), Ward. (Before entering The Home.)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sara W. Fehsenfeld.

6. DATE OF BIRTH (month, day, year) Feb. 7 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland —

FATHER

13. NAME Louis Fehsenfeld.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gretchen Dubiel Peters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. LeRoy Browning

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30th 1940

19. UNDERTAKER Bertram R. Yoe

(Address) 2224 N. Charles St.

Filed JUL 29 1940 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1940, to July 28th, 1940

I last saw him alive on July 28th, 1940 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1935
Cerebral hemorrhage	7-28-40
Right hemiplegia	6-16-40

Other contributory causes of importance:

Progressing Congestive Myocardial Failure	7-1-40

Was an operation performed? No Date of Not applicable

For what disease or injury? Not applicable

Name of operation Not applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Chas. Gill M. D.

(Address) 11 E. Chase St. Baltimore Md.

INFORMATION REQUIRED IN REPORTING CAUSE OF DEATH in plain terms, so that if any of the property ... OCCUPATION is very important. See instructions on back of certificate.

V S 8

F 71507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71507 Registered No.

PLEASE WRITE plainly, with ink. Do not use pencil. Do not write the figures 1 or 2 in the first letter of the words. Do not abbreviate. Write the cause of death in ordinary language. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Stafford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Pressprich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife Isolde Tuleske

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) April 27, 1863

8. AGE: Years 77 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Doctor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Isolde Pressprich

(b) Address 3033 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore Md.

18 (a) Funeral director Martin Tabb & Sons

(b) Address 1827 N. North Ave.

19 (a) (b) Registrar

~~JUL 29 1940~~

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12-1940, to 7-28 1940, and that I last saw h.. alive on 7-27 1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to Degenerative Arteriosclerotic Cardio-vascular	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks M. D.

Address St Agnes Hosp. Date signed 7-28-

F 71508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a ✓ Registered No. F 71508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 E Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SUSAN D. BURGESS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1876

8. AGE: Years 64 ~~70~~ | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Philips
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Dont Know
15. Birthplace " "

16 (a) Informant Mrs Earl Schmeis
(b) Address 1610 E Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd.

18 (a) Funeral director Margaret H. Flynn
(b) Address 1422 Light St.

19 (a) (Date received by registrar) JUL 29 1940 (b) Huntington Williams, M.D. Registrar

VS 6

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the causes of death clearly and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 7 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis	
Due to: General	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Wallenmeyer M.D. Medical Examiner.
Date signed 7-27-40

VS 6

OK 36707

F 71509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 71509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Wallin

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ingver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1905

8. AGE: Years 34 | Months 8 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Oscar Vickers
13. Birthplace Ill.

MOTHER
14. Maiden Name Elizabeth Bennett
15. Birthplace Ill.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) July (Burial, cremation, or removal) (b) Date thereof 29, 1940 (month) (day) (year)
(c) Cemetery or crematory St Matthew
Location Mount Carmel Road

18 (a) Funeral director Wendell Dorsey
(b) Address 312 S. Hedelandon

19 JUL 29 1940 (b) Huntington for Williams & P

VS 3

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1940 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1938 to 7/25 1940 and that I last saw h[illegible] alive on 7/25 1940

Immediate cause of death: Tuberculosis of the lungs — Duration: Jan 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address [illegible] Date signed 7/26/40

OK

OGK

71510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57815

191 Registered No. 71510

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 E. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Korneluk

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mike

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years (?) 50 | Months | Days | If less than one day hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Eva
15. Birthplace Austria

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Judy (Burial, cremation, or removal) (b) Date thereof 31 1940 (month) (day) (year)
(c) Cemetery or crematory Russian Cemetery
Location Arundel County

18 (a) Funeral director Pendell & Bagwell
(b) Address [illegible] Highland Ave. Hyattsville, Md.

19 JUL 29 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1940, at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28- 1940, to 7-28- 1940, and that I last saw h-- alive on 7-28- 1940.

Immediate cause of death: Heart attack — Duration: 1 day

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-28-40

Physician: please write correct age is especially important.

VS 8

71511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937 F 71511

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp. St., 19 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Marie Giovanniello (Michele Giovanniello) If U. S. Veteran specify WAR
S. S. 215-01-1840

(a) Residence: No. 412 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt. 57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1940

11. Total time (years) spent in this occupation 75 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquella Giovanniello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Gorgon

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. Oreste Giovanniello
(Address) Brooklyn, N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cemetery Date July 29 1940
Brooklyn, N. Y.

19. UNDERTAKER E. M. Corcoran
(Address) 1005 E. Baltimore St.

20. FILED JUL 29 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1940, to 7/28, 1940
I last saw him alive on 7/28, 1940 Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Heart Disease	Yrs.
Other contributory causes of importance: Bilat. Terminal pneumonia	7/28

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward E. Blumenthal M. D.
(Address) West Baltimore General Hosp.

INSTRUCTIONS—Please read carefully. Write plainly with ink. Do not use pencil. Make no abbreviations or use ditto marks. State CAUSE OF DEATH in plain terms, so that it may be understood by the laity. Do not report symptoms or modes of dying. OCCUPATION is very important. See instructions on back of certificate.

F 71512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 V

Registered No. F 71512

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 So Louis alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1942
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 So Louis alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lauer H Klees

3 (b) If veteran, name war: M
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Henry J. Klees
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1866

8. AGE: Years 74 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Constantine
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Wheat
15. Birthplace Md

16 (a) Informant Benj. H. Fauble
(b) Address 317 So Howard

17 (a) Burial (b) Date thereof July 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director E. W. Pottsmeier
(b) Address 1003 W. Baltimore St

19 (a) Filed JUL 29 1940 Huntington Williams, M.D.
(Signature of Registrar) Registrar

PLEASE WRITE PLAINLY, WITH INK. Be sure to fill in all items. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Heat prostration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Gudelsky M.D.
Medical Examiner.
Date signed 7-29-40

VS 6

71513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a ✓ F 71513 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 617 E 29th St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 617 E 29th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claudia M. Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry J. Griffith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1886

8. AGE: Years 53 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Arkansas (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace —

MOTHER 14. Maiden Name Unknown

15. Birthplace —

16 (a) Informant Ronald Griffith

(b) Address 617 E. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-40 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Balto county

18 (a) Funeral director Albert M Bowman

(b) Address 4 40 E. Lanvale St

19 (a) JUL 29 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 26 1940, and that I last saw him alive on July 26 1940.

Immediate cause of death	Duration
Due to Apoplexy	
Due to Apoplexy	
Other Conditions Uterine Leiomyoma	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

B. Signature Ira E Whitehill M. D.

Address 730 E. Univ Pkwy Date signed July 29-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

VS 8

VS 8

71514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 ✓ Registered No. F 71514

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 MILES AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH HEWITT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife ANNIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 10, 1864

8. AGE: Years	Months	Days	If less than one day
76		15	hr. min.

9. Birthplace MARKEM, CANADA (Town, county, and state)
10. Usual Occupation STORE KEEPER
11. Industry or business

FATHER
12. Name ALLEN HEWITT
13. Birthplace ENGLAND

MOTHER
14. Maiden Name ANNIE
15. Birthplace ENGLAND

16 (a) Informant Carson Shulman
(b) Address 2824 Miles Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Albert W Arrington
(b) Address 440 E North Ave

19 (a) JUL 29 1940 (Date filed by registrar) Huntington Williams M.R. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 25 1940, at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 22 1940, to JULY 25 1940, and that I last saw him alive on JULY 25 1940.

Immediate cause of death: Peripheral Circulatory Failure — Duration: 1 hr.
Due to: Operation for Right Inguinal Hernioplasty — 1 hr 3 years
Due to:
Other Conditions: Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Abrams
Address Union Memorial Hosp Date signed 7/29/40

Please write correct age is especially important. Physicians: please write

VS 8

71515 37784-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a ✓ F 71515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 17 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 St. Marys St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lydia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May ? 1879

8. AGE: Years 61 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation farmer

11. Industry or business

FATHER
12. Name Louis Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Winnie
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Victoria
Location Va.

18 (a) Funeral director Prosper R. Williams
(b) Address 322 N. Schroeder Ave.

19 (Date rec'd by registrar) JUL 29 1940 Huntington Williams, M. D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26- 1940, to 7-26- 1940, and that I last saw h~~im~~ alive on 7-26- 1940.

	Duration
Immediate cause of death: Cardiac failure	3 wks
Due to Arteriosclerosis	8 hrs
Due to G.U. Hem. Dis.	?
Due to Ulcer of stomach	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ulcer of stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 7-27-40

If correct age is especially important. Physicians, please write

M. D. B. 1368-9

71516 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 71516

CERTIFICATE OF DEATH

1313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2447 N. Schroeder St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James Smith

(a) Residence: No. 244 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zella Smith

6. DATE OF BIRTH (month, day, year) Sept. 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation — 1

12. BIRTHPLACE (city or town) (State or country) Chase md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Chase md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Chase md

17. INFORMANT Della Smith
(Address) 244 N. Schroeder

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date July 29, 19 40

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N Schroeder St

20. FILED JUL 29 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.24.40 19

22. I HEREBY CERTIFY, That I attended deceased from 6-3-40, 19, to 7.24.40, 19

I last saw h— alive on 7.23.40, 19. Death is said to have occurred on the date stated above, at 6:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
cardio vascular Disease	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? By Dr — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Parr M. D.
(Address) 4004 Carrollton Ave

Information should be carefully supplied, and state whether any of terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V. S. 3

71517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. E 71517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 275 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 275 N Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Widowed

6 (b) Name of husband or wife William Elliott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4-1897

8. AGE: Years	Months	Days	If less than one day
43	3	24	hr. min.

9. Birthplace Richmond Co. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isaaac Newton
13. Birthplace Va.

MOTHER 14. Maiden Name Lucy Fisher
15. Birthplace Va.

16 (a) Informant James Reed
(b) Address 275 N. Exeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn B. & O. Co. Md.

18 (a) Funeral director Bysom Thomas H. Knight
(b) Address 1218 Mc Elderry St.

19 Filed JUL 29 1940 (b) Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY. Fill in all blanks with typewriter or pen and ink. Be sure the cause of death is correctly stated. Underwriting is especially important. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to July 28 1940, and that I last saw her alive on July 27 1940

Immediate cause of death Mitral Insufficiency — Duration 4 mos

Due to Nephritis

Due to

Other Conditions Chronic Pancreatitis Nephritis and Hypertension — 4 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Spring M. D.

Address 1429 E Monument Date signed 7/29/40

F 71518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51c

F 71518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Monument & Rutland
(b) Street address 5827 Belair Rd
(c) Hospital or institution: Sinai Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5827 Belair Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Salvatore Di Domenico

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Tomasa Di Domenico
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 - 1875

8. AGE: Years	Months	Days	If less than one day
64	9	16	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Shoe Repair
11. Industry or business Business for self

FATHER
12. Name Antonio Di Domenico
13. Birthplace Italy

MOTHER
14. Maiden Name Filippa Badalo
15. Birthplace Italy

16 (a) Informant Wife Tomasa Di Domenico
(b) Address 5827 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank V. Pikitone
(b) Address 218 E. Balto Street

19 (a) JUL 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

E. B.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1940 to 7/27/40 1940, and that I last saw h. alive on 7/27/40 1940

Immediate cause of death	Duration
Acute Cardiac failure	1 day
Due to Aplastic anemia	6 mos.
Due to bone metastases	9 mos.
Other Conditions Due to carcinoma of testicle	16 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Abner Williams M. D.
Address Sinai Hospital Date signed 7-27-40

Please write correct age is especially important. Physicians: please write

F 71519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 71519

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Southern Hotel
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Landauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1867

8. AGE: Years	Months	Days	If less than one day
72	8		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Clothing

11. Industry or business Salesman

FATHER
12. Name James Landauer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Wile
15. Birthplace Germany

16 (a) Informant Mrs. Landauer
(b) Address New Howard Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harry Sondheimer
(b) Address 1812 Eutaw Place

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) JUL 29 1940 (Registrar)

VS 3

Please answer all questions. Underline the correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 1940, at 9.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 28 1940, and that I last saw him alive on July 28 1940.

Immediate cause of death Uremia — Duration 4 weeks

Due to arteriosclerotic C-V disease — 10 years

Due to

Other Conditions emphysema of lungs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abner Wilkes

Address Sinai Hospital Date signed M. 7 D. 28 1940

F 71520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 71520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Winchester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMELIA LOUIS

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1861.

8. AGE: Years 79 | Months 2 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Restaurant

11. Industry or business Manager.

FATHER
12. Name Adolph Louis.
13. Birthplace Germany.

MOTHER
14. Maiden Name Fannie Cohen,
15. Birthplace Germany.

16 (a) Informant Miss. Pauline Louis,
(b) Address 2831 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harold Smallwood & Son
(b) Address 1902 Eutaw Place

JUL 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to July 28 1940 and that I last saw h~~e~~r alive on 7/28 1940

Immediate cause of death: Heat Exhaustion — Duration

Due to:

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Krasnow M. D.

Address 117 S. Bdwy. Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly, correct age is especially important.

V8 3

F 71521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. F 71521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St
(c) Hospital or institution: Union Memorial Hosp 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Miss Carolyn Rice

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1892

8. AGE: Years	Months	Days	If less than one day
47	8	13	____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Joseph Rice
13. Birthplace Md

MOTHER
14. Maiden Name Ernestine Dreier
15. Birthplace Md

16 (a) Informant Mrs. E. Rice
(b) Address 2407 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director United Undertakers
(b) Address 902 Eutaw Place

19 JUL 29 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940 to July 27 1940 and that I last saw h[er] alive on July 27 1940.

Immediate cause of death	Duration
Generalized Peritonitis	1 day ?
Due to Break down of intestinal anastamosis	? 2 days
Due to Resection for carcinoma of sigmoid	? several months

Other Conditions Arteriosclerosis, multiple pulmonary infarcts
(Include pregnancy within 3 months of death)

Major findings:
Of operation Ca of sigmoid
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp Date signed 7/27/40

Please write correct age is especially important. Physicians: please write plainly.

VS 3

71522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 71522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Avenue
(c) Hospital or institution:
St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 27 & 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Rolandave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 ? years

3 (a) FULL NAME Miss Catherine McDonnell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 90 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Roeland
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name John McDonnell
13. Birthplace Roeland

MOTHER
14. Maiden Name Harley
15. Birthplace Ireland

16 (a) Informant Maj Austin McDonnell
(b) Address WARRENTON Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W Jenkins Son Co
(b) Address McCulloh & Orchard Sts

19 JUL 29 1940 Warrenton Virginia

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 9.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1940 to 7-28 1940 and that I last saw h[illegible] alive on 7-28 1940

Immediate cause of death Fracture of r. right femur, transcervical

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6-27-40
to 7-28-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-27-40
(c) Where did injury occur Near Kirkleigh Villa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On street (Specify type of place) While at work? No
(e) Means of injury Fell in street
23. Signature Daniel Pope M.D.
Address St. Agnes Hospital Date signed 7/28/40

I. K. Wardenburg

Please correct age in especially important. Physicians please write

F 71523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 V Registered No. F 71523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2622 Hudson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Hudson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Franciszek Imbierowicz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stanislawa
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1873.

8. AGE: Years	Months	Days	If less than one day
66	10	22	hr. min.

9. Birthplace Goncz, Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Imbierowicz
13. Birthplace Goncz, Poland

MOTHER
14. Maiden Name Jozefa Popowska
15. Birthplace Poland

16 (a) Informant Mrs. Stabislawa Imbierowicz
(b) Address 2622 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. J. Skalaski & Sons
(b) Address 1808 Eastern Ave., Highlandtown, Md.

19 JUL 29 1940 Huntington Williams, M.D. Registrar

correct age is especially important

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to July 27 1940 and that I last saw h[illegible] alive on July 26 1940

Immediate cause of death

	Duration
Coronary Thrombosis	July 26 hr.
Due to	
Due to Arteriosclerosis	1937
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Boarman M. D.
Address 501 E. Lexington Date signed July 27/40

F 71524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 71524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dead upon Arrival St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Hurst St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSA BECK

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12. 1864

8. AGE: Years 75 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Joseph
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Witman
15. Birthplace Germany

16 (a) Informant Miss Lotz
(b) Address 409 Charles Park Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 29 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

PLEASE WRITE PLAINLY. THE CAUSES OF DEATH must be stated so that they can be correctly coded. Correct age is especially important. Physicians: please write the cause of death in the lines below.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 7-28-40

71525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. F 71525

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Lemmon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3440 Lemmon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Hoover

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence Hoover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10. 1882

8. AGE: Years 58 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Patterson
13. Birthplace Hagerstown Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Clarence Hoover
(b) Address 3440 Lemmon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30. 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet
Location Baltimore Co Md

18 (a) Funeral director Wolfgang Cook
(b) Address 1517 St Paul St

19 JUL 29 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to 7/4 1940, and that I last saw h[illegible] alive on 7/4 1940.

Immediate cause of death: Chronic Enteritis - Hypostatic Pneumonia Bronchial Diphtheria

Due to:

Due to:

Other Conditions: Chronic Emphysema of Lungs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 3440 Date signed 7/4/40

Please write plainly. Physicians: please write correct age is especially important.

F 71526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No. F 71526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Central Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Garing

3 (b) If veteran, name war Spanish
3 (c) Social Security Account No. Ld

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married
6 (b) Name of husband or wife Lena B. Garing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1878

8. AGE: Years 61 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Pressman
11. Industry or business Printing

FATHER 12. Name James Garing
13. Birthplace Md.

MOTHER 14. Maiden Name Agnes Jones
15. Birthplace Unknown

16 (a) Informant Mrs Lena B. Garing
(b) Address 809 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (Signature and title of local registrar) (b) Registered July 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1940, at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to July 27 1940, and that I last saw h— alive on July 27 1940.

Immediate cause of death: Carcinoma of tongue — Duration
Due to
Due to
Other Conditions Taken Dec 4th 1939 — 1 8/12 mos

(Include pregnancy within 3 months of death)
Major findings: Biopsy of tongue
Of operations
Dr. Calhoun Exploration
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen C. Calhoun M. D.
Address 5939 Ave Oldorf Date signed 7/29/40

Please write plainly. Physicians: please write correct age is especially important.

VS 8

F 71527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1846 Registered No. F 71527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Ashton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM A. CARNES

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-03-0123

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ wife: Marie L. Carnes
6 (c) If alive, give age: 30 years
7. Birth date of deceased (mo., day, yr.): Sept 10th 1906
8. AGE: Years 33 | Months 10 | Days 18 | If less than one day: hr. min.
9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Riggers Helper
11. Industry or business: Md. Dry Dock

FATHER
12. Name: Charles Carnes
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Katherine Lysh
15. Birthplace: Balto Md.

16 (a) Informant: Marie L. Carnes
(b) Address: 2015 Ashton St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/31/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~: Loudon Park
Location: Balto. Md.
18 (a) Funeral director: William Cook
(b) Address: 1217 E. Huntington Ave Baltimore, Md.

19 (a) JUL 29 1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to he death on the day stated above.

Immediate cause of death	Duration
Fracture of base of skull	
Due to blunt force	
Due to	
Other Conditions Lacerations, multiple (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 7-27-40
(c) Where did injury occur? 2115 W Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell from roof of porch

23. Signature M. L. Wallenborn M.D.
Asst Medical Examiner.
Date signed July 28, 1940

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 6

F 71528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 71528

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Magaw

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b). Name of husband ~~or wife~~ George Magaw

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) April 2nd 1871

8. AGE: Years	Months	Days	If less than one day
69	3	25	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Lanhart
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Lanhart
15. Birthplace Balto. Md.

16 (a) Informant Chas Dobson
(b) Address 2518 E. Biddle St

17 (a) Burial (b) Date thereof 7/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) 217 St Paul St

19 (a) JUL 29 1940 (b) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1940, at 7:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940, to July 27 1940, and that I last saw h.e.r. alive on July 27 1940.

Immediate cause of death Diabetic Coma — Duration 2 days
Due to Diabetes mellitus — 6 months
Due to — 6 weeks
Other Conditions Diabetic gangrene left of the right thigh — 6 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony J Thomas M.D.
Address 4600 York Rd Date signed 7-28-40

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

71529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92B F 71529

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Springfield Ave St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs Mary E. Link

(a) Residence: No. 712 Springfield Ave St., 27-10 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of John A. Link

6. DATE OF BIRTH (month, day, year) Feb 1 1876

7. AGE: Years 64 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christopher Heuselbarth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schroer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John A. Link (Address) 712 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Aug 2 1940

19. UNDERTAKER J. Mahan (Address) 3002 Baltimore St

20. AUG 29 1940 Huntington Williams Registrar

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930 to July 27 1940

I last saw her alive on July 27 1940 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Carcinoma Metastasis	7-27-40
Other contributory causes of importance Hypertension Chronic Nephritis	

Was an operation performed? No Date of

Was there an injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John G. Hayman M. D.

(Address) 1800 N. Charles St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 71530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

Registered No. F 71530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp. 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks. 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa C. Helbig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12 1853

8. AGE: Years	Months	Days	If less than one day
87	5	15	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown Schmidt
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Elizabeth Bauer
(b) Address Port Deposit, R.D. #1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry W. Wright
(b) Address 4601 Edmondson Ave

19 (a) JUL 29 1940 (Date rec'd by registrar) Huntington Williamsport, Md.

Please correct age, is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to July 27 1940 and that I last saw h.e.r alive on July 27 1940

Immediate cause of death: Cardiac Decompensation

Due to: Arteriosclerotic Heart Disease

Due to: Heat Stroke

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Daugharthy M. D.
Address Franklin Sq. Hosp. Date signed 7-27-40

VS 3

F 71531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 71531

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Wm. B. Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1861 (80)

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Levi Rust
13. Birthplace Maryland

MOTHER
14. Maiden Name (Unknown) Meller
15. Birthplace Maryland

16 (a) Informant Dr. Martin Hanna
(b) Address 1822 W. Balto. St.

17 (a) Burial (b) Date thereof July 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Henry W. Wilhelm Jr.
(b) Address 4106 Edmondson Ave

JUL 29 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 7-27-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death so that correct age is especially important.

VS 6

F 71532 57471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. F 71532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY Curtis Rathbun

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-18-7597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Lorraine Kurtz
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1894

8. AGE: Years	Months	Days	If less than one day
45	8	17	hr. min.

9. Birthplace Sayre, Pa.
(Town, county, and state)
10. Usual Occupation Office Work
11. Industry or business

FATHER
12. Name Carroll Rathbun
13. Birthplace N. Y.

MOTHER
14. Maiden Name Bessie Hause
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof 7/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Waverly, N.Y.

18 (a) Funeral director
(b) Address 466 Fort Pitt Blvd

19 JUL 29 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 1940, at 7½ P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1940 to 7-28 1940 and that I last saw him alive on 7-28 1940.

Immediate cause of death: Hemorrhage from ulcer in stomach — Duration: 12 days
Due to: Cirrhosis of liver? veins ? Duodenal Esophageal ? ?
Due to: Peritonitis due to leaking suture line. over
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Some
Of autopsy: Some

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Sidney P. Gehlert Jr.
Address Balto. City Hosp. Date signed 7/29/40 M. D.

correct age is especially important for statistical purposes

VS 2

F 71533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55E ✓

Registered No. F 71533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Windermere Avenue.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

9-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Windermere Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Sarah E. Harrison

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 215-07-2754

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Isaac A. Harrison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28th 1872

8. AGE: Years 67 | Months 10 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Tilghmans, Talbot Co., Md. (Town, county, and state)

10. Usual Occupation Alteration Dep't.

11. Industry or business Department Store

FATHER 12. Name James L. Lowery

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Alice Covington

15. Birthplace Talbot Co., Md.

16 (a) Informant Mr. J. Lowery Harrison

(b) Address 1115 Haverill Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30th 1940 (month) (day) (year)

(c) Cemetery or crematory Tilghman's-Talbot Co., Md.

Location Talbot Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Penna Aves.

19 (a) JUL 29 1940 (Date rec'd by registrar) (b) Hunterton Williams, M.D. Registrar

VS 3

Please write correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION P

20. DATE OF DEATH July 27th 1940, at 10.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to July 27 1940, and that I last saw h... alive on July 27th 1940

Immediate cause of death: Carcinoma, metastatic to pelvic bones, origin undetermined — Duration 1 Year

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Chalfant M. D.

Address 6 Mt York Rd Date signed July 29 1940

MARYLAND STATE DEPARTMENT OF HEALTH ✓

VS 3

71534

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

937 ✓ F 71534

Reg. Dist. No.

PLACE OF DEATH:
City Baltimore
or town Baltimore
(If outside city or town limits, write RURAL NEAR and give town)
Usual address, hospital, or institution: 1315 N. Milton Ave 8-3
If in hospital or inst. (yrs., or mos., or days)
If in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR Mo

1. (a) FULL NAME Susan A. White

3. (b) Social Security Number Mo.

4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Widow

(b) Name of husband Samuel R. White

6(c) If alive, give age years

Birth date of deceased (mo., day, yr.) July 24 1855

AGE: Years 85 | Months Mo. | Days 3 | If less than one day hrs. min.

Birthplace Harford Co., Md.
(Town, county, and state)

Usual occupation Housework

Industry or business At Home

12. Name James R. Lilly

13. Birthplace Harford Co., Md.

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Addie R. Beck

Address 1315 N. Milton Ave Baltimore

17. Burial (Burial, cremation, or removal) Date thereof July 31, 1940 (month) (day) (year)

Cemetery or crematory Dublin Cem.

Location Harford Co., Md.

18. Funeral director H. S. Bailey

Address Darlington, Md.

19. JUL 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19- 1940 to July 27 1940.

and that I last saw her alive on July 27 1940.

Immediate cause of death Chronic myocardial degeneration.

DURATION

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Gordon M.D. or other

Address 14 N. Eastern Date signed 7-29-40

57805--FD

71535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 ✓ Registered No. F 71535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 26-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 East Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Wolf

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 213-01-3396

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1895

8. AGE: Years 44 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland shop
(Town, county, and state)

10. Usual Occupation barrel shop

11. Industry or business

FATHER
12. Name Klauis WOLF
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Donovan ?
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) BURIAL (b) Date thereof JULY 31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUL 30 1940 (b) Huntington Williams M.D.
Local registrar Registrar

correct age is especially important

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1940, at 2 13 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27- 1940, to 7-28- 1940, and that I last saw h[illegible] alive on 7-28- 1940.

Immediate cause of death: Heat stroke — Duration: 10 hrs

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Non-malignant intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 7-28-40

52970-FD

F 71536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 71536

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Wicklein

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1-16-1855

8. AGE: Years 85 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace: Austria, Hungary (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Ignatius Bayer
13. Birthplace: Austria Hungary

MOTHER
14. Maiden Name: Theresa Selner
15. Birthplace: Austria Hungary

16 (a) Informant: B.C.H. records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 30/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR RD.

18 (a) Funeral director: Lilly + Zeiler INC.
(b) Address: 403 S. WOLFE ST Huntingtown Williams, M.D.

19 JUL 29 1940 (Date received by registrar) Registrar

correct age is especially

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 1940, at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1940 to 7-28 1940, and that I last saw him alive on 7-27 1940

Immediate cause of death	Duration
Bronchopneumonia (?)	2 days
Due to Arteriosclerotic heart disease ?	
Due to Fract. neck of fem.	5½ mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence Feb. 14/1940
(c) Where did injury occur? 2025 E. Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell down stairs

23. Signature Sidney R. Gehret Jr. M. D.
Address Balt. City Hosp. Date signed 7-29-40

F 71537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

Registered No. F 71537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 S.ROSE ST.
(c) Hospital or institution:

1-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S.ROSE ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME EVA EHRBACKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife PHILIP EHRBACKER
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) AUG. 10 1858

8. AGE: Years	Months	Days	If less than one day
81 82	11	17	..... hr. ..... min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN VONDRON
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant JOHN EHRBACKER SON
(b) Address 612 S.ROSE ST.

17 (a) BURIAL (b) Date thereof JULY 31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL RD.
18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S.WOLFE ST.
19 (a) Filed JUL 29 1940 Huntington Williams, M.D. Registrar

correct age is especially important

VS 3

MEDICAL CERTIFICATION AM

20. DATE OF DEATH JULY 27 1940, at 12/5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940 to July 27 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death ..... Duration

Chronic myocarditis .....
Due to sclerosis + overweight .....
Due to ....
....
Other Conditions ✓ .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Frank D. Jamieson M. D.
Address 2431 East Ave Date signed 7/29/40

VS 8

71538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. F 71538

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 336 S.EAST AVE.
(c) Hospital or institution: 26-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 S.EAST AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY A.ADAMS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife CHARLES ADAMS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV.6 1859

8. AGE: Years 80 | Months 8 | Days 22 21 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name FRANCIS KUHN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant FRANK ADAMS (SON)
(b) Address 336 S.EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD. RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) (b) Huntington Williams, M.D. Registrar
JUL 29 1940
VS 8

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JULY 27 19 40 11/45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 19 40 to July 27 19 40 and that I last saw h[illegible] alive on July 26 19 40

Immediate cause of death Chronic Myocarditis — Duration Contd
Due to Arteriosclerosis — Contd
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace B. Tilson M.D.
Address 315 S. Highland Ave Date signed 7/29/40 M. D.

correct age is especially important

VS

71539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 71539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 E Lafayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No 206 E Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray Spidle

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-8098

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1906

8. AGE: Years 34 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Delta, Penna (Town, county, and state)

10. Usual Occupation Chicken

11. Industry or business Mountain Dale

FATHER 12. Name Ray Spidle

13. Birthplace Penna

MOTHER 14. Maiden Name Eliz Hershberger

15. Birthplace Penna

16 (a) Informant Mrs Donald Hickey (sister)

(b) Address 1304 Hot Point Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-40 (month) (day) (year)

(c) Cemetery or crematory Mt Rose York Rd

Location York Pa

18 (a) Funeral director Hubert B Haikins

(b) Address Huntington Williams, W. Va.

19 (a) JUL 29 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H M Randolph M.D. Medical Examiner.

Date signed 7/29/40

VS 6

If name or age is especially important. Physicians: please write correct age

VS 6

71540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered Number F 71540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 140 Luna (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN SCHEKELS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22- 1874

8. AGE: Years	Months	Days	If less than one day
65	11	5	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Wood Finisher
11. Industry or business —

FATHER
12. Name Ignatius Schickel
13. Birthplace Germany.

MOTHER
14. Maiden Name Margt Reinhardt
15. Birthplace Germany.

16 (a) Informant Mrs C Malpass Holy
(b) Address Lakeland. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location a a co

18 (a) Funeral director Bernard E Hasle
(b) Address 121 E Mt St

19 JUL 29 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Arteriosclerosis general.
Due to
Other Conditions ND

(Include pregnancy within 3 months of death)
Major findings:
Of operations ND
Of autopsy ND

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D.
Medical Examiner.
Date signed 7-29-40

correct age is especially important. Physicians, please write

VS 6

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71541 — 47a ✓ — Registered No. F 71541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 N Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N Luzerne Av (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Joseph Novak

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-9255

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Novak

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10. 1870

8. AGE: Years 70 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and State)

10. Usual Occupation Stone Moulder

11. Industry or business

FATHER 12. Name Joseph Novak

13. Birthplace Bohemia

MOTHER 14. Maiden Name Katherine Not known

15. Birthplace Bohemia

16 (a) Informant Mary Novak

(b) Address 1210 Luzerne Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director Frank Breschon

(b) Address 900 N Chester St

19 (a) JUL 29 1940 (Date rec'd by registrar) Livingston Williams Registrar

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to July 27 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death: Carcinoma of Larynx with metastases — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Karl Grossman M. D.

Address 1212 N Patterson Pk Ave Date signed 7/29/40

F 71542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 71542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp. Balto.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 73yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 N. Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Annie Busuck (Buzek)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife John Busuck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1866

8. AGE: Years	Months	Days	If less than one day
74	3	2	hr. min.

9. Birthplace Austria Europe
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Volecek
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Berman
15. Birthplace Austria

16 (a) Informant Anna Gardner
(b) Address 1523 Spring st

17 (a) Burial (b) Date thereof 8-1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Brachelor
(b) Address 900 N. Chester st

19 JUL 29 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21/ 1940 to 7-29 1940 and that I last saw him alive on 7-29 1940.

Immediate cause of death Heart Failure — Duration

Due to Generalized arteriosclerosis

Due to Cardio vascular disease

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Felmerson M. D.
Address St Joseph's Hosp Date signed 7-29-40

correct age is especially important. Physicians, please write

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71543

CERTIFICATE OF DEATH

(92)

F 71543

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Mulliman St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 51 yrs. ... mos. ... ds.

2. FULL NAME Marie Benda

If U. S. Veteran specify WAR .....

(a) Residence: No. 2322 Mulliman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Benda

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Josephine Herman
(Address) 2322 Mulliman St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7-30-40

19. UNDERTAKER Frank Brock Son
(Address) 900 N. Chester St

20. FILED JUL 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to July 28 1940
I last saw her alive on July 26 1940 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	over
Chr. Endocarditis	5 yrs
	ago
Other contributory causes of importance: Heat Prostration	4 hrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vincent J. Cooke M. D.

(Address) 245 N. Patterson Pk. Ave

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

VS 8

71544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

Registered No. F 71544

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4801 Alhambra Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4801 Alhambra Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. ~~Female~~ Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John D. Lang

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3rd. 1865

8. AGE: Years 74 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Ernest F. Waltjen
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Hohenburg
15. Birthplace Germany

16 (a) Informant Miss Anna M. Lang
(b) Address 4801 Alhambra Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30th. 40 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Road

19 (Date rec'd by registrar) JUL 29 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH July 27th. 1940, at 5.08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940 to July 27 1940 and that I last saw h-- alive on July 27 1940

Immediate cause of death	Duration
Pernicious Pneumonia	
Due to Hypertensive Heart Disease	
Due to Right Sided paralysis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 4624 York Road Date signed 7-29-40
Dr. SADORA

correct age is especially important. Physicians, please

VS 3

VS 3 Dr. Shaora

F 71545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 191

Registered No. F 71545

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Little Sisters of the Poor 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Walsh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1873
8. AGE: Years 67 | Months | Days | If less than one day: hr. min.
9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name William
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Wibb
15. Birthplace Pa.

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1940 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location E. 3rd St. Frederick, Md.
18 (a) Funeral director Harry E. Carty Co
(b) Address Frederick, Md.
19 (a) JUL 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940 19 6.30 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from JUL 28 1940 to JUL 28 1940 and that I last saw h[illegible] alive on JUL 28 1940

Immediate cause of death: heart attack — Duration: 2 hrs
Came suddenly
Temperature N/O
Due to Pulse 130
Blood Pressure 120
Due to
Other Conditions Chronic Cardiac sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence XXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? XXX While at work? XXX (Specify type of place)
(e) Means of injury

23. Signature Otto H. Decker M.D.
Address 928 E. North Ave Date signed 7/29/40

correct age is especially important. Physicians

VS 3

F 71546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54B

F 71546 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 East Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KRETZER, ELMER

3 (b) If veteran, name war	3 (c) Social Security Account No.
Yes.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Ella Etta Kretzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26 1911

8. AGE: Years	Months	Days	If less than one day
28	10	3	hr. min.

9. Birthplace W Va (Town, county, and state)
10. Usual Occupation Factory Worker
11. Industry or business Sanitary Can Co.

FATHER
12. Name Chas. Kretzer
13. Birthplace Wash-Co Md.

MOTHER
14. Maiden Name Mary Dobson
15. Birthplace W. Va

16 (a) Informant Mrs. Elmer Kretzer
(b) Address Hagerstown Md.

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof Aug 1 1940 (month) (day) (year)
(c) Cemetery or crematory Hagerstown Md.
Location Rose Hill Cem.

18 (a) Funeral director Fred W. Byers
(b) Address Hagerstown Md.

19 (a) JUL 30 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1940 to 7/29 1940 and that I last saw h i m alive on 7/29 1940.

Immediate cause of death Cerebellar Tumor. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebellar tumor, left hemisphere
Of autopsy " "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Kaine M. D.
Address University Hosp Baltimore, Md. Date signed 7/29/40

Over

Correct age is especially important

VS 3

VS 3

F 71547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71547 Registered No. 9402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARRIE BRANCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace N C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name not none
13. Birthplace

MOTHER
14. Maiden Name not none
15. Birthplace " "

16 (a) Informant Henrietta Berry
(b) Address 40 S Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30th (month) (day) (year)

(c) Cemetery or crematory not available
Location Brookland

18 (a) Funeral director Ed Troy & Wilson
(b) Address 1000 Brentley Ave

19 (a) JUL 30 1940 Huntington Wallace (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 9 0. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-26-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

Correct age is especially important. Physicians, please

VS 6

VS 6

F 71548

Bierau

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71548

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 So. Ellwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Adam Bierau

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife:

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-19-72

8. AGE: Years 67 | Months 11 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and State)

10. Usual Occupation Retired Sight. Transportation

11. Industry or business Balto Transit Co.

FATHER
12. Name Conrad Bierau
13. Birthplace Germany

MOTHER
14. Maiden Name Catharine Pitz
15. Birthplace Germany

16 (a) Informant Helen Kiel
(b) Address 2412 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 July 30 1940 (b) Huntington for Williams M.D. Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 1940, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1940, to 7-28 1940, and that I last saw him alive on 7-28 1940.

Immediate cause of death Heat Exhaustion — Duration

Due to

Due to

Other Conditions Broncho Pneumonia Arteria-sclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Saltzstein

Address St Joseph Hosp Date signed 7-28-40

H. L. W. Ollenmeier, M.D. Asst Medical Examiner

VS 3

H. W. Clemmler, M.D. Asst Medical Ex...

F LB 71549 57425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71549 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 20-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Wingate

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Webster (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 3/2(?) 1888

8. AGE: Years	Months	Days	If less than one day
52	4	27 ?	hr. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: H. W.
11. Industry or business:

FATHER
12. Name: Alfred Moore
13. Birthplace: Md.

MOTHER
14. Maiden Name: Angie Murphy
15. Birthplace: Md.

16 (a) Informant: B. C. H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (month) (day) (year)
(c) Cemetery or crematory: St. Thomas Church
Location: Bishopsville Dorchester Co. Md.

18 (a) Funeral director: Williams Cook
(b) Address: 127 St. Paul St

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1940 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16- 1940 to 7-29- 1940 and that I last saw h[illegible] alive on 7-29- 1940

Immediate cause of death	Duration
Uremia	2 wks
Due to Arteriosclerosis Hypertension ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray DeLaben M. D.
Address Balto City Hosp. Date signed 7-31-40

Correct age in expressing ages

F 71550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

F 71550 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) about 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Fannie D. Wright

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Aghead N. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1874

8. AGE: Years: About 66 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace New Orleans, La.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Joseph Dunbar
13. Birthplace New Orleans, La.

MOTHER
14. Maiden Name Francis (Unknown)
15. Birthplace Elizabeth N.J.

16 (a) Informant Joseph D. Wright
(b) Address 1709 St. Paul St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount Private Vault
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) Date rec'd by Reg. (yr.) JUL 30 1940 (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to July 28 1940, and that I last saw her alive on July 27 1940

Immediate cause of death Hyperpyrexia — Duration:

Due to Heat Stroke

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Dunbar M. D.
Address Union Memorial Hosp. Date signed 7/30/40

F 71551

71551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94W

F 71551

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Kennedy Ave
(c) Hospital or institution: 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1901 Kennedy Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Delta Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 52yrs years

3 (a) FULL NAME Frank Stark

3 (b) If veteran, name war: French American
3 (c) Social Security Account No. 212-07-8560

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Fannie Stark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29/1875

8. AGE: Years 65 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Watchman
11. Industry or business City of Balt

FATHER
12. Name Frederick Stark
13. Birthplace Md.

MOTHER
14. Maiden Name Frances Krumm
15. Birthplace Pa

16 (a) Informant Mrs Henry Schlesener
(b) Address 1901 Kennedy Ave

17 (a) Burial (b) Date thereof July 31, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JUL 30 1940 (b) Hunting [illegible] Registrar
(Date rec'd by registrar)

VS 6

Correct age is especially important if deceased is under one year or 100 years or more

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death [illegible] — Duration

Due to Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Landegraf M.D.
Medical Examiner.
Date signed 7/29/40

VS 6

71552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 71552
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 S Shan
(c) Hospital or institution: 23-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 S Shan 6
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Campbell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife. Hans Bordaux

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1890

8. AGE: Years 50 | Months — | Days — | If less than one day hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Elliott Sutton
13. Birthplace N Carolina

MOTHER
14. Maiden Name Louisa Wrights
15. Birthplace N. Carolina

16 (a) Informant Sister - Spelman
(b) Address 914 S Shan St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 30 40
(month) (day) (year)

(c) Cemetery or crematory Mt Calay
Location Balto. Md

18 (a) Funeral director Walter B. Driggs
(b) Address 139 W. Hamby St.

19 (a) (Date rec'd by registrar) JUL 30 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1940 to 7/27 1940 and that I last saw her alive on 7/27 1940

Immediate cause of death Cerebral apoplexy - C Hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 3 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Saunders M. D.
Address 1111 W Lee Date signed 7/29/40

Please correct age is especially important. Physicians, please

F 71553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61 ✓

F 71553 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 W. Hill 7-21
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 W. Hill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Dean

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella C. Dean
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1885

8. AGE: Years 55 | Months — | Days — | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Charles Dean
13. Birthplace Va

MOTHER
14. Maiden Name Rachel —
15. Birthplace Va

16 (a) Informant Wm Dean Jr.
(b) Address 141 W. Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-1940 (month) (day) (year)
(c) Cemetery or crematory Linden Memorial
Location Md.

18 (a) Funeral director James A Dayon
(b) Address 1428 Mosher St

19 (a) 8-1-1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27-1940, at 8:30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1940 to 7-27-1940, and that I last saw him alive on 7-27-1940.

Immediate cause of death Diabetic Coma — Duration

Due to —

Due to —

Other Conditions Cardiosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Carson M. D.
Address 1016 S. Stricker St Date signed 7-27-40

M. D. S. 1182-F

F 71554

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 71554

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Kathland ave St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret Mathilde Albers

(a) Residence: No. 4404 Kathland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year): Feb 8th 1847

7. AGE: 93 Years | Months: 5 | Days: 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Sennewald

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Gartz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Katherine Albers

(Address) 4404 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: July 31st, 1940

19. UNDERTAKER: John Ulrich

(Address) 2008 Eastern Ave

20. FILED: Huntington Williams M.D. Registrar.

JUL 30 1940

State CAUSE OF DEATH in every case. OCCUPATION is very important. See instructions on back of certificate.

M. D. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1940, to July 28th, 1940

I last saw h... alive on July 28, 1940 Death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	7-27-40
Other contributory causes of importance: Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. D. Eyron M. D.

(Address) 4936 Park Ave.

382 MD 71555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 71555

520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Earl Court apts. Preston & St. 34
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-72

8. AGE: Years	Months	Days	If less than one day
68	5	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas W. Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Earl
15. Birthplace D.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/40 (month) (day) (year)
(c) Cemetery or crematory St. Johns Alicetta
Location Md.

18 (a) Funeral director John A. Mitchell Inc
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 2 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940 to July 28 1940.
and that I last saw him alive on July 28 1940.

Immediate cause of death	Duration
Uremia	1 mo
Due to Carcinoma of Kidney ?	6 mo.?
Due to metastasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sidney Mayer, M.D.
Address Balto Date signed 7-31-40

71556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 ✓

F 71556
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Maryland ave
(c) ~~Hospital~~ or institution:

(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days) 14 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 41 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Maryland ave
(If rural give location)
(e) ~~If~~ foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lelia Murray

3 (b) ~~If~~ veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F.	C	Widowed

6 (b) Name of husband or wife William Wallace
6 (c) ~~If~~ alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/15/1867

8. AGE: Years	Months	Days	If less than one day
57	11	17	..... hr. ..... min.

9. Birthplace Baltimore City
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John R. Murray
13. Birthplace Md
MOTHER 14. Maiden Name Lelia Emmert
15. Birthplace Md

16 (a) Informant Mary E. Dorsey
(b) Address 1701 Maryland ave

17 (a) Burial (b) Date thereof 7-30-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Samuel McChord Kerr
(b) Address 638 N. Eutaw St.

19 (a) 7-30-1940 (b) Huntington Williams M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/40 19 ~~40~~ A

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11 1940 to 7/27 1940, and that I last saw h[er] alive on 7/27/40

Immediate cause of death Pneumonia

Due to Influenza 2 days

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Williams M.D.
Address 1701 Md ave Date signed 7/28/40

71557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

F 71557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Garrison Blvd.
(If rural-give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Florence Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife J. Thomas Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1878

8. AGE: Years	Months	Days	If less than one day
61	7	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Swearer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Cornelia Owen Tomlins
15. Birthplace Baltimore, Md.

16 (a) Informant Mamie H. Swearer.
(b) Address 3811 Garrison Blvd. 30

17 (a) Burial (b) Date thereof 7/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland
(d) Funeral director Wm. J. Tickner & Sons, Inc.
(e) Address North & Pennsylvania Avenues

19 (a) 7-30-40 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940, at 2:05A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1938 to July 27 1940 and that I last saw h[illegible] alive on July 26 1940

Immediate cause of death Carcinoma Breast

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify home, etc. place)
(e) Means of injury

23. Signature Guest H. Lahye
Address 731 Poplar Rd Date signed 7/29/40

F 71558 L-L

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

F 71558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 161 N Streper St
(c) Hospital or institution:
6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 161 N Streper St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary V. Lang.
3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife John Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1855

8. AGE: Years	Months	Days	If less than one day
85	6	2	hr. min.

9. Birthplace A A Co Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jedrick Moore
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J Harrington
15. Birthplace Va.

16 (a) Informant Mrs Charles Morland
(b) Address 161 N Streper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 1501 N Streper St

19 (a) JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to July 27 1940, and that I last saw h alive on July 27 1940.

Immediate cause of death Heart Exhaustion — Duration 10 hours.
Due to
Due to
Other Conditions Senility - Hypocardelus + Arth. Sclerosis — 5 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. E. Kelly M.D.
Address 100 N Linwood Ave Baltimore July 29/40

71559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 Registered No. F 71559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Argyle Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Argyle Av (If rural give location)
(e) If foreign born, how long in U.S. A. years

3 (a) FULL NAME William H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Maggie Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3 1880

8. AGE: Years 59 | Months 9 | Days 3 | If less than one day: hr. min. 1880

9. Birthplace West River Md. (Town, county and state)

10. Usual Occupation Stock Keeper

11. Industry or business

FATHER 12. Name Wm. Brown
13. Birthplace Md.

MOTHER 14. Maiden Name
15. Birthplace Md

16 (a) Informant Mrs Maggie Brown
(b) Address 910 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Wm Francis E. Henneberger
(b) Address 578 N. Biddle St.

19 (a) Date received (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 27 1940 and that I last saw h[illegible] alive on July 29 1940.

Immediate cause of death Heart Failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Only day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address [illegible] Date signed 7/29

F 71560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 71560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & SaraToga Sts.
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Bertha Zager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert Zager
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	10	hr. min.

9. Birthplace Rumania (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Leon Brown
13. Birthplace Rumania

MOTHER
14. Maiden Name Sarah Moskovitz
15. Birthplace Rumania

16 (a) Informant Husband
(b) Address 3205 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location Park Rd. & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to July 28 1940, and that I last saw her alive on July 28 1940.

Immediate cause of death Congestive Heart Failure — Duration 24 hr.

Due to Hypertensive Cardio-Vascular Disease

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Truman, Jr. M. D.
Address Mercy Hospital Date signed 7/29/40

71561 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71561

CERTIFICATE OF DEATH 46a

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. South Balto Gen'l Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. **FULL NAME** Frederick W. Kloid

If U. S. Veteran specify WAR

(a) Residence: No. 2 E. Henrietta St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary K Loid.

6. DATE OF BIRTH (month, day, year): March 12 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Fred K. Kloid

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Dorothea Utz

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs Mary Kloid.

(Address) 2 E Henrietta St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross A.A.C. Date: Aug 1st 1940

19. UNDERTAKER: Bernard C. Hartz

(Address) 121 E West St

20. FILED: Huntington Williams, M. Registrar.

JUL 30 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1940, to July 29, 1940

I last saw h... alive on July 29, 1940. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of esophagus	1½ yrs.

Other contributory causes of importance:

Cachexia

Gen'l arterio sclerosis

Was an operation performed? Yes Date 6/29/40

For what disease or injury? Carcinoma of Esophagus

Name of operation: Gastrostomy. Stage Resection of Ca.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury: ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) South Balto Gen'l Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

F 71562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 27a

F 71562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Brune St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Cay, Jr. (Baby)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December, 1939

8. AGE: Years | Months 7 8 | Days | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Cay
13. Birthplace

MOTHER
14. Maiden Name Rebecca Peay
15. Birthplace

16 (a) Informant Rebecca Cay
(b) Address 533 Brune Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 30 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director William A Jarboe
(b) Address 916 Pelham

19 (a) (Date received) (b) Registrar
JUL 30 1940 Huntington Williams, M.D.

VS 3

correct age is especially important. If uncertain, please write "about."

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 5:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 29 1940; and that I last saw him alive on July 29 1940

Immediate cause of death: Coma and toxemia

Due to: Dysentery (Probably)

Due to:

Other Conditions: Possible Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Bane MD M. D.
Address University Hospital Date signed 7-29-40

F 71563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95c

F 71563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roosevelt Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1907

8. AGE: Years	Months	Days	If less than one day
33	6	25	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Washington Thomas
13. Birthplace South Carolina

MOTHER
14. Maiden Name Hester Pettigrew
15. Birthplace South Carolina

16 (a) Informant William Thomas
(b) Address 1433 N. Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Westport
Location Md. Aburn Cemetery

18 (a) Funeral director A. R. Hatfield
(b) Address [illegible]

19 [illegible] Jul 31 1940 Huntingtown, Williamsburg, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 2:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hypertrophy of left ventricle, etiology unascertained	
Due to Pulmonary edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7/29/40

71564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 71564
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address XXXX 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 224 da
(e) Length of stay in Baltimore (yrs., mos., or days)

12-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Edmonson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Bryant (51107)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1921

8. AGE: Years	Months	Days	If less than one day
19	2	6	hr. min.

9. Birthplace N. Car.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Stephen
13. Birthplace N. Car.

MOTHER
14. Maiden Name Mattie McGuire
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-31-40
(month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUL 30 1940 (b) Huntington Williams M.D.
(Delivered to registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1940, at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1939, to July 28, 1940, and that I last saw h alive on 7/28 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration: Nov. 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gaines M. D.
Address Balto. City Hospitals Date signed 7-29-40

F 71565

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4278 13B

F 71565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Pettit

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1908

8. AGE: Years	Months	Days	If less than one day
32	1	29	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Maid In Hospital
11. Industry or business

FATHER
12. Name Hopkins Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Sally Abbott
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (month) (day) (year)
(c) Cemetery or crematory Metamphin Cem. Location Govanus, Md.

18 (a) Funeral director E. Thomas
(b) Address Govanus, Md.

19 (a) (Date rec'd by Registrar) (b) Huntington Maryland Registrar

JUL 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1940 at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1939 to 7/28 1940 and that I last saw h[illegible] alive on 7/28 1940

Immediate cause of death Tuberculosis of the lungs — Duration Sept 1938
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Date signed 7/29/40

F 71566 57615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F 71566 137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Pierce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Murray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1883

8. AGE: Years 56 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W. P. A

FATHER
12. Name James O Murray
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Marshall
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Rabe R Williams
(b) Address 322 N Schroeder Ave Huntington Park Calif.

19 (a) JUL 30 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1940, at 5 22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1940, to 7-27 1940, and that I last saw h.. alive on 7-27 1940.

Immediate cause of death: Cancer prostate Hydronephrosis — Duration: 4 mos 4 mos 7 ds

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Suprapubic cystostomy June
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mervaugh Phelan M.D.
Address Balto City Hosp Date signed 7-28 1940

F 71567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1577 W

F 71567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715-A Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 A Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Francis Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 1 | Months: 11 | Days: 9 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lloyd Barnes
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Charlotte Thomas
15. Birthplace St Marys Co Md

16 (a) Informant Charlotte Thomas
(b) Address 1715 N. Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) JUL 30 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Malformation of Cerebral Arteries Complicated	
Due to Hydrocephalus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 7/29/40

VS 6

correct age is especially important

F 71568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. F 71568

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address 303 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 N Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Westly Lewis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Separated.

6 (b) Name of husband or wife Letisha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1888

8. AGE: Years	Months	Days	If less than one day
52	3	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Odd Job Work
11. Industry or business

FATHER
12. Name Johnson Lewis
13. Birthplace Essex Co Va.

MOTHER
14. Maiden Name Ella
15. Birthplace Essex Co Va

16 (a) Informant Ella Lewis
(b) Address 303 N Mount St.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Pisgah
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 32 Huntington Ave

19 (a) JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/40 19 , at 4:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration 10 Min
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R Kelpsch M.D.
Medical Examiner
Date signed 7/27/40

Huntington

VS 6

F 71569 57268-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

F 71569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Shields Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Maynard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lucy
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 22, 1870
8. AGE: Years 69 | Months 9 | Days 6 | If less than one day ... hr. ... min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation coal yard work
11. Industry or business

FATHER
12. Name Ell
13. Birthplace Md.

MOTHER
14. Maiden Name Georgetta
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Geo G. Kelson
(b) Address 1303 Presstman
19 (a) FEB 3 0 1940 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1940 at 12 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1940, to 1-28 1940 and that I last saw him alive on 1-27 1940.

Immediate cause of death	Duration
Carcinoma of floor of mouth	3 mo+
Due to Bronchopneumonia	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy 2-18-40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Sidney R. Schlatt Jr
Address Balt City Hosp Date signed 1-28-40

VS 3

F 71570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 71570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat 281
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) 18 M

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Cornwells Heights
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Paul Carty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22 - 1869

8. AGE: Years	Months	Days	If less than one day
70	8	7	hr. min.

9. Birthplace Brooklyn,
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Carty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Condon
15. Birthplace New York

16 (a) Informant Friends Mrs Hyde
(b) Address Bello

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 '40 (month) (day) (year)
(c) Cemetery or crematory Cornwells Heights Pa
Location Pennsylvania

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (Inc.) 100 W. NORTH AVENUE

19 JUL 30 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1939 to July 29 1940. and that I last saw her alive on July 29 1940.

Immediate cause of death Left Lower Lobe Pneumonia — Duration 3 days.
Due to Psychosis with — Duration
Due to cerebral arteriosclerosis — Duration 18 Mo.

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dennis P. Alagia M. D.
Address 3326 Ridge Ave Date signed

VS 8

F 71571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 71571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 N. Monroe Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 N. Monroe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Anna F. Lingner

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leon F. Lingner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1910

8. AGE: Years	Months	Days	If less than one day
30 29	6 7.	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry F. Lindemann
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Rosa C. Mellenberg
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Leon Lingner
(b) Address 2305 N. Monroe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) JUL 30 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 40 19 . at 7:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1938 to July 29 1940, and that I last saw her alive on July 29 1940

Immediate cause of death

Due to Pulmonary Tuberculosis (Military) — Duration Chronic 1938

Due to

Other Conditions Tuberculous Enteritis, Respiratory Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent M. Mesaros
Address 1403 S. Charles St. Date signed 7/ /40

F 71572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 71572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Parksley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Parksley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frederick C.D. Jung

3 (b) If veteran, name war: No.....
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary L. Holmes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 16, 1879
8. AGE: Years 61 | Months - | Days 12 | If less than one day hr. min.
9. Birthplace Columbia Pa. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Corkran Hill Packing Co

FATHER
12. Name George Jung
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Mary L. Jung
(b) Address 508 Parksley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
18 (a) Funeral director F. B. Wiepert & Sons
(b) Address 13 E. Centre St. Wilfred Haines M.D.
19 (a) JUL 30 1940 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH July 28/40 19 , at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1933, to July 28 1940, and that I last saw him alive on 7/27 19 40.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 D's
Due to: Cirrhosis & Chronic Hypertension — 1933
Due to:
Other Conditions: Orbital Hemorrhage — 4/6/33
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury
23. Signature Elliot W. Johnson M. D.
Address 3432 Frederick Ave Date signed 7/29/40

7/29/40

VS 3

7/24/40

F 71573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 71573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
or Street No. 1525 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie C. Disco Sisco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife Irvin Disco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1886

8. AGE: Years	Months	Days	If less than one day
53	8	23	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Nathan Chappelle
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Sterling
15. Birthplace Maryland

16 (a) Informant Cordelle E. Scott
(b) Address 1525 N. Carey St.

17 (a) Burial (b) Date thereof 7/31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Mgr. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] (b) Huntington Williams M.D.
Registrar

JUL 30 1940

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide n/a
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H. VanderGrift M.D.
Medical Examiner.
Date signed 7/29/40

VS-6

F 71574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d

F 71524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

1941

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Clarence CRIEGLER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218 07 2739

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Margaret Chase
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1899

8. AGE: Years	Months	Days	If less than one day
41	5	15	hr. min.

9. Birthplace Longgreen, Maryland.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Maryland Glass Corporation

FATHER
12. Name Daniel Criegler
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Galloway
15. Birthplace Longgreen, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave
(Huntington Williams M.D.)

JUL 30 1940 (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1940, to July 29, 1940, and that I last saw h. im alive on July 29, 1940.

Immediate cause of death	Duration
Cardiac disease, dilatation	Unknown
Due to Cardiac disease, valvular, aortic insufficiency	Unknown
Due to Syphilis, tertiary	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 7/30/40

F 71575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 71575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 2
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 E Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Julius Bersano
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/21/40

8. AGE: Years	Months	Days
		6

If less than one day hr. min.

9. Birthplace Sinai Hospital Balt. Md (Town, County, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Earl Bersano
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marie Bochnowicz
15. Birthplace Baltimore Md

16 (a) Informant Earl Bersano
(b) Address 2035 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Baltimore
18 (a) Funeral director Fred W Ozmun
(b) Address 1950 Eastern Ave Huntington Woodlawn, Md

JUL 30 1940 (b) Registrar
(Date received by registrar)

Correct age if impossible to complete otherwise

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1940 to July 27 1940 and that I last saw him alive on July 27 1940

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Ecker M. D.
Address Sinai Hospital Date signed 7/29/40

71576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

F 71576
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER RYKIEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-8070

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Sophie Rykiel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1885

8. AGE: Years	Months	Days	If less than one day
55 56	5	13	hr. min.

9. Birthplace Poland. (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name John Rykiel
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Nowaniec
15. Birthplace Poland

16 (a) Informant Sophie Rykiel
(b) Address 2110 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Orzechowski
(b) Address 1930 Eastern Ave

JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

correct age in carefully ascertained

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 11 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic

Duration

Due to Fracture, compound right humerus.

Due to

Other Conditions Avulsion of tissues of right arm
(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation right arm
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 27th, 1940
(c) Where did injury occur? Fell on Locust Point Curve bridge. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? — (Specify type of place)
(e) Means of injury Passenger in car which turned over

23. Signature Thos. L. Wallenmaier M.D. Medical Examiner.

Date signed 7-28-40

VS 6

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71577 — CERTIFICATE OF DEATH — 93D — F 71577

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 N. Luzerne Ave St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Annie Socha (SOCHA)

If U. S. Veteran specify WAR

(a) Residence: No. 441 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wenzel Socha

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Dragon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Yuzchuk

(Address) 441 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date July 31 1940

19. UNDERTAKER Fred W Ogonowski

(Address) 1930 Eastern Ave.

20. Filed JUL 30 1940 Huntington Williams Registrar

State CAUSE OF DEATH in this column. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940, to July 27, 1940

I last saw h[illegible] alive on July 27, 1940 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration	7/24/40
Cardiac failure	

Other contributory causes of importance:

Senility
Arteriosclerotic heart disease

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin B. Jones M. D.

(Address) 448 N. Luzerne Ave.

V S 5

71578 51060--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ F 71578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo.15das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Eutaw Place (If rural give location).
(e) If foreign born, how long in U. S. A.? years

E

3 (a) FULL NAME: Florence Spence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-1888

8. AGE: Years	Months	Days	If less than one day
52	0	6	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation supported by
11. Industry or business family

FATHER
12. Name George A. Spence
13. Birthplace Balto.

MOTHER
14. Maiden Name Florence Freeland
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Ehrenfeld & Penman
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date of removal) (b) Huntingdon, Pennsylvania

JUL 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1940 at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16- 1939 to 7-29- 1940 and that I last saw h[er] alive on 7-29- 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days.
Due to: Hypertension CVD. Fib. 9-5 — ? ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 7-29-40

1579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 71579

1700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6429 Rosemont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Getz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1868

8. AGE: Years	Months	Days	If less than one day
71	8	4	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Ret.

11. Industry or business

FATHER
12. Name John Getz
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Engel
15. Birthplace Germany

16 (a) Informant Margaret A. Talbott
(b) Address 6424 Rosemont ave

17 (a) Burial (b) Date thereof 7 31 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location 4600 Belair Rd

JUL 30 1940

18 (a) Funeral director Mart H. E. Dippel
(b) Address 7110 Belair Rd

19 (a) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1020 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (a) find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Laceration of Brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/28/40
(c) Where did injury occur? Belair Rd at Rosemont Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? yes
(Specify type of place)
(e) Means of injury Pedestrian-Truck (motor)

23. Signature Wm. H. Landsdorf M.D.
Medical Examiner.

Date signed 7/29/40

VS 6

71580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 71580

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Wolfe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 108 N Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATTIE C HAMBRICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Riley Hambrick

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1869

8. AGE: Years 70 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name William G. Foley
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary V. Ross
15. Birthplace Virginia

16 (a) Informant Riley Hambrick
(b) Address 108 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Burward & Carruthers
(b) Address 21 W. 25th St

(a) (Date received by Registrar) (b) Hunting for Williams, M.D. Registrar

JUL 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Carcinoma of right breast — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.

Date signed 7-28-40

Correct age is especially important

VS 6

1581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

F 71581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home 7-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr. 4 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr. 4 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Allegheny Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Carolyn Finch Crawford

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Manley H. Crawford

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 6 1870

8. AGE: Years 69 Months 11 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Anna, Illinois (Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name A. L. Finch
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Bowman
15. Birthplace Ohio

16 (a) Informant Mrs. Walter R. Haile
(b) Address 529 Allegheny Ave. Town

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1940 (month) (day) (year)
(c) Cemetery or crematory Dorsey's
Location Spa Rd., Balto. Co. Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Spa Rd. Md.

19 (a) ____ (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1938 to July 30 1940, and that I last saw h[illegible] alive on July 29 1940

Immediate cause of death

Carcinoma Rectum — Duration: 2 Years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature M B Sherwood Cook M. D.
Address 2200 Garrison Blvd Date signed 7/30/40

71582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. F 71582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1705 E. Federal St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella Barranger BARRANGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business.

FATHER
12. Name Jacob Barranger
13. Birthplace

MOTHER
14. Maiden Name Yokemum
15. Birthplace

16 (a) Informant Miss Isabel Barranger
(b) Address Clarksburg, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Peter
Location Baltimore Md.

18 (a) Funeral director Mary M. Kirchfeld
(b) Address 511 E. Pratt St.

19 (a) 7/30/40 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 3:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture, left femur
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/7/40
(c) Where did injury occur? Above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature Wm Wade Griffith M.D.
Medical Examiner.
Date signed 7/29/40

VS 6

F 71583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 191

F 71583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Ida Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1862

8. AGE: Years	Months	Days	If less than one day
77	11	3	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Bookkeeper

FATHER
12. Name (Unknown) Rice
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Ida Rice
(b) Address 1300 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3901 Frederick Rd

18 (a) Funeral director Henry W Wilhelm
(b) Address 4101 Edmondson Ave

JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams N.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 28 1940 and that I last saw him alive on July 28 1940

Immediate cause of death Thermic Fever (Sun Stroke) — Duration 2 hrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L Triplett M.D.
Address 1326 W Lombard St Date signed 7/29/40

VS 3

F 71584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 460

Registered No. F 71584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Gilmor Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

9-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2740 Alameda Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Munzner

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5664

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura Munzner

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 20 1882

8. AGE: Years	Months	Days	If less than one day
58	1	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Butler Bros.

FATHER
12. Name August Munzner
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Cook
15. Birthplace Washington Dist.

16 (a) Informant Laura Munzner
(b) Address 2740 Alameda Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31st 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood Mem.
Location Taylor Ave

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 Pratt Park Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 30 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 2 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1940 to 7/28 1940 and that I last saw him alive on 7/28 1940.

Immediate cause of death Generalized purulent peritonitis

Due to Acute Suppurative Prostatitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Pancreas

Of autopsy CA pancreas, Peritonitis, Acute suppurative prostatitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Henry Harper M. D.
Address Univ. Hosp. Date signed 7/28/40

F 71585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 71585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 E Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis J. Whitney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-1858

8. AGE: Years	Months	Days	If less than one day
82	5	2	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Whitney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Reynolds
15. Birthplace Ireland

16 (a) Informant Catherine Whitney
(b) Address 2039 E. Biddle St.

17 (a) Burial (b) Date thereof 4-30-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Edmondson
Location

18 (a) Funeral director Conner & Zucker
(b) Address 2305 Harford Rd

19 (a) (b) Registrar

JUL 30 1940

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940, to July 28 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B Pitterson M.D.
M. D.
Address 1305 N. Patt Pk Ave Date signed 7-30-40

71586

Moberly

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135a

Registered No. F 71586

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Joseph's Hospital

(c) Hospital or institution: Room 4 - Eleven - 4 to 8 - 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1643 Clifton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? Born in USA years

3 (a) FULL NAME Alice G. Moberly

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ernest Moberly

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1871

8. AGE: Years 68 yrs | Months 7 | Days 19 | If less than one day 0 hr. 0 min.

9. Birthplace Frederick Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Jerome Anderson

13. Birthplace Frederick Md

MOTHER 14. Maiden Name Francis Bopst

15. Birthplace Frederick Md

16 (a) Informant Ernest Moberly

(b) Address 1643 - Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Cemetery

Location Baltimore Co. Md

18 (a) Funeral director George J. Fuith Inc

(b) Address 35 Howard Court Huntington Williams, M.D.

19 (a) JUL 30 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to July 29 1940 and that I last saw HER alive on July 29 1940.

Immediate cause of death Myocardial Failure & Pulmonary Edema

Due to Cardio-Vascular Renal disease.

Due to

Other Conditions Chronic Cystitis & Bladder Stones.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Chronic Cystitis with Bladder Stones.

Of autopsy None done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph's Hosp Date signed 7-29-40

Correct age is especially important

VS 3

F 71587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160a

Registered No. F 71587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Huntington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Pacora

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 8 hr. 58 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Natalie Tony Pacora
13. Birthplace Naples Italy

MOTHER 14. Maiden Name Emma Failett
15. Birthplace Naples Italy

16 (a) Informant Mrs Emma Pacora
(b) Address 2113 Huntington Ave Balt Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Retained at
Location Union Memorial Hosp for anatomical Purposes

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 (a) JUL 30 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/40 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/24 1940 , to 7/25 1940 , and that I last saw him alive on 7/25 1940

Immediate cause of death: Cluta cranial Hemorrhage — Duration: 9 hrs
Due to Prematurely with precipitate labor
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard W. Winthrop M. D.
Address Union Memorial Hosp Date signed 7/26/40

42 - 25

VS 3

F 71588
57696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 71588
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yr.

4-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
William Tyson

3 (b) If veteran, name war Unknown
3 (c) Social Security Account No. Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/1886

8. AGE: Years 54 | Months 0 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation pipe fitter
11. Industry or business

FATHER
12. Name George
13. Birthplace Balto.

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof JULY-31-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Ave
18 (a) Funeral director Robert Brooks Son
(b) Address Calhoun & Hollins sts.
19 (a) (b)
(Date rec'd by State Registrar) Registrar

JUL 30 1940
VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27- 1940, at 8 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27- 1940, to 7-27- 1940 and that I last saw h alive on 7-27- 1940

Immediate cause of death: Congestive Failure — Duration: ?
Due to C-S. Hrt. Dis. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Heart Failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Miller Shelton M. D.
Address Balto City Hosp Date signed 7-29-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

71589 — CERTIFICATE OF DEATH — 46F — F 71589

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1820 N. Milton St. 8-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Voegtle — If U. S. Veteran specify WAR

(a) Residence: No. 1820 N. Milton Av St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 28-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Latrobe Pa

FATHER

13. NAME Joseph Voegtle

14. BIRTHPLACE (city or town) (State or country) Latrobe Pa

MOTHER

15. MAIDEN NAME Laure ?

16. BIRTHPLACE (city or town) (State or country) Latrobe Pa

17. INFORMANT Joseph Koch (Address) 1820 N. Milton

18. BURIAL, CREMATION, OR REMOVAL Baltimore Aug 1-40 19

19. UNDERTAKER Jos. F. Storm (Address) Huntington Williamsport Pa

20. FILED JUL 30 1940

OCCUPATION is very important. See Instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 1 1940 to July 28 1940

I last saw him alive on July 28, 1940. Death is said to have occurred on the date stated above, at 3:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	Unk
Acidosis Mellitus	Dec
Other contributory causes of importance: Glycosuria Nephritis	Unk

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A Storm M. D.

(Address) 287 E Harford Av

71590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D Registered No. 24590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 S. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John L. Hasson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21-1861

8. AGE: Years	Months	Days	If less than one day
79	5	7	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business City Goverment

FATHER
12. Name Neal Hasson
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E Coller
15. Birthplace Ireland

16 (a) Informant Miss Margaret Hasson
(b) Address 914 W Lombard St

17 (a) Burial (b) Date thereof 7/31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Fred. Rd

18 (a) Funeral director John Corwin Son
(b) Address 901 Hollins St

(a) Filed AUG 30 1940 (b) Registrar Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 2-AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to July 28 1940 and that I last saw him alive on July 27 1940.

Immediate cause of death Acute cardiac dilatation 7 Day

Due to Chronic myocarditis 10 yrs
c hypoplasia aorta

Due to

Other Conditions Embolism of right leg

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene of right leg

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Calas
Address 47 N Fulton Ave Date signed July 30

VS 3

71591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 71591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Light St
(c) Hospital or institution: D. O. A. Death Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 2
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1402 Light St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H Decker

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Catherine Decker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1870

8. AGE: Years 70 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William H. Decker Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edward Wood
(b) Address 1402 Light St.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 31st 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director C. Schlosser & Son
(b) Address 1039 Seagrove St.

19 JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 9:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wayland Griffith M.D.
Medical Examiner.
Date signed 7/29/40

F 71592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D Registered No. F 71592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Gorsuch Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Gorsuch Avenue.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Augusta Kriewald

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August Kriewald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1872

8. AGE: Years	Months	Days	If less than one day
68	1	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Schleip
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Helen M. Smith
(b) Address 720 Gorsuch Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) JUL 30 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 19 40. at 9 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 6 1940 to July 28 1940 and that I last saw h[illegible] alive on July 28 1940

Immediate cause of death: Cardiac Arrest Hours Minutes

Due to: Pernicious myocarditis Days

Due to: Arteriosclerosis Weeks

Other Conditions: Edema Months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Hours / Days / Weeks / Months / Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Huntington Williams M. D.
Address [illegible] Date signed July 30 1940

71593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 71593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Harlem Avenue
(c) Hospital or institution:

16 - 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Harlem Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Pauline Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. H. Clark, Sr.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) February 14, 1874

8. AGE: Years	Months	Days	If less than one day
66	5	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Bishop
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Miller
15. Birthplace Maryland

16 (a) Informant Mr. Wm. H. Clark, Jr.
(b) Address 4806 Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (Filed) JUL 30 1940 Purington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 29 1940 and that I last saw h[illegible] alive on July 29 1940

Immediate cause of death	Duration
Cardio Renal Degeneration	10 Mos
Arterio Sclerosis	10 Mos
Due to Apoplexy	8 Mos
Severe Hemorrhage	2 days
Due to Coma	2 days

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Th. R. Johnson M. D.
Address 403 Med Arts Bldg Date signed

F 71594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191 ✓ Registered No. F 71594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lodge
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Isabella H. Brown (Isabella Gregory Hough Brown)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Gustavus Brown
6 (d) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May -14-70

8. AGE: Years	Months	Days	If less than one day
70	2	15	hr. min.

9. Birthplace Virginia (Alexandria)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Hough
13. Birthplace Virginia

MOTHER
14. Maiden Name Nannie Hamilton
15. Birthplace Virginia

16 (a) Informant Dr. T. J. Ikeley
(b) Address Union Memorial Hospital

17 (a) Burial (b) Date thereof July 31, -40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet,
Location Baltimore, Md. -

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues.

19 Date received (by Registrar) July 30 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to July 29 1940, and that I last saw h[illegible] alive on July 29 1940.

Immediate cause of death: Hemorrhage — Duration 48 hrs.
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy generalized hemorrhages.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Ferdinand C. Valentine, M.D.
Address [redacted] Union Memorial H Date signed 7-29-40

VS 2

F 71595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 71595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Howard Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry BEELS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 216-10-1240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Whitman
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1886

8. AGE: Years	Months	Days	If less than one day
53	8	25	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business U. S. Construction Company

FATHER
12. Name Charles Beels
13. Birthplace England

MOTHER
14. Maiden Name Anna Webber
15. Birthplace USA

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 8/2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

19 (a) Date received JUL 30 1940 (b) Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28, 1940, to July 29, 1940, and that I last saw him alive on July 29, 1940.

Immediate cause of death	Duration
Myocardial degeneration	Unknown
Due to Bronchial asthma	Unknown
Pulmonary emphysema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/30/40 M. D.

VS 3

71596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. F 71596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Moravia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ~~mos~~
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Moravia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME URSULA TOMSICH

3 (b) If veteran, name war

3 (c) Social Security Account No. xx

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife John Tomsich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-1887

8. AGE: Years	Months	Days	If less than one day
52	9	9	hr. min.

9. Birthplace Yugo Slavia (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Anna Hoffman
(b) Address 3305 Moravia ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/40 (month) (day) (year)
(c) Cemetery or crematory Ely
Location Ely Mem

18 (a) Funeral director Leonard Hirsh
(b) Address 1500 Harford Ave

19 (a) [illegible] (b) [illegible] (Registrar) Huntington Williams, M.D. Registrar

JUL 30 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 40 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hanging by Rope	
Due to Suicide	
Due to Mental depression	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 30, 1940
(c) Where did injury occur? 3305 Moravia Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury hanging by rope

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 7-30-40

VS 6

F 71597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1631

Registered No. F 71597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Linford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CORA ERDMAN

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife: Thomas E Erdman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 2, 1902

8. AGE: Years 37 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Jenkins
13. Birthplace: Va

MOTHER
14. Maiden Name: Gertrude A Kenningham
15. Birthplace: Md

16 (a) Informant: Thomas E Erdman
(b) Address: Pamey Md

17 (a) Burial (b) Date thereof aug 1, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location:

18 (a) Funeral director: Leonard Tyce
(b) Address: 5305 Harford Rd

19 JUL 30 1940 Filed: Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 40, at 7 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquest)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bifrontal depressed fracture of cranium	
Due to Suicide	
Due to mental dependency	
Other Conditions Pneumonia lobular, bilateral	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 25, 1940
(c) Where did injury occur? Towson Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury gunshot wound of forehead

23. Signature H. Lee Waldemann M.D.
Medical Examiner.

Date signed 7-25-40

VS 6

(Date rec'd by registrar) Huntington Williams, Md. | Date signed 7-29-40

VS 6

F 71598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 71598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 23-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Light (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEO BAUM GARDNER (Baumgarten)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marion V. Rhoads

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1866

8. AGE: 73 Years | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, or state)

10. Usual Occupation Retired Stove Mounter

11. Industry or business

FATHER
12. Name John Baumgardner
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Ella
15. Birthplace Germany

16 (a) Informant Mrs. Marion V. Perkins
(b) Address Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director John J. Fahey & Son
(b) Address 1318 Forest Ave

19 JUL 30 1940 (Date rec'd by registrar) (b) Huntington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions: Obesity, marked

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Asst Medical Examiner.

Date signed 7-28-40

VS 6

VS 6

F 71599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 71599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 N Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 N Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Bentley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Lillie Bentley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1883

8. AGE: Years	Months	Days	If less than one day
56	11	19	hr. min.

9. Birthplace Howard Co Md.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Hotels

FATHER
12. Name Westley Bentley
13. Birthplace Howard Co Md.

MOTHER
14. Maiden Name Mary Hersey
15. Birthplace Howard Co Md

16 (a) Informant Lillie Bentley Wife
(b) Address 1037 N Mount St

17 (a) Burial (b) Date thereof Aug 1 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Highland
Location Howard Co Maryland

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N. Mount St

JUL 30 1940
(Date received by Registrar)

(b) Arlington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to July 28 1940, and that I last saw him alive on July 27 1940

Immediate cause of death Cerebral Hemmorrhage — Duration July 20

Due to Hypertension Arteriosclerosis — April 1940

Due to

Other Conditions Chronic Nephritis also Hemiplegia — April 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Harvey M.D.

Address 1424 E. Monument St Date signed 7/29/40

71600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71600

CERTIFICATE OF DEATH

931

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1314 Lakeside Ave. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME LOUISE MARIE LEITHEUSER

If U. S. Veteran specify WAR.....

(a) Residence: No. 1314 Lakeside Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Leitheuser

6. DATE OF BIRTH (month, day, year) July 9, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore Sachse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Riedel

16. BIRTHPLACE (city or town) (State or country) Ocean Longaine Pa

17. INFORMANT Mrs. John H. Leitheuser

(Address) 1314 Lakeside

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 31. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) NORTH AVE. & BROADWAY

20. FILED JUL 30 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932, to July 28, 1940

I last saw her alive on July 27, 1940. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1932

Other contributory causes of importance:

Cerebral Hemorrhage	7/27/40

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W Kluck M. D.

(Address) 715 Park Ave

C12067

F 71601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 71601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 661 Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 W Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Ellis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1898

8. AGE: Years	Months	Days	If less than one day
41	43	9	14 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Mitchel Ellis
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Clark
15. Birthplace Md

16 (a) Informant Elizabeth Ellis
(b) Address 1490 Bonn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Pennsylvania Ave

19 JUL 30 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7/29/40

71602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 71602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sears Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23 1912

8. AGE: Years 27 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Josiah Robinson
13. Birthplace Va

MOTHER
14. Maiden Name Eleanor Butcher
15. Birthplace Va

16 (a) Informant Sylvia McKinney
(b) Address 1015 Canollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (month) (day) (year)
(c) Cemetery or crematory Petersburg
Location Va.

18 (a) Funeral director Geo. E. Nelson
(b) Address 1303 Pennsylvania Ave

19 JUL 30 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death ~~Gunshot wound~~ Shock & Hem
~~Due to~~ wounds of
rt. groin and intestines
Exsanguination
alcoholic intoxication

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7/28/40
(c) Where did injury occur? Valley - 2450 Bl. Pittsburg St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Rough Hand Shot gun

23. Signature W. H. Barnes Jr. M.D. Medical Examiner.
Date signed 7/29/40

VS 6

F 71603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191 Registered No. F 71603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution:
St. Joseph
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 S. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Joseph Imbierowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Angeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24-1891

8. AGE: Years	Months	Days	If less than one day
48	5	4	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation grocer

11. Industry or business own business

FATHER 12. Name Stanislaw Imbierowicz

13. Birthplace Poland

MOTHER 14. Maiden Name Stanislawa Bhgnacka

15. Birthplace Poland.

16 (a) Informant Mrs Angeline Imbierowicz

(b) Address 644 S Lakewood Ave

17 (a) burial (b) Date thereof July 31 1940 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cem

Location Highlandtown

18 (a) Funeral director Stephen Fialkowski

(b) Address 1000 S. Kenwood Ave

19 (a) Huntington Williams, M.D. (Date received by Registrar)

JUL 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 1940, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1940 to 7-28 1940 and that I last saw h[illegible] alive on 7-28 1940.

Immediate cause of death Pulmonary edema — Duration

Due to Circulatory collapse

Due to Heat prostration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J Sabatini M.D.

Address St Joseph Hosp Date signed 7-28-40

For information call Dr. Schmidt

VS 3

for information call Mr. Schmidt

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71604

CERTIFICATE OF DEATH

107

F 71604

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Payson St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Katherine Ritter

If U. S. Veteran specify WAR

(a) Residence: No. 430 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Ritter

6. DATE OF BIRTH (month, day, year) Feb. 28-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Caspar Kramer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ingra Keith

(Address) 430 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loc Cathedral Date Aug. 1 1940

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

JUL 30 1940 Registrar

OCCUPATION is very important. See instructions on back of certificate.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1940 to July 29, 1940

I last saw her alive on July 29, 1940 Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
	~~days~~
	~~days~~

Other contributory causes of importance:

acute uremia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2038 Wilkens Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 71605

F 71605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 S. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 S Wolfe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Frances Kulski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Anthony Kulski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 6 1880

8. AGE: Years 67 | Months 59 | Days 11 | If less than one day hr. min. 27

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Thomas Kowalz
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Bzegranski
15. Birthplace Poland

16 (a) Informant Mrs Frances Kulski (Daughter)
(b) Address 239 S. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Cator

18 (a) Funeral director John F. Welsh
(b) Address 402 S. Chester St

19 (a) [illegible] Huntington Williamsport, Md.

JUL 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1937 to July 28 1940; and that I last saw h[illegible] alive on July 27 1940

Immediate cause of death Chronic Myocarditis — Duration 3 yrs

Due to Arteriosclerotic Cardiovascular Renal Disease — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.

Address 1331 E. Northdale Date signed 7-30-40

V8 2

1399--FD

F 71606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 71606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12 6yr. 7mo. 13 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME William Beck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-1857

8. AGE: Years	Months	Days	If less than one day
83	4	24 19	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation machine operator
11. Industry or business

FATHER
12. Name August
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalina Luparee
15. Birthplace France

16 (a) Informant B.C.H. Records
(b) Address 403 S. Wolf St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/40 (month) (day) (year)
(c) Cemetery or crematory St. Mathews C.M.
Location O Donnell St.

18 (a) Funeral director Fally & Zerbe Inc
(b) Address

JUL 30 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1940, at 10 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16- 1933 to 7-24- 1940, and that I last saw h alive on 7-24- 1940

Immediate cause of death
(a) Lobar pneumonia — Duration 2 days
Due to Hypertension CVD — ?
(b) Gen. O.S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Balto City Hosp Date signed 7-30-40

Likesell

71607 HEALTH DEPARTMENT—CITY OF BALTIMORE

S.S. # 198-05-9963

CERTIFICATE OF DEATH † 104B

F 71607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. Gen. Hosp. Ward) Sep 24-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mervin Mikesell

(a) Residence: No. Jonestown Md. Route 1 (Usual place of abode) Ward Carroll Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs E Lel Mitchell

6. DATE OF BIRTH (month, day, year) 12-29-12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28 27 28	6 7	4 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop Factory

10. Date deceased last worked at this occupation (month and year) August 1940

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Hanover Pennsylvania

FATHER

13. NAME Addison Mikesell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Esther Kendlich

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Mervin Mikesell (Address) Jonestown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Jonestown Md. Date Aug. 2 1940

19. UNDERTAKER J. M. Slick & Son (Address) Littlestown Pa. Fred Rd.

20. FILED 1940 Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1940 to 7-30, 1940

I last saw ~~him~~ alive on 7-30, 1940 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lateral Sinus Thrombosis	6-12-40

Other contributory causes of importance:

Streptococcus Septicaemia

Was an operation performed? Yes Date of 6-29-40

For what disease or injury? Thrombosis of Rt Int Jug Vein

Name of operation Ligation of Rt Int Carotid

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. S. Lurz M. D.

(Address) So. Bonds Gimeal Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 71608

71608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 71608

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Union Ave.
(c) Hospital or institution:
13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Union Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA COOK

3 (b) If veteran, name war: N

3 (c) Social Security Account No. 41 82

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1865

8. AGE: Years 74 74 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Carroll Co Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George Cook
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Dickson
15. Birthplace Md

16 (a) Informant Mrs Gladys Cunningham
(b) Address 46a Wilmslow Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Baltimore Md

18 (a) Funeral director Wilson Cook
(b) Address 1217 E Fayette St Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 7-30-40

F 71609

BALTIMORE CITY HEALTH DEPARTMENT

F 71609

(Date rec'd by registrar) 8/1 Registrar | Date signed 7-30-40

JUL 31 1940

F 71609

BALTIMORE CITY HEALTH DEPARTMENT 108

CERTIFICATE OF DEATH

F 71609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 Yale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Yale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise P. Hulse

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No No

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: Frank V. Hulse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1867

8. AGE: Years 72 | Months 2.11 | Days 2. | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Leonard Passano
13. Birthplace Md.

MOTHER
14. Maiden Name Louise A. Mayhew
15. Birthplace New York

16 (a) Informant Leonard Passano
(b) Address Rightwith Rd. Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Balto. Co. Md.

18 (a) Funeral director Williams & Polk
(b) Address 1217 St. Paul St

19 (a) Date received by registrar 8/1/40 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 1940, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1940 to 7/29 1940 and that I last saw h~~e~~ alive on 7/29 1940.

Immediate cause of death	Duration
Chronic Glomerular Nephritis	5 Yr
Myocarditis	10 Yrs.
Due to	
Due to	
Other Conditions Bilateral lobar pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Bonello M. D.
Address 4713 Fredrick Date signed 7/30/40

F 71610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

F 71610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1¼ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Mt. Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Thelma Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Female	White	Married

6 (b) Name of husband or wife [illegible] Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1901

8. AGE: Years	Months	Days	Less than one day
38	11	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Tipton Cole
13. Birthplace Maryland

MOTHER
14. Maiden Name Dora McCullough
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 8/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (b) [illegible] for Mitchell
(Date received by local registrar) (Registrar)

JUL 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 12:51 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 29 1940, and that I last saw he alive on July 29 1940.

Immediate cause of death	Duration
Intestinal hemorrhage	24 hrs.
Due to Carcinoma of Cecum with general metastases.	11 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Cecum with gen. metastases.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Theobs M. D.
Address Mercy Hosp. Date signed July 29/40

VS 3

71611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

833

Registered No. E 71611

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address 2201 Dunbarton Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rox Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Dunbarton Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Miss Josephine Hutchins

3 (b) If veteran, name war No
3 (c) Social Security Account No. 230-03-6845

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1868

8. AGE: Years 72 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Teacher Pub Schools

FATHER
12. Name Frederick Zollinhofer
13. Birthplace Md

MOTHER
14. Maiden Name Mary Eliz Keyser
15. Birthplace Md

16 (a) Informant Howard C. Smith
(b) Address 1635 E Northern

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director McCaffrey
(b) Address 1219 N Fulton Ave

19 (a) Huntington Williams, M.D. Registrar
(Date received) (Registrar)

JUL 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30/1940, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21/1940, to 7/30/1940, and that I last saw h.e alive on 7/30/1940

Immediate cause of death: Cerebral thrombosis — Duration 2 weeks

Due to Arteriosclerosis — 6 mos

Due to

Other Conditions Criminal abuse

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar J Martens M. D.
Address 2706 St Paul St. Date signed 7/30/40

VS 3

VS 3

F 71612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 71612
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 Parkwood Ave
(c) Hospital or institution:

2 & 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Parkwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Rose (Januhewycz) Yanukewicz.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Andrew.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 79 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation House Work.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Joseph A. Janowith.
(b) Address 4205 Parkwood. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk

18 (a) Funeral director Joseph Kownacka Sons
(b) Address 60 Biddeford Ave

19 (a) JUL 31 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 9.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940, to July 29 1940, and that I last saw her alive on July 29 1940.

Immediate cause of death Bronchial Pneumonia — Duration July 24 to July 29
Hypostatic
Bed-ridden
Due to Chr. Myocarditis — Duration May 14
Due to
Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Mary Lechowicz
Address 6930 Belair Rd Date signed July 30 1940

VS 3

VS 8

F 71613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71613 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Agnes Hosp.
(b) Street address Caton + Wilkens Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Savage
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Barbara Stann (Stankunas)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Peter Stann Stankunas
(b) Address Savage Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaminskas Inc
(b) Address 60 Washington Blvd

19 (a) (Date received by Registrar) (b) Registrar

JUL 31 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30 1940, at 1.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1940 to 7/30 1940 and that I last saw h[illegible] alive on 7/30 1940.

Immediate cause of death Cerebral vascular attack — Duration: over

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature S Parks M. D.
Address Date signed

F 71614

VS 1

614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191 F 71614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-14-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William T. Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Anna V.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 25-1864

8. AGE: Years	Months	Days	If less than one day
76	4	4	hr. ..... min.

9. Birthplace Sumpter S. C.
(Town, county, and state)
10. Usual Occupation Publisher & Editor
11. Industry or business

FATHER 12. Name Wm. M. Andrews
13. Birthplace S. C.

MOTHER 14. Maiden Name Martha Burrough
15. Birthplace S. C.

16 (a) Informant Norman P. Andrews
(b) Address 1809 McCulloh St

17 (a) Burial (b) Date thereof 7 31 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location Sumpter S C

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) JUL 31 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1940 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27- 1940 to 7-29- 1940 and that I last saw him alive on 7-29- 1940.

Immediate cause of death Sunstroke (Excessive Heat) — Duration 2 days

Due to .....

Due to .....

Other Conditions Arteriosclerosis & Cardiac Failure.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 7/31/40

F 71615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

F 71615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6207 Baltimore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Leimbach (WILLIAM LEIMBACH SR.)

3 (b) If veteran, name war /

3 (c) Social Security Account No. 212-18-8773

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Leimbach

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 3. 1868

8. AGE: Years 71 72 | Months 10 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name Wm Leimbach

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Wehner

15. Birthplace Germany.

16 (a) Informant Robert.

(b) Address Church Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 31 1940 (Date received by registrar) (b) ..... Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1940, to 7-30 1940, and that I last saw him alive on 7-30 1940.

Immediate cause of death Intestinal Obstruction — Duration .....

Due to Carcinoma of Colon (Splenic flexure) — Duration .....

Due to ..... — Duration .....

Other Conditions Pancreatic stone — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ex abdomen.
Of autopsy Ex abdomen.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. Lehman Gaylord M. D.
Address Church Home Date signed 7-30-40

VS 8

71616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 71616 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wayman Park Drive & 31st St.
(c) Hospital or institution: Marine Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama County
(c) City or town Mobile
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Congress St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Lane ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1907

8. AGE: Years 32 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Rockwood Tenn.
(Town, county, and state)

10. Usual Occupation Fireman SS- Bethone

11. Industry or business Seafaring

FATHER
12. Name Thomas E Lane
13. Birthplace Rockwood Tenn.

MOTHER
14. Maiden Name Julia
15. Birthplace Rockwood Tenn

16 (a) Informant Records U.S. Marine Hosp.
(b) Address Baltimore Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-31-40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hamden

18 (a) Funeral director A. Riley Slade
(b) Address 4907 York Rd.

JUL 31 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Tubercular pneumonia — Duration

Due to

Due to

Other Conditions Bronchial Pneumonia

(Include pregnancy within 3 months of death)
Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandersloot M.D.
Medical Examiner.
Date signed 7/29/40

✓ F 71617

VS 6

F 71617

F 71617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 461

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lexington Sts.
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joshua Williams

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 212-09-3437

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1879

8. AGE: Years 61 | Months - | Days 18 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name John Williams
13. Birthplace Balto Md

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Cora E. Williams
(b) Address 708 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore Md.

18 (a) Funeral director Archibald A. Biddle
(b) Address 410 McCulloh St.

19 (a) (Date rec'd by registrar) AUG 1 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to July 28 1940, and that I last saw h[illegible] alive on July 28 1940.

Immediate cause of death	Duration
Coronary Thrombosis Generalized Arteriosclerosis due to	3 mos.
Due to Adenocarcinoma of rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma of rectum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shipard M.D.
Address University Hospital Date signed 8/1/40

F 71618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95B

F 71618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution Bon Secours Hosp. 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Woodland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Theresa M. Bollman

3 (b) If veteran, name war none

3 (c) Social Security Account No. none.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1885

8. AGE: Years 55 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name John W. Bollman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary De Mangin
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Hermes Bollman
(b) Address 3404 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto City.

18 (a) Funeral director G. Vernon Lemmon.
(b) Address 4611 Park Heights.

19 (a) (b)
(Date rec'd by registrar) (Registrar)

JUL 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1940, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to July 30 1940, and that I last saw her alive on July 30 1940

Immediate cause of death Cerebral Embolus, right — Duration 31 hours

Due to Rheumatic Heart Disease — 8 years

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital Date signed 7-30-40 M. D.

VS 8

71619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 71619
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Lanvale St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Martha Carlisle

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6, 1849

8. AGE: Years 91 | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Burlington Carlisle
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Gill
15. Birthplace Md.

16 (a) Informant Rose C. Collier
(b) Address 2205 California St., Wash., D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (month) (day) (year)
(c) Cemetery Stone Chapel
Location Reisterstown Rd., nr. Pikesville

18 (a) Funeral director George J. Smith
(b) Address 1900 Eutaw Place, Baltimore

JUL 31 1940 (Date rec'd by registrar) Huntington Carlisle Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1936, to July 28 1940 and that I last saw h[illegible] alive on July 27 1940.

Immediate cause of death: cerebral hemorrhage — Duration: 2 days
Due to: arterial hypertension — 4 yrs
Due to: generalized arteriosclerosis — 7
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature George A. Kupp M. D.
Address 4116 Edmondson Ave. Date signed

1620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 71620
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital 1501
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 N Strieker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM BAILEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1928

8. AGE: Years	Months	Days	If less than one day
12			hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation School boy.
11. Industry or business

FATHER
12. Name William H. Bailey.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lorine Roberts.
15. Birthplace Texas.

16 (a) Informant William H. Bailey (Father)
(b) Address 1516 N. Strieker St

17 (a) Burial (b) Date thereof Aug 1 - 1940
(Burial, cremation, or Removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
(d) Funeral director Va Brooks
(e) Address 1463 McCarey St

JUL 31 1940

19 (a) (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 7 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said ? (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-29-40
(c) Where did injury occur? Jones Falls near Wyoming Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work?
(Specify type of place)
(e) Means of injury Drowning - struck on head

23. Signature Jos. L. Wollenweber M.D.
Medical Examiner.

Date signed 7-30-40

VS 6

VS 6

F 71621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95c

F 71621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Division St.
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Division St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Campbell Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Alexander Campbell
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Frances Warfield
15. Birthplace Baltimore Co

16 (a) Informant John Campbell.
(b) Address 2224 Division st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel Cemetery
Location Randallstown

18 (a) Funeral director Wm Crooks Sons
(b) Address 1463 W. Carey St

19 (a) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

JUL 31 1940

correct age is extremely important

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to July 27 1940 and that I last saw h[illegible] alive on July 27 1940.

Immediate cause of death Hypostatic Pneumonia — Duration 2 days.

Due to Cardiac Decompensation — Duration about 6 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Solomon Rhoma M. D.

Address 1514 Eutaw Place Date signed 7-30-40

F 71622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 B

F 71622

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St. Joseph's Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Hull St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles L. Berger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1926

8. AGE: Years	Months	Days	If less than one day
14	1	23	hr. min.

9. Birthplace Calvert Co. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Charles Wm. Berger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Edna Pitt
15. Birthplace Calvert Co.

16 (a) Informant Mrs. Charles Berger
(b) Address 1207 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 / 40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred J. Kramer & Son
(b) Address 1716 N. Charles St

19 (a) JUL 31 1940 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 30 1940, and that I last saw him alive on July 30 1940.

Immediate cause of death Cerebral hemorrhage

Duration

Due to

Due to

Other Conditions Rheumatic endocarditis & pericarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Williams M. D.
Address St Joseph's Hosp. Date signed 7/31/40

VS 3

71623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. F 71623

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St. & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

13-1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2460 Lakeview Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Mrs. Hannah Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Late Mayer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER

12. Name Jacob Salta

13. Birthplace Russia

MOTHER

14. Maiden Name Deborah Caplan

15. Birthplace Russia

16 (a) Informant Isidore Levin

(b) Address 2460 Lakeview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cemetery Location E Baltimore St

18 (a) Funeral director Sol Levinson & Bro Address 1124 26 W Northern

JUL 31 1940

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 11 a. m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to July 30 1940, and that I last saw her alive on July 30 1940.

	Duration
Immediate cause of death Cardiac Asthma and pulmonary Edema	2 days
Due to A. S. Heart disease and Hyper Tension	10 yrs
Due to Coronary Occlusion	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Tovia A. Cohen M. D.

Address Sinai Hospital Date signed July 30 1940

VS 3

VS 3

71624

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 120a

Registered No. E 71624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 mo 38
(e) Length of stay in Baltimore (yrs., mos., or days) 17 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Richmond
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Rosa Holzner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr 5 1881

8. AGE: Years 59 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Bavaria Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Holzner
13. Birthplace Bavaria Germany

MOTHER 14. Maiden Name Maria Berberich
15. Birthplace Bavaria Germany

16 (a) Informant Mt. Hope Retreat Records
(b) Address 6420 Reisterstown Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 31-40 (month) (day) (year)

(c) Cemetery or crematory
Location Richmond Va

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) JUL 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1939, to July 30 1940, and that I last saw h er alive on July 30 1940

Immediate cause of death
Gastroenteritis with peritonitis
Due to foreign bodies

Due to

Other Conditions Psychosis with mental deficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 yr
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Shay M. D.
Address 3326 Eastern Ave Date signed

F 71625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71625 Registered No.

38459

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Central ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA Frances Twickley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-17

8. AGE: Years	Months	Days	If less than one day
23	8	8	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alfred Twickley

13. Birthplace Md -

MOTHER 14. Maiden Name Mattie Washington

15. Birthplace Md -

16 (a) Informant Deaths

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (b) Date thereof 8/2/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Balto. County Md.

18 (a) Funeral director Joseph B. Locke Jr.

(b) Address 1324 N. Central Ave

19 JUL 31 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940 at 11:36 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to July 31 1940, and that I last saw her alive on July 30 1940

Immediate cause of death Pelvic abscess — Duration One yr.
Due to Chronic diarrhea — unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Brawer M. D.

Address Johns Hopkin Hosp. Date signed 7/30/40

VS 8

57722-FD

71626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16/a Registered No. E 71626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 W. Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hawkins (Althea Hawkins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-40

8. AGE: Years	Months	Days	If less than one day
0			1 hr. 20 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles King e
13. Birthplace Md.

MOTHER
14. Maiden Name Althea Hawkins
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) BALTO CITY HOSPITAL (Burial, Cremation, or removal) (b) Date thereof 7-30-40 (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 31 1940 (Date Accepted by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 1.15A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1940 to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death	Duration
Intrauterine asphyxia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 7/25

F 71627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a F 71627

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospt. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham ZIGLIN

If U. S. Veteran specify WAR ...

(a) Residence: No. 2114 Wilkins Ave. St. 2025 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) OCT 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Boris Ziglin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Schmoolsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Blvd. Date 7-31- 1940

19. UNDERTAKER Kak Levy Inc.
(Address) 1437 E. Balto St

20. FILED JUL 31 1940 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30 10 AM 1940 to July 30. 7:20 AM 1940

I last saw him alive on July 30 1940 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows: (over)

	Date of onset
Pneumonia	
Coronary heart disease	

Other contributory causes of importance:

Obesity	

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? None. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Leonard E. Blumenthal, M. D.

(Address) West Baltimore General Hosp.

V2 8

71628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

✓ F 71628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 N Strieker St
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 N Strieker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD PURVY

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1933

8. AGE: Years	Months	Days	If less than one day
7			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name James Purvey
13. Birthplace Md

MOTHER
14. Maiden Name Hilda Johnson
15. Birthplace Md.

16 (a) Informant James Purvey
(b) Address 1504 Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence July 29 1940
(c) Where did injury occur? Johns Falls Patapsco Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury drowning in stream

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 7-31-40

71629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

F 71629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or Institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Howard Y. Gosnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Virgie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 12 1869

8. AGE: Years	Months	Days	If less than one day
71	5	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Judge

11. Industry or business

FATHER
12. Name Wm. Gosnell
13. Birthplace Md

MOTHER
14. Maiden Name Mary Van Pelt
15. Birthplace Md

16 (a) Informant Virgie Gosnell
(b) Address Savage Md

17 (a) Savage Md (b) Date thereof 8. 2. 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Savage
Location Savage Md

18 (a) Funeral director J. Lloyd Kraus
(b) Address Laurel Md

19 (a) 8-3-40 Hunting for Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1940 at 11.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1940 to 7-31 1940 and that I last saw him alive on 7-31 1940

Immediate cause of death Streptococcus Septicemia — Duration 11 days
Due to Cholecystitis — 23 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Cholecystitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Agnes Hospital Date signed 7-31

F 71630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71630 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 East 35
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 512 East 35 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary I Thornton

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edward Thornton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months — | Days — | If less than one day — hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Wm Smith

13. Birthplace Md

MOTHER 14. Maiden Name Margaret Smith

15. Birthplace Md

16 (a) Informant Edward Thornton

(b) Address 512 East 35

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 E Biddle ave

19 (a) Huntington Kilgus (Date rec'd by registrar) JUL 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 8 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to July 29 1940 and that I last saw him alive on July 29 1940.

Immediate cause of death Heat Exhaustion — Duration July 29

Due to Myocarditis — 40

Due to — Feb 1940

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature [illegible]

Address 570 Orangeville Ave Date signed 7-31-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

71631

631

CERTIFICATE OF DEATH

93D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A. Barnes.

If U. S. Veteran specify WAR

(a) Residence: No. 1621 S. Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIDOW of: Harriet Barnes

6. DATE OF BIRTH (month, day, year): March 4 1861

7. AGE: Years 79 | Months 3 + | Days 24 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: Ship Caulker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

13. NAME: Henry Barnes

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary J. Barnes

(Address) 1621 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 7/31/40

19. UNDERTAKER: Howard D. Covington

(Address) 2110 E. 25th St.

FILED JUL 31 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28 1940

22. I HEREBY CERTIFY, That I attended deceased from July 21 1940 to July 28 1940

I last saw him alive on July 28 1940. Death is said to have occurred on the date stated above, at 5:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paravesical abscess	7/0/40
Toxemia	

Other contributory causes of importance:

Senile arteriosclerosis C. V. disease, pulm. emphysema

Was an operation performed? Yes Date of July 22 40.

For what disease or injury? prostatic adenoma

Name of operation Incision & drainage

What test confirmed diagnosis? — Was there an autopsy? No

22. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Melvin D. Appelmans M.D.

(Address) South Balto. Gen'l Hospital

71632 PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 F

F 71632 Registered No. 37065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1883

8. AGE: Years	Months	Days	If less than one day
56	7	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Carol
13. Birthplace ?

MOTHER
14. Maiden Name Mary
15. Birthplace Ill.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 31 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 JUL 31 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1940, at 3 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1940, to 7-13- 1940 and that I last saw h[illegible] alive on 7-13- 1940.

Immediate cause of death	Duration
Coronary Failure	?
Due to Pulm. Embolism	?
Due to Syphilitic Heart dis.	?
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebberstein M. D.
Address Balto City Hosp. Date signed 7-23-40

5800

VS 3

71633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 71633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gilbert Sts.
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Coy Johnson
13. Birthplace Tarboro, N.C.

MOTHER
14. Maiden Name Blanche Kea
15. Birthplace Tarboro, N.C.

16 (a) Informant Coy Johnson
(b) Address Tarboro, N.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 31 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mopre

19 (a) JUL 31 1940 (Date rec'd by registrar) Huntington Williams M.D. 15798

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28th 1940 to July 28th 1940 and that I last saw deceased alive on July 28th 1940.

	Duration
Immediate cause of death Congenital Atelectasis	1 hour
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Gaeris M. D.
Address University Hospital Date signed 7-29-40

F 71634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 71634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 Wheeler Avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Wheeler Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH DURBIN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1869

8. AGE: Years	Months	Days	If less than one day
70	11	--	hr. min.

9. Birthplace Abingdon, Iowa (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Charles W. Trent
13. Birthplace Iowa

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Thomas F. Toohey
(b) Address 900 Wheeler Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 118 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Hunting Park Avenue, N.W.

JL JT 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to July 29 1940, and that I last saw h[illegible] alive on July 29 1940

Immediate cause of death Myocardial Insufficiency. — Duration 2da

Due to Cancer Liver, Pancreas and Lungs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Sandt M. D.
Address Date signed

71635 HEALTH DEPARTMENT—CITY OF BALTIMORE 71635

CERTIFICATE OF DEATH 1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3513 Claremont St. 26-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Frendenmeyer

If U. S. Veteran specify WAR

(a) Residence: No. 3513 Claremont St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Frendenmeyer

6. DATE OF BIRTH (month, day, year) March 6 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
675	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) 3-6-1930

11. Total time (years) spent in this occupation. 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Frendenmeyer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Myers.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Brosh Jr.
(Address) 3513 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART CEM. Date AUG. 1 1940

19. UNDERTAKER Lilly & Teiler INC.
(Address) 463 S. WOLFE ST.

20. Filed JUL 31 1940 Washington Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to July 30 1940

I last saw him alive on July 30 1940. Death is said to have occurred on the date stated above, at 5:45 a m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Arteriosclerosis	1937
Chronic Interstitial Nephritis	1940

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) James F Kavanagh M. D.

(Address) 3338 W. Eldorado St

F 71636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓F 71636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 S.CONKLING ST.
(c) Hospital or institution:
26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 S.CONKLING ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN WEININGER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: KATHERINE WEININGER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT.28 1863

8. AGE: Years 76 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED WATCHMAN

11. Industry or business

FATHER
12. Name JOHN WEININGER
13. Birthplace GERMANY

MOTHER
14. Maiden Name BARBARA ?
15. Birthplace GERMANY

16 (a) Informant WILLIAM WEININGER (SON)
(b) Address 3726 FAIT AVE. ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG.1/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) Date received by Local Registrar JUL 31 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

✓ P.M.

20. DATE OF DEATH JULY 28 1940, at 11/57 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940 to July 28 1940, and that I last saw h[illegible] alive on July 28 1940

Immediate cause of death: Bronchial Pneumonia — Duration 3 days

Due to Chr. Myocarditis — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3228 Eastern Date signed 7-30-40

1637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71637

CERTIFICATE OF DEATH 126

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 26 Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amanda Bentry If U. S. Veteran specify WAR

(a) Residence: No. 3611 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Joseph Bentry

6. DATE OF BIRTH (month, day, year) Oct. 13, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER FATHER

13. NAME John Mooney

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Catherine Diggen

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Joseph Bentry
(Address) 3611 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date AUG. 2 1940

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

20. FILED 19 Registrar.

JUL 31 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/40 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 28 . 1940 to July 31 . 1940

I last saw her alive on July 31 . 1940 Death is said to have occurred on the date stated above, at 9:35 Am.

The principal cause of death and related causes of importance were as follows: Date of onset

Fever of undetermined origin

Other contributory causes of importance:

anemia

Chole lithiasis

Was an operation performed? no Date of

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. E. Blumenthal M. D.

(Address) Rayne & Eichelberger

71638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 B F 71638

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lillian E. Barrow

If U. S. Veteran specify WAR

(a) Residence: No. 1216 Linden Ave St., Ward. Balto, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
(or) WIFE of Howard E. Barrow

6. DATE OF BIRTH (month, day, year) September 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Marion W. Kauffman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Meads

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Howard E. Barrow
(Address) 1216 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 8/2/40 19

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.,
(Address) North & Pa. Avenues

20. FILED JUL 31 1940 Huntington Williams, M.D.
Registrar.

OCCUPATION is very important. See instructions.

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/40 19

22. I HEREBY CERTIFY, That I attended deceased from July 29 1940 to July 30 1940

I last saw her alive on July 30 1940. Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Intestinal Obstruction	

Other contributory causes of importance:

Adenocarcinoma of uterus
No evidence of Tuberculosis

Was an operation performed? Yes Date of 7-26-40

For what disease or injury? Diagnostic

Name of operation Paracentesis (Abdominal)

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. Hollis Hand M. D.

(Address) Hospital Women Staff

71639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B Registered No. F 71639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County CARROLL
(c) City or town WESTMINSTER
(If outside city or town limits, write RURAL and give town)
(d) Street No. 181 W. MAIN ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** MRS. ALLISON WAREHIME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife RALPH WAREHIME
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 7, 1880

8. AGE: Years	Months	Days	If less than one day
59	10	24	hr. min.

9. Birthplace WESTMINSTER, MD.
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JACOB BABYLON
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ANNE RINEHART
15. Birthplace MARYLAND

16 (a) Informant Wesley Warehime
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem.
Location Westminster, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

19 (Date received by registrar) JUL 31 1940 Huntington Williams M.D. (Registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1940, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1940, to July 31 1940, and that I last saw HER alive on July 31 1940.

Immediate cause of death PARALYTIC ILEUS — Duration

Due to OPERATION FOR APPENDECTOMY AND

Due to EXPLORATORY

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO PATHOLOGY

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Compton M. D.
Address Church Home & Infirmary Date signed July 31/40

71640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 71640

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4801 Palmer Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4801 Palmer Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie V. Goettling

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Charles A. Goettling
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 21st 1860

8. AGE: Years: 80 | Months: 0 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: At House
11. Industry or business: Self

FATHER
12. Name: Jacob Gredner
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Mary Louisa Parks
15. Birthplace: Md

16 (a) Informant: Clara L. Goettling
(b) Address: 4801 Palmer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location:

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) (b)
(Date rec'd by registrar) Registrar
AUG 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 30 1940 and that I last saw h[illegible] alive on July 30 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	7-23-40
Due to	
Due to Cerebral Hemorrhage	4-27-39
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify in public place) While at work?
(e) Means of injury:

23. Signature: Hunter D. Gilbert M. D.
Address: 1613 Eutaw Place Date signed 7.31.40

AUG 1 - 1940

F 71641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71641 Registered No. 163M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 in Woods 300 feet west
(c) Hospital or institution:
of Arlington Ave 1300 ft North of Marble Hall Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Annesley Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W Anderson

3 (b) If veteran, name war: no

(c) Social Security Account No. 265-01-4848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife: Cara V. Anderson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 6th 1889

8. AGE: Years	Months	Days	If less than one day
51	3	24	hr. min.

9. Birthplace New York N.Y.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Wine + Liquor

FATHER
12. Name Atwell Anderson
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Hadriett Cotton
15. Birthplace New York N.Y.

16 (a) Informant Cara V. Anderson
(b) Address 710 Annesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt Rose
Location York Pa.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

AUG 1 - 1940 (Date rec'd by registrar) (Huntingtons Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 3:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon Monoxide poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/40
(c) Where did injury occur? West of Arlington Ave - Northwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? No (Specify type of place)
(e) Means of injury Gas from exhaust - hose to exhaust pipe

23. Signature H. Wendell Kraft M.D. Medical Examiner.

Date signed 7/31/40

F 71642

57881 SD ✓ F 71642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Clifton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Fassel -----(Appleby) ✓

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-05-6843

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1882

8. AGE: Years 58 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business Good Humor Ice Cream Co

FATHER
12. Name Adam Fassel
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Brown
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Huntington, W. Va. (Registrar)

AUG 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30- 1940, at 10 P.M. 53

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-1940 to 7-30-1940 and that I last saw h[illegible] alive on 7-30-1940.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to: Gen. P. S.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Cerebral arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto City Hosp Date signed 7-31-40

F 71643

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 57909 937

Registered No. F 71643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2143 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Rullman

3 (b) If veteran, name war: 40
3 (c) Social Security Account No.: ? 40 E

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
(?)75	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Rullman
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by registrar AUG 1 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1940, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30- 1940 to 7-31- 1940 and that I last saw h. alive on 7-31- 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emmerich Lattimer M. D.
Address Balto City Hosp Date signed 7-31-40

71644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 71644

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 S. Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 337 S. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Joseph F. Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Julia Dixon
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Aug 5. 1860

8. AGE: Years 79 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Stock R.

11. Industry or business Retired

FATHER 12. Name Joseph F. Dixon
13. Birthplace Frederick Maryland

MOTHER 14. Maiden Name Mary ?
15. Birthplace Frederick Maryland

16 (a) Informant Mrs George Dixon
(b) Address 2251 Spokane St. Pitts Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore city.

18 (a) Funeral director J. B. Hilbert & Son
(b) Address 1300 Eutaw Place

19 (a) AUG 1 - 1940 (Date rec'd by Registrar) (b) Registrar

Hunting for Millennium

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 , to July 30 1940 and that I last saw him alive on July 30 1940.

Immediate cause of death Chronic Myocarditis — Duration
Uncured by Heat
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A Morgan M. D.
Address 1216 W Fayette Date signed

F 71645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 71645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Shirley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5 13
(e) Length of stay in Baltimore (yrs., mos., or days) 66yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Shirley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rev. John Jacob Burkart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie C.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26. 1868

8. AGE: Years 72. | Months - | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Bellmore Indiana (Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business Retired

FATHER
12. Name Rev. W. Burkart
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Detrich
15. Birthplace Switzerland

16 (a) Informant Mrs Minnie C. Burkart
(b) Address 2618 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore city

18 (a) Funeral director F. B. Kippert & Son
(b) Address 1300 Eutaw Place

19 (a) (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31-40 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1938, to July 31-1940, and that I last saw alive on July 30 1940.

Immediate cause of death Pulmonary tuberculosis — Duration 8 yrs

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature James L Ashcraft M. D.
Address 402 Park Hghts Ave Date signed 7/31/40

Dr. Ashcraft. 402 Park Hghts.

F 71646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

F 71646

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 334 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Martin = Mary E. Martin.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct - 10 - 1866

8. AGE: Years 73 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name ? Tattersall
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England.

16 (a) Informant William D. Martin
(b) Address 334 N. Calhoun St.

17 (a) Cremation (b) Date thereof Aug. 1. 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location 3901 Frederick Ave - City

18 (a) Funeral director F. B. Wisbert & Sons
(b) Address 1300 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 1 1940
vs 8 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1940 to July 30 1940 and that I last saw h.r. alive on July 30 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 7/30/40

71647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 71647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1893

3 (a) FULL NAME Catherine Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Jas. A
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1883

8. AGE: Years	Months	Days	If less than one day
57	6	6	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles McNichols
13. Birthplace Canada

MOTHER
14. Maiden Name Margaret Fabel
15. Birthplace Germany

16 (a) Informant Chas. Williams
(b) Address 5338 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd.

18 (a) Funeral director Margaret E. Flynn
(b) Address 1422 Light St.

19 (a) (Date rec'd by local registrar) (b) Huntington Williams, M.D.

AUG 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 8 50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to July 31 1940 and that I last saw her alive on July 31 1940.

Immediate cause of death	Duration
Congestive Failure	1 day
Due to Hypertensive Cardio-Vascular Disease	?
Due to	
Other Conditions Carcinoma of Breast (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. O'Connor M. D.
Address Mercy Hosp Date signed 7-31-40

71648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓ F 71648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Bella Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mortimer W. West Jane E.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	20	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Owen L. Trainor
13. Birthplace Ireland

MOTHER 14. Maiden Name Julia Holmes
15. Birthplace Virginia

16 (a) Informant Dr. T. J. Hedley
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Harry A. Annacost
(b) Address 4707 Ridgewood Ave

19 AUG 1 - 1940 (Date rec'd by registrar) (b) Registrar Huntington W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 6:31 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940, to July 31 1940, and that I last saw her alive on July 31 1940

Immediate cause of death: Coronary Thrombosis
Due to: Infarction
Due to:
Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh and E. Hedley
Address Union Memorial Hosp. Date signed 8/1/40

71649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 71649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 841 Leadenhall
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 240 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 Leadenhall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Humphreys

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fmal | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Rosa Tucker
(b) Address 844 Leadenhall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. County

18 (a) Funeral director James A. Hayes
(b) Address 472 W. Lexington St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to July 29 1940 and that I last saw h[illegible] alive on July 29 1940.

Immediate cause of death Chronic Interstitial Nephritis — Duration April 1940

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Allen M. D.
Address 841 Leadenhall St. Date signed 8-1-40

Huntington, Allegheny Co., Pa.

GI VS 1940

BALTIMORE CITY HEALTH DEPARTMENT

71650

CERTIFICATE OF DEATH

163B

F 71650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4 - 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 West Ave. Glendale.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELWOOD WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-09-2163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1920

8. AGE: Years	Months	Days	If less than one day
19	11	4	hr. min.

9. Birthplace Mc Mechen, W. Va.
(Town, county, and state)

10. Usual Occupation ship-yard worker

11. Industry or business Bethlehem Steel

FATHER
12. Name Louis R White
13. Birthplace W. Va.

MOTHER
14. Maiden Name Margaret Andrews
15. Birthplace W. Va.

16 (a) Informant Mrs Louis R White
(b) Address 818 West Ave.

17 (a) Removal (b) Date thereof Aug 2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Brentwood Sta
Location Mc Mechen W Va

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Huntington Williamson, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 1 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Barbiturate poisoning (accidental)	
Due to Suicide	
Due to Mental Deficiency	
Other Conditions no.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 25, 1940
(c) Where did injury occur? 818 West Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Barbital (24 grains)

23. Signature H. L. Wallenmeier M.D.
(Coroner) Medical Examiner.
Date signed 7-31-40

71651 57829-FD BALTIMORE CITY HEALTH DEPARTMENT F 71651

CERTIFICATE OF DEATH 191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 1940
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Vine St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Bacon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1890

8. AGE: Years	Months	Days	If less than one day
50	2		hr. min.

9. Birthplace Howard County Md.
(Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name William Bacon
13. Birthplace Howrad Co., Md.

MOTHER
14. Maiden Name Mary Dock
15. Birthplace Md.

16 (a) Informant B'Gella Records
(b) Address

17 (a) Buried (b) Date thereof 8 / 2 / 1940.
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Westport Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (b)
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1940, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28- 1940, to 7-29- 1940 and that I last saw h[illegible] alive on 7-29- 1940

Immediate cause of death Heat stroke — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Neuwahlstein M.D.
Address Baltimore City Hosp Date signed 7-30-40

F 71652

VS 3

F 71652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 71652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Car & Wheel Works
(c) Hospital or institution: Curtis Bay.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Carlton St (Institution, give location) Curtis Bay
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. BURLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5985

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married.

6 (b) Name of husband or wife Lillian Burley.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1896.

8. AGE: Years	Months	Days	If less than one day
43 44	7	2	hr. min.

9. Birthplace Anne Arundel Co Md. (Town, county and State)
10. Usual Occupation Helper Armature Worker
11. Industry or business

FATHER
12. Name William Ogle.
13. Birthplace Anne Arundel Co Md.

MOTHER
14. Maiden Name Lucy
15. Birthplace Anne Arundel Co Md.

16 (a) Informant Lillian Burley
(b) Address 412 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/1940. (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Westport Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) AUG 1 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.
Date signed 7-29-40

VS 6

F 71653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 71653
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 Edmondson Avenue
(c) Hospital or institution:
16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Edmondson Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maria Louisa Parker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Clarence D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 3, 1858

8. AGE: Years	Months	Days	If less than one day
81	8	28 27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Regin Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Shea
15. Birthplace Maryland

16 (a) Informant Mrs. Walter R. Parker
(b) Address 602 N. Monroe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

AUG 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 1932 to July 30 1940 and that I last saw h-- alive on 1940.

Immediate cause of death Arteria - Sclerosis — Duration
Due to Hypertension Coron. Thrombosis 15 yrs
Due to Anasarca
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Jones M. D.
Address 2818 Pa Ave Date signed 7/31/40

71654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 F 71654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 S. Monroe St
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4 DA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES R SCOTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lola Louise (Mrs Frink)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/23/80

8. AGE: Years 59 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business City Water Dept.

FATHER
12. Name Robt. J. Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Parker
15. Birthplace Md

16 (a) Informant Miss Maud Scott
(b) Address 329 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/40 (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Ave. + Longwood St

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave

19 (a) Date received by registrar AUG 1 1940 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 6 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 29, 1940
(c) Where did injury occur? Pub 4 Light St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury Drowning

23. Signature H L Wallenmeier M.D.
Medical Examiner.
Date signed 7-30-40

71655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 21655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs 5 mos 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29 1866

8. AGE: Years 74 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Hughes
13. Birthplace Ireland

MOTHER 14. Maiden Name Sara Dugan
15. Birthplace Ireland

16 (a) Informant Mrs Rita Stein
(b) Address 119 St Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1, 1940 (month) (day) (year)
(c) Cemetery ~~[illegible]~~ St. Peters
Location Bentalow & Baker Sts.

18 (a) Funeral director Harry N Wetzler
(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) Huntington Hilyard M. D.

DEC 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1939, to July 30 1940, and that I last saw her alive on July 30 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to:	
Due to: Senile Psychosis	1 yr
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel P. Gilroy M. D.
Address 336 Forrest St (Date signed)

F 71656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 937 F 71656

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol of America Hosp. Ward) 418 W Lexington St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERTHA SQUIERS

If U. S. Veteran specify WAR

(a) Residence: No. 20 W LEE ST. St., 22-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Squiers

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward A Squiers

(Address) 20 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL.

Place Maryland Mt Date Aug 1 19 40

19. UNDERTAKER Leonard Buck

(Address) 3205 Pennsylvania Ave

20. AUG 1 - 1940 19 Registrar.

OCCUPATION IS VERY IMPORTANT. USE ABBREVIATIONS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 22 1940 to July 29 1940

I last saw her alive on July 29 1940 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Arteriosclerotic C.V. Disease	
Cerebral Hemorrhage	
Congestive Heart Failure	
Auricular Fibrillation	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Willard Applefeld M. D.

(Address) 418 W Lexington St

US 8

71657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V F 71657

121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Briar Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No. 182-03-1939

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Married

6 (b) Name of husband or wife Vera Barrett
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) July 3 1903

8. AGE: Years	Months	Days	If less than one day
37	0	28	hr. min.

9. Birthplace Atlantic City, New Jersey
(Town, county, and state)
10. Usual Occupation Photo Engraver
11. Industry or business

FATHER
12. Name Alnheus Barrett
13. Birthplace Atlantic City N. J.

MOTHER
14. Maiden Name Harriet Seay
15. Birthplace Atlantic City N.J.

16 (a) Informant Mrs. Alice Barrett Hinkle
(b) Address Baldwin Place, West Chester co. N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Tahmyra - N. J.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street
Huntington Williams, M.D.

19 (a) AUG 1-1940 (b) Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1 1940, at 12:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1940, to 8/1 1940, and that I last saw h[illegible] alive on 8/1 1940.

Immediate cause of death Generalized Toxemia — Duration: 3 days
Due to Generalized Peritonitis
Due to Ruptured Appendix
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Appendix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Kunamura M.D.
Address Mercy Hosp Date signed 8/1/40

1658 HEALTH DEPARTMENT—CITY OF BALTIMORE F 71658

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Barclay St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Georghanna Dougherty) Georgianna Dougherty

If U.S. Veteran specify WAR

(a) Residence: No. 1209 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Widowed

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George H. Dougherty

6. DATE OF BIRTH (month, day, year) Aug 22 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan H. Cooke

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Warren Dougherty

(Address) 1709 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date August 2 1940

UNDERTAKER J. H. Amoroso

(Address) 1005 W. Baltimore St.

20. FILED Registrar

Huntington Hill Deputy

AUG 7 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1940

22. I HEREBY CERTIFY, That I attended deceased from July 29 1940 to July 30 1940

I last saw her alive on July 29 1940. Death is said to have occurred on the date stated above, at 12 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage C.V. disease.	

Other contributory causes of importance:

Fracture Neck of Rt. femur	Aug 4 1938

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William A. Dodd M. D.

(Address) 5105 Oxford Rd.

F 71659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 167

F 71659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Mack

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1913

8. AGE: Years	Months	Days	If less than one day
27	6	21	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Henry Mack
13. Birthplace S. C

MOTHER
14. Maiden Name Ruth Shuler
15. Birthplace S. C.

16 (a) Informant Richard Butler
(b) Address 112 W Hamburg St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-1-40 (month) (day) (year)
(c) Cemetery or crematory Charleston S.C.
Location

18 (a) Funeral director Isaac L. Brown
(b) Address 108 W Montgomery St

19 (a) Date rec'd by (Registrar) AUG 1 1940 (b) Huntington, W. Virginia

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940 at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage of left 3rd upper intercostal artery	
Due to Hemothorax, ex- sanguination	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7/25/40 - Midnight
(c) Where did injury occur? 626 So Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Steam (Specify type of place) While at work? No
(e) Means of injury Fight - Stab with pocket knife

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7/31/40

71660 — BALTIMORE CITY HEALTH DEPARTMENT — 49a — F 71660

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs - Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Catherine Coleman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles B Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 - 1906

8. AGE: Years	Months	Days	If less than one day
33 04	9	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Seamstress
11. Industry or business

FATHER
12. Name Julius Graber
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Gerber
15. Birthplace Germany

16 (a) Informant Mrs. Amyd Batt
(b) Address 613 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 - 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore

18 (a) Funeral director Frannie Cook Syfer
(b) Address 1600 N. North Ave

19 (a) AUG 1 - 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 9 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940 to July 31 1940 and that I last saw h.e.r alive on July 31 1940

Immediate cause of death — Duration
Cachexia
Due to Metastatic Carcinoma
Due to Carcinoma of Left Ovary
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Left Ovary & Metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Sabatini
Address St Joseph Hosp Date signed 7-31-40 M. D.

F 71661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 Gough St
(c) Hospital or institution:
Home 2658
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Gough St
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Nan Swab

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced.: single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1872

8. AGE: Years 67 | Months 9 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Jacob Swab
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna Moss
15. Birthplace Pennsylvania

16 (a) Informant Mrs Daisy Rossbach
(b) Address 3512 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1940 (month) (day) (year)
(c) Cemetery or crematory Restland Cemt
Location Loysville Penna

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. Wolfe st

19 AUG 1 - 1940 (Date rec'd by registrar) (b) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930 to July 1940 and that I last saw her alive on July 31 1940.

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other Conditions: overcome with heat

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Tod M. D.
Address 4616 Eastern Ave Date signed 8-6-40

F 71662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

F 71662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 FAIT AVE
(c) Hospital or institution:
26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 FAIT AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM E. STEWART

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA STEWERT
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) MAY 20 1884

8. AGE: Years	Months	Days	If less than one day
56	2	10	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation STORE KEEPER CONFECTIONERY
11. Industry or business OWN BUS.

FATHER
12. Name GEORGE STEWART
13. Birthplace NJ.

MOTHER
14. Maiden Name SUSIE COOPER
15. Birthplace BALTO.

16 (a) Informant ANNA STEWART (WIFE)
(b) Address 3700 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 2/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Levin INC.
(b) Address 403 S. MOLFE ST.

19 (a) (Date received by registrar) (b) Huntington Ave. Baltimore MD.

AUG 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 30 40 at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1938 to 7/30 1940, and that I last saw h alive on 7/30 1940

Immediate cause of death Carcinoma Descending Colon — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tyler Gibbons M. D.
Address 57 S. Harford St. Date signed 7/31/40

F 71663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71663 ✓ 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Saratoga & Eutaw Sts 27-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/4 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Arabia Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) **FULL NAME** Samuel E. Arbuthnot ARBUTHNOT

3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-05-9004

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma M. Arbuthnot
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1878

8. AGE: Years 61 | Months 8 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Power Section
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Robt Arbuthnot
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Rawlings
15. Birthplace Ireland

16 (a) Informant Balto. Transit Co. Employee.
(b) Address Mrs. Emma M. Arbuthnot 4916 Arabia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Maryland

18 (a) Funeral director Sasscer Funeral Home
(b) Address 7401 Belair Road

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

AUG 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 31 1940, and that I last saw him alive on July 20 1940.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Pulmonary edema	10 hrs.
Due to: Cerebral Hemorrhage	20 hrs.
Other Conditions: Arteriosclerosis & hypertension Cardio-Vasc. Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Mahlenbrey M. D.
Address Date signed 7-31-40

71664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 71664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Nancy Brasgue

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Femal

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 1940

8. AGE: Years | Months: 3 1/2 | Days | If less than one day: hr. min.

9. Birthplace Massa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Brasgue
13. Birthplace Massa.

MOTHER
14. Maiden Name Rita Semoon
15. Birthplace Massa.

16 (a) Informant Mother
(b) Address 2433 St. Paul St.

17 (a) Removal (b) Date thereof 8/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Peabody
Location Peabody

18 (a) Funeral director W. F. Cook
(b) Address 1214 E. Baltimore St.

19 AUG 1 1940 (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 12N 1940, to July 31 7:45 1940, and that I last saw her alive on July 31 1940.

Immediate cause of death: Pneumonia — Duration: 6 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Frank Hampton M. D.
Address University Hospital Date signed 8-1-40

F 71665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 ✓ Registered No. F 71665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 23-120 Burn 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Beren St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Elizabeth Luster (57894) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas

6 (c) If alive, give age 1885 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, [illegible]

8. AGE: Years 54 | Months 9 | Days 26 25 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Reuben Luster Brown (Col'd)
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Brown
15. Birthplace ? Md.

16 (a) Informant ~~signed to 1 Record~~ Hattie White (Sister)
(b) Address Severn Park Anne Co Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40 (month) (day) (year)
(c) Cemetery or crematory Int Hope
Location Annapolis

18 (a) Funeral director Chas. H. Alexander
(b) Address 84 West St. Annapolis

19 (a) AUG 1 1940 (Date rec'd by Reg.) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1940, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30, 1940, to Aug. 1, 1940, and that I last saw her alive on Aug. 1 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration June 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Salem M. D.
Address Balto. City Hospitals Date signed 8-1-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

71666 CERTIFICATE OF DEATH 83 B F 71666

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. 2731 St. Paul St. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Wilson Freeman If U. S. Veteran specify WAR

(a) Residence: No. 2731 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of Mary H. Lush

6. DATE OF BIRTH (month, day, year) 11/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co.

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Provincetown Mass.

FATHER

13. NAME Lucius W. Freeman

14. BIRTHPLACE (city or town) (State or country) ? Mass.

MOTHER

15. MAIDEN NAME Mary I. Small

16. BIRTHPLACE (city or town) (State or country) Provincetown Mass.

17. INFORMANT Mrs. Mary Freeman (Address) 2731 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 8/2 1940

19. UNDERTAKER Henry H. Mears & Son (Address) 502 W. Lafayette St.

20. FILED AUG 1 - 1940 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from about 1925, 19 to July 31, 1940

I last saw him alive on July 28, 1940. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	June 1940

Other contributory causes of importance: Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Moore M.D.

(Address) 804 Medical Arts Bldg.

DR. J. E. MOORE

F 71667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171 a

Registered No. F 71667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 E Churchill st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN TURNER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years: 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Anoples Md (Town, county, and state)

10. Usual Occupation Labored

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Anoples md

MOTHER
14. Maiden Name Unknown
15. Birthplace Anoples md

16 (a) Informant Annie Bates
(b) Address 27 Churchhill st

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-1-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Balto. Md.

18 (a) Funeral director Walter Spriggs
(b) Address 139 Hamburg st

19 AUG 1 - 1940 (Date rec'd by Registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 2 30 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to Fracture of right femur	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-21-40.
(c) Where did injury occur? Charles and Churchill st. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? (Specify type of place)
(e) Means of injury struck by street car while crossing street

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 7-31-40

VS 6

VS 6

71668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 F 71668

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sorel Balto Gen St., Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. Peter J. Lynch

If U. S. Veteran specify WAR

(a) Residence: No. 2229 Gough St. St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johanna D. Lynch

6. DATE OF BIRTH (month, day, year) July 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	2728	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt. FireDept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City F. D.

10. Date deceased last worked at this occupation (month and year) July 1940

11. Total time (years) spent in this occupation 37years

12. BIRTHPLACE (city or town) (State or country) Phila.

FATHER

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lavinia Ennis

16. BIRTHPLACE (city or town) (State or country) Phila ?

17. INFORMANT Miss Dorothea Lynch
(Address) 2229 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug. 3 1940

19. UNDERTAKER H. Sander & Son Inc.
(Address) North Ave. & Broadway

AUG 1 - 1940 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30 1940, to July 30 1940

I last saw [illegible] alive on July 30, 1940. Death is said to have occurred on the date stated above, at 10 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Stroke	7/30
Acute Pulmonary Edema	7/30

Other contributory causes of importance:

Was an operation performed? No Date of:

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Nelson D. Rappelman M. D.

(Address) Sorel Balto Gen Hosp

VS 5

F 71669

CCK

BALTIMORE CITY HEALTH DEPARTMENT ✓ 57847

CERTIFICATE OF DEATH 48B

Registered No. F 71669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 George St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Henson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Henson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1886(?)

8. AGE: Years 53 | Months 11 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie Reed
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8 3 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pedmont Ave

AUG 1 - 1940 (Huntington for Williams) Funeral Dir.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1940, at 10 40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1940, to 7-31 1940, and that I last saw h e alive on 7-31 1940

Immediate cause of death: Carcinoma of Uterus (?)
Due to Uremia
Due to Hydronephrosis ?
Due to

Duration
?
?
?

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney P. Eckert Jr.
Address Balto City Hosp. Date signed 7/31/40 D

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

71670

CERTIFICATE OF DEATH

92B F 71670

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 917 Brunswick St. 20-5 Ward

Length of residence in city or town where death occurred 19 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.....

2. FULL NAME Mrs Marguerite C. Gannon

(a) Residence: No. 917 Brunswick St St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles L. Gannon
6. DATE OF BIRTH (month, day, year): July 18-1898
7. AGE: Years 42; Months —; Days 13; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Isaac C. Jansen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Caroline N. Stern
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Mrs. Helen Morris
(Address) 917 Brunswick St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 3 1940

19. UNDERTAKER: George L. Schwab
(Address) 3101 Pennsylvania Ave.

20. FILED AUG 1-1940 J. Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1940 to July 31, 1940

I last saw h[illegible] alive on July 31, 1940 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis	
Congestive failure of heart	6 mos ago
	ago
Other contributory causes of importance:	
Acute cardiac dilatation	1 day ago
	ago

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 20 30 Wilson ave

VS 2

F 71671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

F 71671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4140 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4140 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Blondell

3 (b) If veteran, name war: World
3 (c) Social Security Account No. xx

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Ely Blondell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29. 1887

8. AGE: Years 53 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk Cost Keeper
11. Industry or business U S Govt.

FATHER
12. Name William H Blondell
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Grady
15. Birthplace Balto Md.

16 (a) Informant Catherine E H Blondell
(b) Address 4140 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (month) (day) (year)
(c) Cemetery or crematory N. S. National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) Aug 2 1940 (b) [signature] M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31. 1940 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to July 31 1940, and that I last saw him alive on 7-31. 1940.

	Duration
Immediate cause of death: Valvular Heart Disease	5 yrs
Due to: Chronic Myocarditis	unknown
Due to:	
Other Conditions: General Arteriosclerosis. (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James B. Carmichael M. D.
Address 4 E Park Hopkins Date signed 7-31-40

71672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 N

Registered 44122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5524 Wayne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Howard Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 5524 Wayne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara F. Moffett

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 19th 1857

8. AGE: Years	Months	Days	If less than one day
83	4	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William Moffitt
13. Birthplace Unknown

MOTHER
14. Maiden Name Louise Kaltenback
15. Birthplace Germany

16 (a) Informant Helen Morgenthaler
(b) Address 5524 Wayne Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/3/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Registrar) (b) [illegible]

AUG 2 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939 to Aug 1940, and that I last saw her alive on July 21 1940.

Immediate cause of death: Uraemia — Duration: 48 hrs

Due to: Cardio vascular renal disease

Due to: Arterio-sclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1918 Liberty Ave Date signed 8/1/40

71673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

F 71673
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 S. Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 S. Ann St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Michalina Pawlak

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John Pawlak

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poland.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name Majerowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Zuks
15. Birthplace Poland.

16 (a) Informant Anna Wrzosek
(b) Address 238 S. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Orzechowski
(b) Address 930 Eastern Ave

19 (a) Date received AUG 2 - 1940 (b) Registrar Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 11.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1937 to July 29 1940 and that I last saw her alive on July 29 1940

Immediate cause of death Myocardial Insufficiency — Duration 2 Days

Due to Chronic Cardiac Asthma — 2 yrs.

Due to Chronic Myocarditis — 4 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V. Fazenbaker M. D.

Address 1802 Eastern Ave Date signed 8-1-40

71674

VS 8

F 71674

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. 71674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Lang

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carey Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-7-1869

8. AGE: Years	Months	Days	If less than one day
70	8	24	hr. min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Lang
13. Birthplace Ill.

MOTHER
14. Maiden Name Josephine Nemthal (?)
15. Birthplace Ill.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8 3 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto. Md.

18 (a) Funeral director Albert L Hilton
(b) Address 1606 N. Chester St Balt
Huntington Williams, M.D.

19 (a) AUG 2 — 1940 (b) Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1940, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27- 1938 to 7-31- 1940 and that I last saw h alive on 7-31- 1940

Immediate cause of death Coronary thrombosis — Duration 10 h.

Due to G. S. H. Dis. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-1-40

VS 8

71675 1-40 10483

BALTIMORE CITY HEALTH DEPARTMENT XV 13B F 71675

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph8S Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Charing Cross Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Bernard J. Cavalier ✓

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 706-09-5977

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Esther Klein Cavalier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1877

8. AGE: Years 62 | Months 10 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Harpers Ferry, W.Va.
(Town, county, and state)

10. Usual Occupation Accounting Dept

11. Industry or business B & O R.R.

FATHER
12. Name Robert H. Cavalier
13. Birthplace Bolivar, W.Va.

MOTHER
14. Maiden Name Carrie Kemmerer
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

AUG 2 1940 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 6 P. M

21. I certify that death occurred on the date above-stated; that I attended deceased from July 29 1940, to July 31 1940 and that I last saw h alive on July 31 1940

Immediate cause of death: Mediastinitis Pneumothorax - Rt

Due to: Varices of Thoracal - Bronchial Tree

Due to: Pulmonary Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Bronchospirochosis Varices of Trachea - Bronchial Tree

Of autopsy Mediastinitis Pulmonary Tb

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Cavalier M. D.

Address At Jos Hosp Date signed 7-31-40

VS 3

71676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 71676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod 20-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADELA BEALE LEFEVRE

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, ~~married~~, widowed, or divorced.

6 (b) Name of husband or wife Archer Lefevre

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1864

8. AGE: Years 75 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Richmond Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Yerby
13. Birthplace Fauquier Co. Va.

MOTHER
14. Maiden Name Alice Beale McCarty
15. Birthplace Woodford Richmond Co Va.

16 (a) Informant Archer Lefevre Jr.
(b) Address 2209 Huntingdon Pl. Winston Salem N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2nd 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Nelson J Dubner & Son
(b) Address Madison & Laurens

19 (a) AUG 2 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lymphatic Leukemia	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Wollenweber M.D. Medical Examiner.
Date signed 7-30-40

F 71677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 71677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Mt Ranier
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 34th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Robert B Newell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1914

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace District of Columbia (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Robert B Newell
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Cole
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 5 40 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln Cemetery
Location

18 (a) Funeral director W. A. Malley
(b) Address 3200 Rhode Island Avenue Mt Ranier Maryland

19 (c) AUG 2 - 1940 (Date received by registrar) Huntington White Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to Aug. 1 1940, and that I last saw him alive on Aug 1 1940.

Immediate cause of death, Pertaphat- ive shock. — Duration —

Due to Thoracoplasty — Duration —

Due to Pulmonary tuberculosis — Duration 3 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Pulmonary tuberculosis
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Stephen Le Mogness M. D.
Address University Hosp Date signed 8-2-40

VS 2

VS 2

71678 57874 8D

BALTIMORE CITY HEALTH DEPARTMENT 61 ✓ F 71678

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 795 George Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Comegys

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1887

8. AGE: Years	Months	Days	If less than one day
53	0	6-	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emory Comegys
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Mason
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8-4-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Georgetown, Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Belnord Ave

19 (a) Date received by Registrar 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30- 1940, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-1940 to 7-30-1940 and that I last saw h-r alive on 7-30-1940.

Immediate cause of death Diabetic coma — Duration 4 days

Due to Cellulitis of Lft Lg — 1 wk

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emory Hebden M. D.
Address Balto City Hosp Date signed 7-31-40

AUG 1940

F 71630

71679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48B

F 71679
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2615 Frederick Ave.
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Frederick Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Tillie Bohlean - King.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Christian Bohlean.

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) April 30-1866

8. AGE: Years 74 | Months 3 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife,
11. Industry or business At home.

FATHER
12. Name Adam Shimon.
13. Birthplace Germany.

MOTHER
14. Maiden Name Uebel.
15. Birthplace Germany

16 (a) Informant Mrs. Edna Abbott.
(b) Address 3032 W. Garrison Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 2-40. (month) (day) (year)
(c) Cemetery or crematory Western Cemetery.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (Date) Aug 2-1940 (Signature of registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 31st. 1940 at 1.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 40, to July 30 19 40
and that I last saw h alive on 19 .

Immediate cause of death ..... Duration
Carcinoma of Uterus 8 mos
Due to .....
Due to .....
Other Conditions Arteriosclerosis 7
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Harry Steinmann M. D.
Address 2697 Nielson Ave. Date signed Aug 1-40

VS 8

F 71680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

F 71680 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Canal alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-9079

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lulu Nelson

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 14 1884

8. AGE: Years 55 | Months 9 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Daniel Jackson

13. Birthplace Va

MOTHER 14. Maiden Name Martha Jackson

15. Birthplace Va

16 (a) Informant Mrs Lulu Nelson

(b) Address 508 Lawrence st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-1940 (month) (day) (year)

(c) Cemetery or crematory Int Auburn Cemetery

Location Balto Md

18 (a) Funeral director George W. A. Gibson

(b) Address 1735 Druid Hill Ave

19 (a) Date received by Registrar AUG 2 1940 (b) Registrar Huntington Williams Jr.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940 at 1 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Heart prostration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Medical Examiner. M.D.

Date signed 7/31/40

VS 6

F 71681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

Registered No. F 71681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 L Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 L Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Morrison Jeffers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ella Mable (Musgrove)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1874

8. AGE: Years	Months	Days	If less than one day
66	5	7	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business B & O. R.R.

FATHER
12. Name Basil Jaffers
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie Buckingham
15. Birthplace Maryland

16 (a) Informant Mrs Ella M. Jeffers
(b) Address 25 L. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine Pk.
Location Woodlawn, Md.

18 (a) Funeral director Harry L. Wetzel
(b) Address 4101 Edmondson Ave.

19 (a) Date received AUG 2 1940 (b) Registrar Hunting Ft Williams Md.

Correct age in engraved figures

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1935, to Aug. 1 1940, and that I last saw him alive on Aug 1 1940.

Immediate cause of death Cerebral Embolism — Duration 4 yrs. 8 mos.

Due to Auricular Fibrillation — 2 yrs. 4 mos.

Due to Arteriosclerotic myocarditis — ?

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 541 Fulton Ave Date signed 8-2-40

71682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

E 71682
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 MOSHER
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Mosher St.
(If [illegible])
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME CAROLINE MEUSEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Cornelius Meusel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 4th 1857

8. AGE: Years	Months	Days	If less than one day
82 ~~78~~	9	27	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Henry. Otter
13. Birthplace ?

MOTHER
14. Maiden Name Not known
15. Birthplace ?

16 (a) Informant Mr Albert L. Meusel
(b) Address 2528 Mosher St.

17 (a) Burial (b) Date thereof Aug 3rd 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Mr Chas A. J. Rohde
(b) Address 2327 Edmondson Ave

AUG 2 - 1940
(a) (date rec'd by) Registrar (b) Huntington Williams M.D.

VS s

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy found that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease. — Duration

Due to —

Due to —

Other Conditions nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wolkenmacher M.D.
Medical Examiner.
Date signed 7-31-40

F 71683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 21683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Harbor Pier 4 Locust Point 244

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Liverpool, England
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Corcoran.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	M Widowed

6 (b) Name of husband or wife Mrs Corcoran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1884

8. AGE: Years	Months	Days	If less than one day
56	?	?	hr. min.

9. Birthplace Liverpool, Eng
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business S.S. Atlantic (British Reg)

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Capt. Wm Shannon
(b) Address S.S. Atlantic

17 (a) Burial (b) Date thereof Aug 2 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn Md

18 (a) Funeral director E W Lamoreaux
(b) Address 1003 W Baltimore St

19 (a) AUG 2 - 1940 Huntington Wilkerson, M.D.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940 at 1 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Drowning
Alcoholic Intoxication

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/40 Investigated
(c) Where did injury occur? Pier 4 Locust Point
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Vandersluis M.D.
Medical Examiner.
Date signed 8/2/40

F 21684

VS 6

F 71684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

F 71684
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Base Pier 6 Port Covington
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Newfoundland (b) County
(c) City or town St Johns (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Duggan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Reid

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estella Reid

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1904

8. AGE: Years 36 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Newfoundland (Town, county, and state)

10. Usual Occupation Fireman
11. Industry or business SS. Empire Mersward (Port Reg.)

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Capt J Ferguson
(b) Address SS. Empire Mersward

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn Md

18 (a) Funeral director E W Lamoureux
(b) Address AUG 2 1940 Baltimore St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 21-a

20. DATE OF DEATH Aug 2 1940 at [illegible] M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental drowning
(b) Date of occurrence 8/2/40
(c) Where did injury occur? Pier 6 - Port Covington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury

23. Signature W. D. Vandersall M.D.
Medical Examiner.
Date signed

VS 6

F 71685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 N. Gaston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 N. Gaston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNY GOLDBERG ZIMMER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William F. Zimmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd 1870

8. AGE: Years 70 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Furrier
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Samuel Goldberg
(b) Address 345 S. Monroe St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto Hebrew
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) (Date received by Registrar) (b) Registrar

AUG 2 - 1940 Huntington [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1940, at 8 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease. — Duration
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 7-31-40

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71686 ✓ F 71686

93D Registered No.

F 71686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Riverside Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Biemschla

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-1867

8. AGE: Years	Months	Days	If less than one day
72	9	16	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joshua Musgrove
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Jones
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8-3-40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Rd.

18 (a) Funeral director J. F. McCully
(b) Address 130 E. Lanvale St.

AUG 2-1940 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1940 at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28- 1933 to 7-31- 1940 and that I last saw h-a alive on 7-31- 1940

Immediate cause of death Cardiac Failure

	Duration
Due to 9-5 Hy. Dis	?
Due to	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 9-5. Hy. Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Musgrove Lahti
Address Bay View Hosp. Date signed 8-1-40

F 71687 Feeney ✓ F 71687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette ave
(c) Hospital or institution:
Miss Judge Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Brookfield ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Mary Feeney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 78 | Months - | Days - | If less than one day hr. min.

9. Birthplace Co. Galway Ireland
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name James Feeney
13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret Tapey
15. Birthplace Ireland

16 (a) Informant Miss Mc Donnell
(b) Address 1005 Forrest

17 (a) Burial (b) Date thereof Aug 3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto

18 (a) Funeral director Rita Wendefeld
(b) Address 914 Lexington ave

19 (a) AUG 2nd 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1940, at 12.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1934, to Aug 1 1940 and that I last saw h[illegible] alive on Aug 1 1940.

Immediate cause of death Arterio Sclerosis Cerebral hemorrhage — Duration 6 Mo.

Due to

Due to

Other Conditions Acute cardiac decelation
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature B. Kadin M. D.
Address 2306 Eutaw Pl Date signed 8-2-40

VS 3

F 71688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 71688
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or institution:
Hoffman Nursing Home

8-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 N. Duncan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years

3 (a) FULL NAME AUGUSTA WINTER

3 (b) If veteran, name war ------
3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife --------
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1876

8. AGE: Years	Months	Days	If less than one day
63	7	0	....hr. ....min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Domestic

FATHER
12. Name Theodore Winter
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records Balto. City Welfare Department
(b) Address

17 (a) Burial (b) Date thereof 8/I/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location End of E. North Ave.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. North Avenue

19 (a) Aug 2 - 1940 Huntington Williams M.D.
(Registered by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1940 at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940, to July 31 1940, and that I last saw ... alive on July 31 1940.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Patterson
Address 2324 Reisterstown Rd. Date signed 8/1/40

F 71689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89a

F 71689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry LeBon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife 0
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 18 | 39

8. AGE: Years	Months	Days	If less than one day
	7	13	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick LeBon
13. Birthplace Md.

MOTHER
14. Maiden Name Grace Wardman
15. Birthplace Md

16 (a) Informant Grace LeBon
(b) Address 610 S. Paca St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 2 - 1940 (month) (day) (year)
(c) Cemetery or crematory St. Paul - Cemtry
Location Baltimore - Md

18 (a) Funeral director John R Kenny
(b) Address 1242 Leadenhall St. Baltimore - Md

19 (a) AUG 2 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-40 19 . at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-40 19 , to 8-1-40 19 , and that I last saw h alive on 8-1-40 19 .

Immediate cause of death Terminal Bronchopneu? Septicemia — Duration

Due to Otitis media v mastoiditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Martin Rhode M. D.
Address University Hosp Date signed 8-1-40

VR NY

HEALTH DEPARTMENT—CITY OF BALTIMORE

71690 161c F 71690

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto General Hosp — Registered No.

CITY OF BALTIMORE: (No. ..... St., West Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Feaney Jr. 8-6 — If U. S. Veteran specify WAR .....

(a) Residence: No. 1739 E. Lanvale St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/26/40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles J. Feaney

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine F. Neary

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Feaney
(Address) 1739 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place West Balto Gen Date 7/29 19 40

19. UNDERTAKER .....
(Address)

20. FILED AUG 2 - 1940 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 19 40

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 19 40 to 7/29, 19 40

I last saw he alive on 7/29 19 40 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	
Disease of newborn	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leonard E. Blumenthal M. D.
(Address) West Baltimore General Hosp.

VS 8

F 71691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

F 71691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 N. Carey Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John S. Daniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Eva Wiggins
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1893

8. AGE: Years	Months	Days	If less than one day
46	8	26	..... hr. ..... min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation contractor
11. Industry or business building

FATHER
12. Name Thomas H. Daniel
13. Birthplace Kentucky

MOTHER
14. Maiden Name Nannie C. Jones
15. Birthplace Kentucky

16 (a) Informant Mrs. John S. Daniel
(b) Address 22 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (month) (day) (year)
(c) Cemetery Lorraine
Location Baltimore County, Md.

18 (a) Funeral director Isaac D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) AUG 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 1940 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940 to Aug. 1 1940 and that I last saw him alive on Aug. 1 1940

Immediate cause of death Nephritis, acute diffuse glomerulo

Duration
From history onset about Jan. '40 4 wks

Due to .....

Due to .....

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Huntington Williams M.D.
Address 1326 W. Lombard St. Date signed 8/2/40

VS 3

F 71692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ F 71692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 Bloomingdale Rd.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 16-7
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Bloomingdale (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ella V. Brown ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~.
F	W	~~Single~~ Widow

6 (b) Name of husband or wife: Dead 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1873

8. AGE: Years	Months	Days	If less than one day
67 / 66	9	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation — Housewife

11. Industry or business

FATHER
12. Name Roger Ford
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Halian
15. Birthplace — Ireland

16 (a) Informant Hosp. Records.
(b) Address Mercy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Jos. A. Styles
(b) Address Fulton & Fayette

19 (a) (Date rec'd by Registrar) AUG 2 1940 (b) Hunter Stockton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1 1940, at 10-40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1940, to 8/1 1940, and that I last saw h~~e~~r alive on 8/1 1940.

Immediate cause of death — Cerebral hemorrhage — Duration 24 hrs.

Due to Hypertension — 5 yrs ?

Due to

Other Conditions — Pneumonia (OVER)
Emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy To be sent in.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maynard P. Brooks M. D.
Address Mercy Hosp. Date signed 8/1/1940

71693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. ~~1-71693~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 W. Lanvale Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 W. Lanvale Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH MAUD BAUMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick H. Baumann
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 21, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	10 9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Wesley Baker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Delphine Hirch
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Wallace Kenp
(b) Address 3327 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.
18 (a) Funeral director John Ellwood.
(b) Address 2008 Orleans St.
19 AUG 2-1940 (Filed by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1940 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939, to Aug 1st 1940, and that I last saw her alive on Aug 1st 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur C Mongeau M. D.
Address 800 E North Ave Date signed 8/1/40

71694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1709 Registered No. F 71694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 → 17
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Bethlehem (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Second Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace Bethlehem, Pa. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Clara Louise K. ?
15. Birthplace ?

16 (a) Informant Police Records
(b) Address

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 8-2-40 (month) (day) (year)
(c) Cemetery or crematory
Location Bethlehem Penna.

18 (a) Funeral director John S. Connelly
(b) Address Easton Md.

19 (a) AUG 2-1940 (Date rec'd by Registrar) (b) Hunting[illegible] Williams M.D. Registrar

Correct age is especially important if under 1 year or 100 years

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940 at 6 45 A.M.

21. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing Injury to Left Chest

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/40 (Month) (Day) (Year)
(c) Where did injury occur? Emmaus Lehigh Pa. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Auto, Motorcycle struck Standing Automobile

23. Signature Wm. Arnold Gault M.D. Medical Examiner.
Date signed 8/2/40

71695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. E 71695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Tulsa Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Tulsa Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Louise Kusterwald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1865

8. AGE: Years 74 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Paul Krause
(b) Address 2907 Tulsa Ave

17 (a) Burial (b) Date thereof Aug 1-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Montana St.
Location

18 (a) Funeral director Howard J. Kuck
(b) Address 5305 Harford Rd.

19 AUG 2—1940 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to July 31 1940, and that I last saw her alive on July 31 1940

Immediate cause of death: myocardial failure — Duration 12 hrs.

Due to: Chr. myocarditis — 8 mos.

Due to: Arteriosclerotic cardiovascular renal disease — 3 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi

Address 6217 Harford Rd Date signed 8/1/40

696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

F 71696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town Hickory
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 18th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Ellen Springs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-40

8. AGE: Years | Months: 2 9 Wk | Days: 7 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Spring
13. Birthplace N.C.

MOTHER 14. Maiden Name Ruth Harding
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Hickory N.C.

18. (a) Funeral director Miller & Miller Inc
(b) Address 2445 W. Lanvale St.

19 (a) (Date rec'd by registrar) (Huntington Willis Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 9.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1940 to 8/2 1940 and that I last saw h-r alive on 8/2 1940.

	Duration
Immediate cause of death: Chronic pleurisy	
Due to: Hydrocephalus, cong.	4 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry B. Goldberg
Address John Hopkins Hop Date signed 8-3-40

VS 2

B&D 71697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164E Registered No. F 71697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Madyson Hipps

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband ~~ex-wife~~ Dee M.
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 26, 1904

8. AGE: Years 36 | Months 1 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Powels Valley, Oklahoma
(Town, county and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Ralph Phelps
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Louise Seymour
15. Birthplace Powels Valley, Okla

16 (a) Informant Dee M. Hipps
(b) Address 913 N. Charles St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 2/40 (month) (day) (year)
(c) Cemetery or crematory Powels Valley
Location Powels Valley Okla

18 (a) Funeral director J. H. Cox
(b) Address 1217 E Balto St

19 (d) AUG 2 - 1940 (Date received by registrar) Huntington Williams M.D. Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 2:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and, from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: (Multiple fractures (Right femur, rt femur (Left side of face)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/1/40
(c) Where did injury occur? 913 N. Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? ~~No~~
(Specify type of place)
(e) Means of injury Jumped from 4th fl window

23. Signature H. Williams Huntington M.D.
Medical Examiner.
Date signed 8/2/40

VS 6

VS 6

71698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ Registered No. F 71698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 n. Washington St
(c) Hospital or institution:
6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 n. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM-A-CURRY

3 (b) If veteran, name war None
3 (c) Social Security Account No. 216-07-8972

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Celestine L.
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 20/91

8. AGE: Years 49 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Harford co md (Town, county, and state)

10. Usual Occupation unemployed
11. Industry or business

MOTHER / FATHER
12. Name Samuel Curry
13. Birthplace Harford Co Md
14. Maiden Name Margaret Wright
15. Birthplace Harford Co Md

16 (a) Informant Celestine L. Curry
(b) Address 816 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md

18 (a) Funeral director Williams Coard
(b) Address 1217 St Paul St

19 (a) [illegible] (b) Filed by Huntington Williams, M.E. Registrar
AUG 2-1940

correct as to personal and statistical particulars

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
Asst Medical Examiner.
Date signed 8-1-40

VS 6

F 71699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 71699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1942 Edmondson Ave.
(c) Hospital or institution:
16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1942 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick P. Howland

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Zannette Howland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1868

8. AGE: Years 71 | Months 9 | Days - | If less than one day: hr. min.

9. Birthplace: East Port, N.Y.
(Town, county, and state)

10. Usual Occupation: Teacher

11. Industry or business

FATHER
12. Name: William P. Howland
13. Birthplace: East Port, N.Y.

MOTHER
14. Maiden Name: Margaret Okum
15. Birthplace: New York

16 (a) Informant: Eva Zannette Howland
(b) Address: 1942 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40. (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: Frederick A. Ogle
(b) Address: 1200 W. Lombard St.

19 (a) AUG 2 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1940 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to July 31 1940 and that I last saw h alive on July 31 1940.

Immediate cause of death: Cerebral Hemorrhage
Duration: 3 months
Due to: Hemiplegia
Due to: Hardened arteries with Hypertension
Duration: Years of
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. Winchel M. D.
Address: 2901 Edmondson Ave. Date signed: July 1940

Correct age in figures only

VS 3

VS 3

F 71700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 71700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3150 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3150 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelia Dudas

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Stephen Dudas
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1885

8. AGE: Years	Months	Days	If less than one day
54	9	7	hr. min.

9. Birthplace Czechs.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Grozer
13. Birthplace Czechs

MOTHER
14. Maiden Name Katherine Siotka
15. Birthplace Czechs

16 (a) Informant Stephen Dudas
(b) Address 3456 Wilkens Ave

17 (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore, Maryland

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard
(Address) Huntington Williams M.D.

AUG 2-1940
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature H. Williams M.D.
Medical Examiner
Date signed 7/31/40

VS 6

CORRECT ERRS IN SPELLING, ABBREVIATIONS, ETC.

VS 6

F-71701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

75a

Registered No. F 71701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2240 Tacoma St Westport
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Newkirk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sue E Newkirk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1878

8. AGE: Years	Months	Days	If less than one day
61	9	2728	hr. min.

9. Birthplace Millville N. J.
(Town, county and state)
10. Usual Occupation Deputy Mgr Bureau of Assessments
11. Industry or business

FATHER
12. Name Cornelius Newkirk
13. Birthplace Elmer N. J.

MOTHER
14. Maiden Name Sara Adelaide Pickett
15. Birthplace Elmer N. J.

16 (a) Informant Sue E Newkirk
(b) Address 2240 Tacoma St Westport

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1600 W. Northside

19 (a) AUG 2 - 1940 (Date received by registrar) (b) Hunting for Witness, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 19 40 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 40 to Aug 1 19 40 and that I last saw [illegible] alive on July 1 19 40.

Immediate cause of death: Postoperative Shock — Duration

Due to Operative Procedure (Splenectomy)

Due to

Other Conditions Aplastic Anemia 6 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Hertz M.D.
Address University Hosp Date signed Aug 1

over

F 71702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 71702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 Fernhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Fernhill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorenz Ruhland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie C. Ruhland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1860

8. AGE: Years	Months	Days	If less than one day
80	5	17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Lorenz Ruhland
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Annie Elizabeth Granger
(b) Address 4205 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Nally & Kinnacott
(b) Address 4204 Ridgewood Ave

19 AUG 2 — 1940 (b) Huntington Nitterhouse, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1940 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1933, to Aug 1st 1940, and that I last saw him alive on July 31 1940

Immediate cause of death	Duration
Cardiac insufficiency	2 mos.
Due to generalized arteriosclerosis	8 yrs.
Due to	
Other Conditions cerebral hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Kinnaman M. D.
Address 3030 Edmondson Ave Date signed 8/1/40

VS 2

correct age is especially important

VS 2

F 71703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 71703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Carroll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-2
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Carroll St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 - years

3 (a) FULL NAME FREDERICK PISCHKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Fredericka

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 6 1865

8. AGE: Years 74 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, County and State)

10. Usual Occupation Retired Shoe Cutter

11. Industry or business Algantner's M. Works

FATHER 12. Name Not Known

13. Birthplace Germany

MOTHER 14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Fredericka Pischke

(b) Address 1211 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave

18 (a) Funeral director Geo. H. Leimbach

(b) Address 525 N. Fremont St

19 AUG 2 - 1940 (Date rec'd by registrar) (Huntington Williams, M.D.)

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1940, to July 31, 1940, and that I last saw him alive on July 31, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day.
Due to Chronic Arteriosclerosis	6 Mos.
Chronic Hypertension	6 Mos.
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Norton Carter

Address 885 N. Broadway Date signed 8/2/40

F 71704 15874 SB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a ✓ Registered No. F 71704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. NO Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William King

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/1865

8. AGE: Years 74 | Months 10 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name George
13. Birthplace Maryland

MOTHER
14. Maiden Name Kittie Galloway
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Ave Balto Md

18 (a) Funeral director Geo. L. Boyer Jr
(b) Address 1512 Hollins St

19 (a) Huntington Williams M.D. (b) Registrar
Date Rec'd AUG 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1 1940, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1940 to 8-1 1940, and that I last saw h[illegible] alive on 7-31 1940.

	Duration
Immediate cause of death: Bronchopneumonia	?
Due to: Gen: arteriosclerosis	?
Due to:	
Other Conditions: Fract. neck of left femur (Include pregnancy within 3 months of death)	5 weeks

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence about July 15th 1940
(c) Where did injury occur? Balt. City Hospitals grounds (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? —
(e) Means of injury Slipped and fell to ground

23. Signature Herman T. Kay Jr. M. D.
Address Balto. City Hosp. Date signed 8-2-40

H. L. Wollenweber, Asst Medical Examiner

VS 3

71705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. F 71705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 Maryland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 63 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME: Ella C. Milholland

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George V. Milholland

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1876

8. AGE: Years 63 | Months 9 | Days 10 | If less than one day -- hr. -- min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business: ----

FATHER
12. Name: Thomas W. Gordon
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Margaret Casey
15. Birthplace: Maryland

16 (a) Informant: Dr. Geo. V. Milholland
(b) Address: 2725 Maryland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Frederick Road & Augusta Ave.

18 (a) Funeral director: H. W. Meares & Son
(b) Address: 805 N. Calvert Street

19 (a) AUG 3 - 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1940 at 1 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1939 to Aug 1st 1940.
And that I last saw her alive on July 25 1940.

Immediate cause of death: Intestinal obstruction — Duration: May 17, 40

Due to: Carcinoma of ascending colon

Due to:

Other Conditions: arterial hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations: intestinal obstruct
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Geo V Milholland M. D.
Address 3030 Edmondson Date signed 8/2/40

F 71706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 71706

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Gen Hosp (Street) (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John F. Hiltner (HILTNER) If U. S. Veteran specify WAR

(a) Residence: No. Governor Ritchie Highway (Usual place of abode) Ward. Near Cedar Hill Cem (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora M. Hiltner

6. DATE OF BIRTH (month, day, year) April 9th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Station Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 22nd 1940

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Vinkenburn

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Vinkhorn

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs Cora M. Hiltner

(Address) Governor Ritchie Highway

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Aug. 3rd 1940

19. UNDERTAKER Leach Funeral Home

(Address) 7401 Belair Road

20. FILED AUG 3 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1940

22. I HEREBY CERTIFY, That I attended deceased from July 28 1940 to Aug 1 1940

I last saw h[illegible] alive on Aug 1 1940. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-28-40
Other contributory causes of importance:	
Gallstones Lap	?
Pneumoplakia Mucosa	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Nelson D. Rappleyea M. D.

(Address) Fourth & Balto Gen Hosp

VS 3

BRIEF CAUSES OF DEATH. See instructions on back of certificate. OCCUPATION is very important.

F 382540
F 71707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

Registered No. F 71702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Chicamuxen (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-20

8. AGE: Years	Months	Days	If less than one day
19	8	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Gilbert Hart
13. Birthplace Md.

MOTHER
14. Maiden Name Daisy Watson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/40 (month) (day) (year)
(c) Cemetery or crematory Chicamuxen
Location Chicamuxen, Md.

18 (a) Funeral director Hurst & Ryon
(b) Address Waldorf, Md.

19 (a) AUG 3 - 1940 (Date by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940 at 8.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940 to Aug 2 1940 and that I last saw her alive on Aug 2 1940.

Immediate cause of death	Duration
Multiple Lung Abscesses (with Cardiac Failure)	
Due to Anaerobic Streptococcus	
Due to Pelvic Inflammatory Disease	over
Other Conditions Empyema, rt. chest. Pelvic Abscess	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema, rt. chest. Pelvic Abscess.
Of autopsy Empyema, Pelvic Abscess, Multiple Lung Abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Hibbard M. D.
Address Johns Hopkins Hospital Date signed 8-3-40

VS 3

VS 3

F 71708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 71708 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 hr.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2555 Hollins Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John BEACH 220-07-2459

3 (b) If veteran, name war:

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sally Beach

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1870

8. AGE: Years: 70 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: Packing House

11. Industry or business:

FATHER
12. Name: John Beach
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 3-40 (month) (day) (year)
(c) Cemetery or crematory: Nationale
Location: Balto

18 (a) Funeral director: Jos J Stein & Son
(b) Address: 306 Eutaw Ave.

19 AUG 3 - 1940 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31, 1940 at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1940 to July 31, 1940 and that I last saw him alive on July 31, 1940

Immediate cause of death: Edema of the brain — Duration: 1 day

Due to: Coronary arteriosclerosis and multiple cardiac infarctions — Duration: Unk.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify home, farm, etc.)
(e) Means of injury

23. Signature: J. C. Archer M. D.

Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 8/1/40

VS 3

71709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 C

Registered No. F 71709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts. Eutaw Place & Wilson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SOPHIA SULZBACHER.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1868

8. AGE: Years	Months	Days	If less than one day
72	2		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Aaron Sulzbacher,
13. Birthplace Bavaria.

MOTHER
14. Maiden Name Emilie Marshutz,
15. Birthplace Bavaria.

16 (a) Informant Sondheim Records,
(b) Address 1902 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ 4/ 40.
(month) (day) (year)

(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place.

19 AUG 3 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

correct age is especially important. Physicians, please

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1st. 1940 at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1940 to July 27 1940 and that I last saw h.e alive on July 27 1940

Immediate cause of death — Duration

Suffocation —

Due to

Due to Carcinoma of thyroid 6 mos

Other Conditions (see other side)

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lecky M. D.
Address Temple Garden Apts. Date signed

F 71710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. F 71710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Marshall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William P. Seifert

3 (b) If veteran, name war

3 (c) Social Security Account No. 170-07-4736

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Evelyn R. Seifert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1901

8. AGE: Years	Months	Days	If less than one day
39	2	32	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Roofing Helper
11. Industry or business Wm.F.Zeller Co., Md.

FATHER
12. Name Adam Seifert
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Ditzel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Evelyn R. Seifert
(b) Address 1527 Marshall St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

AUG 3 - 1940 (Registered by Registrar) (b) Huntington Williams Asst. Reg.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940 at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture, base of skull, Hemorrhage of brain
Due to Multiple fractures

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 7/2/40 3:40 P.M.
(c) Where did injury occur? Kingston Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fell from roof - fell 85 feet
23. Signature Wm. A. Leopold M.D.
Medical Examiner.
Date signed 8/2/40

correct age is especially important. Physicians, please

F 71711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106B

Registered No. F 71711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Garrison Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Robert Murdodh Ogilvie

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Betty Hill Ogilvie
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 14, 1886

8. AGE: Years	Months	Days	If less than one day
54	0	18	hr. min.

9. Birthplace Charleston, S. C.
(Town, county, and state)
10. Usual Occupation Internal Revenue Department
11. Industry or business Federal Government

FATHER
12. Name William Mather Ogilvie
13. Birthplace Charleston, S. C.

MOTHER
14. Maiden Name Carolyn Dudd Gale,
15. Birthplace Charleston, S. C.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3, 40 (month) (day) (year)
(c) Cemetery or crematory Elmwood Cem.
Location Columbia, S. C.

18 (a) Funeral director Wm. J. Dickerson & Sons
(b) Address North & Pa Aves.

19 (a) AUG 3 1940 (Date rec'd by registrar) (Huntington Williams) M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1940 at 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1940 to Aug. 2, 1940, and that I last saw him alive on Aug. 2, 1940.

Immediate cause of death	Duration
Bronchial asthma	Unknown
Due to Chronic purulent bronchitis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed M. 8 D. 2/40

F 71712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47 F 71712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Tyson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Gross

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Phillip
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 10, 1893
8. AGE: Years 47 | Months 5 | Days 21 22 | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Akes
13. Birthplace Va.

MOTHER
14. Maiden Name Phillip
15. Birthplace Deceased

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)
(c) Cemetery or crematory Lanasle, Md
Location Evergreen Sec. 10, Md
18 (a) Funeral director Geo. L. Kelsan
(b) Address 1303 Presstman St.
19 AUG 3 - 1940 (Date rec'd by Registrar) (b) Huntington, W. Va. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28, 1940, to Aug. 1, 1940, and that I last saw her alive on Aug. 1, 1940.

Immediate cause of death: Carcinoma of Lung, primary — Duration June 1940
Due to: Arteriosclerosis & Heart Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature]
Address Balto. City Hospital Date signed 8-1-40 M. D.

71713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 F 71713

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3322 Tate (St.) 25-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Shaw

If U. S. Veteran specify WAR ...

(a) Residence: No. 3322 Tate St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

S.S. # 217-01-7248

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucander Shaw

6. DATE OF BIRTH (month, day, year) March 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Mayesville S.C.

FATHER

13. NAME Preston Shaw

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Hastings ?

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Evelyn Washton

(Address) 3322 Tate St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Aug 3, 1940

19. UNDERTAKER R. Smith McClenahan

(Address) 13 E. N. Avenue

20. FILED AUG 3 - 1940 Huntington Williams, M.D.

State CAUSE OF DEATH in plain words. Omit technical terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1940, to July 30, 1940

I last saw h alive on July 30, 1940 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBC	6 Mos
T.B.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, state how.

(Signed) H. Casey M. D.

(Address) 1537 Eutaw St

71714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191 Registered No. F 71714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 CAROLINE & OLIVER ST.
(c) Hospital or institution: ST. JOSEPH'S HOSP. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 59yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N EAST AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 yrs years

3 (a) FULL NAME MR. ADOLPH MITCHERLING

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish-American	216-07-3647	M	W	MARRIED

6 (b) Name of husband or wife Elizabeth H. Mitcherling
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 19, 1874

8. AGE: Years	Months	Days	If less than one day
66	2	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Md. Lumber Co.

FATHER
12. Name Herman Mitcherling
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Frueling
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth H. Mitcherling
(b) Address 5 N. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3. 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE. & BROADWAY

19 AUG 3 - 1940 (b) Registered by Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1940, at 8:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1940, to 7-31 1940, that I last saw him alive on 7-31 1940.
Immediate cause of death Heat Stroke — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp. Date signed 8-1-40

F 71715 HERRING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 71715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinclair Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sinclair Lane Mt Edmain
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur L. Herring

3 (b) If veteran, name war: World War Yes
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Grace A.
6 (c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) Jan 30 1897
8. AGE: Years 43 | Months 6 | Days 2 | If less than one day hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Florist
11. Industry or business

FATHER
12. Name William A. Herring
13. Birthplace Balto

MOTHER
14. Maiden Name Emma V. Hammond
15. Birthplace Balto

16 (a) Informant Grace A Herring
(b) Address Sinclair Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave.

18 (a) Funeral director Martin F.E. Dipel
(b) Address 1114 Pennington Ave Balto Md

19 (a) AUG 3 - 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at 10 22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 2 1940, and that I last saw him alive on Aug 2 1940.

Immediate cause of death Uremia

Due to Chronic Nephritis with Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J W Blumgardner M. D.
Address Rosedale Md Date signed 8/2/40

VS 3

F 71716 37037 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. F 71716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6008 Eastern Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Andrew Slert

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1856

8. AGE: Years	Months	Days	If less than one day
84	5	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrew Slert (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine (d) ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 5 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Daniel Gluyas
Location Evergreen Hillcrest

18 (a) Funeral director Tilley & Sullivan
(b) Address 4634 Wabash

19 (a) Aug 3 1940 (b) Hunting or Williams
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1- 1940, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7- 1940, to 8-1- 1940, and that I last saw h[illegible] alive on 8-1- 1940

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Gen. A.S. — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-2-40

VS 2

71717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 71717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 SCHUCK ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3398 SCHUCK ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ELIZABETH BAST

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN BAST
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APR. 27 1859

8. AGE: Years	Months	Days	If less than one day
81	3	5 4	..... hr. ..... min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN KOTCHENREUTHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name KUNEGUNDA KOTCHENREUTHER
15. Birthplace GERMANY

16 (a) Informant MARGARET BAUERNSCHUB
(b) Address 3308 SCHUCK ST.

17 (a) BURIAL (b) Date thereof AUG. 5/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiterkorn
(b) Address 403 S. WOLFE ST.

19 (a) AUG 3 - 1940 (b) Huntington Wilt Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 1 1940 at 7/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Aug 1 1940 and that I last saw her alive on July 30 1940

Immediate cause of death Chronic Myocarditis — Duration Several

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Howard B. Titlow

Address 315 S. Highland Ave Date signed 8/2/40 M. D.

VS 3

71718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 953

Registered No. F 71718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1559 Homestead St.
(If rural give location)
(e) If foreign born; how long in U. S. A.? 20 years

3 (a) FULL NAME Mrs. Angelo A. Ferraro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Frank Ferraro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1905

8. AGE: Years	Months	Days	If less than one day
34	8	2	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Joseph Adamo
13. Birthplace Italy

MOTHER
14. Maiden Name Frances Puleo
15. Birthplace Italy

16 (a) Informant Frank Ferraro
(b) Address 1559 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Rendell Hopper
(b) Address 3125 Hyndman Ave

19 AUG 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940, at 4.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940, to August 1 1940, and that I last saw her alive on August 1 1940.

Immediate cause of death Rheumatic Cardio-Vascular Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Freeman, Jr.
Address Mercy Hospital Date signed 8/1/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71719 F 71719

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Providence St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town) where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1018 Providence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel

6. DATE OF BIRTH (month, day, year): April 10-1891

7. AGE: Years 49 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Daniel Johnson

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Johnson

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Louis Johnson

(Address): 2329 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Mem. Park Date: Aug 3 1940

19. UNDERTAKER: Mr. Ed. F. Holland

(Address): 1634 Druid Hill Ave

20. FILED: AUG 3 - 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 1940

22. I HEREBY CERTIFY, That I attended deceased from July 12 1940 to July 31 1940

I last saw h alive on July 29, 1940 Death is said to have occurred on the date stated above, at 2.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 19 1940

Other contributory causes of importance:

Acute Nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis C. Johnson M. D.

(Address) 2329 Guilford Ave.

state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

F 71720

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35933

937

Registered No. F 71720

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No none
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Logsbon

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-1860

8. AGE: Years	Months	Days	If less than one day
79	10	15	hr. min.

9. Birthplace N.J.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name William H.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Algie
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location
18 (a) Funeral director John G. Miller Sons
(b) Address 1433 E. Oliver St.
19 (a) AUG 3 — 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1940, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21- 1938 to 7-29- 1940 and that I last saw h alive on 7-29- 1940.

Immediate cause of death Cardiac failure — Duration ?
Due to Hypertension CVD — ?
Due to Gen. A-S.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Lobstein M. D.
Address Balto City Hosp. Date signed 8-2-40

VS 3

Correct age in upper right hand corner if under 1 year or 100 years or over.

71721 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 71721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 261 E Hamburg st
(c) Hospital or institution:
D H Smith Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 261 E Hamburg st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miles Conley - CONRY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 65			hr. min.

9. Birthplace Ireland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Conry
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Farrell
15. Birthplace Ireland

16 (a) Informant Miss Cecelia Conry
(b) Address 30 S. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Fred. Rd

18 (a) Funeral director John Howard Son
(b) Address 90 Stiles St.

19 AUG 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1, 1940 at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandegrift M.D.
Medical Examiner.
Date signed 8/2/40

correct age is especially important. Physicians: please write

VS 6

71722

VS 6

F 71722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 71722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospt 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town near Reisterstown 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME PETERSON, MILTON D.

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Ella A. Peterson
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar 31 1861

8. AGE: Years 79 | Months 4 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name John N. Peterson
13. Birthplace Ohio

MOTHER 14. Maiden Name Rosanna Pindel
15. Birthplace Ohio

16 (a) Informant Clara M. Peterson
(b) Address Route 3 Reisterstown Md

17 (a) Cremation (b) Date thereof Aug 5 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto City

18 (a) Funeral director J F Albert & Sons
(b) Address Reisterstown Md.

19. (a) Date of death AUG 4 1940 (b) Filed AUG 5 1940 Registrar Huntington Williams

correct age is especially important. Physicians, please w

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940 to August 8 1940, and that I last saw h 1m alive on Aug. 3 1940

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Suprapubic prostatectomy

Due to Benign prostatic hypertrophy

Other Conditions Arteriosclerotic CVD Grade II B
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shappirio
Address University Hospital Date signed 8/7/40

VS 3

VS 2

F 71723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 71723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 N Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 N Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH HEJL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-9932

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Antonie Hejl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1872

8. AGE: Years	Months	Days	If less than one day
68	4	-	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Hejl
13. Birthplace Bohemia

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Joseph Hejl.
(b) Address 2025 Ashland Ave

17 (a) Burial (b) Date thereof Aug 6/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Francis Loverde & Son
(b) Address 700 N. Chester St

19 (a) AUG 4 - 1940 (b) (Registrar)
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940 at 9 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease. — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-3-40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 71724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 Registered No. F 71724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wilkens & Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Rock Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Frank Jacob

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Mary Catherine Jacob
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.): April 22, 1882
8. AGE: Years 48 | Months 3 | Days 11 | If less than one day hr. min.
9. Birthplace: Rock Hall Md (Town, county, and state)
10. Usual Occupation: Waterman
11. Industry or business

FATHER
12. Name: Herman Jacob
13. Birthplace: Germany Europe

MOTHER
14. Maiden Name: Minnie Kusnicke
15. Birthplace: Germany Europe

16 (a) Informant: Erma Weber
(b) Address: 1909 N. Longwood St, Balt.

17 (a) Burial (b) Date thereof (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory: Weatly Chapel
Location: Rock Hall

18 (a) Funeral director: Wm. H. Wood
(b) Address: Church Hill Md

19 (a) (b)
(Date rec'd by registrar) Registrar

AUG 4 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/3/1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/1940 to 8/3/1940, and that I last saw h.. alive on 8/3/1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Arteriosclerosis & Acute Alcoholism

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: S Parks M. D.
Address: St Agnes Date signed 8/3/40

F 71725

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

5707 F 71725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Woodland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Warren Joseph Taylor

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sallie Byrd
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 10, 1863

8. AGE: Years 77 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Mappsville, Va. (Town, county, and state)
10. Usual Occupation Farmer (Retired)
11. Industry or business

FATHER
12. Name Samuel Taylor
13. Birthplace Mappsville, Va.

MOTHER
14. Maiden Name Sarah Ann Taylor
15. Birthplace Mappsville, Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-40 (month) (day) (year)
(c) Cemetery or crematory Greloms Cemetery
Location Mappsville, Va.

18 (a) Funeral director Stewart & Mowton Company
(b) Address 108 W. North Ave.

19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

AUG 4 1940 VS 5

Correct age is especially important for those under 1 year, 5 years, 10 years, 20 years, 30 years, 40 years, 50 years, 60 years, 70 years, 80 years, 90 years, 100 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3/40 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1940 to 8/3 1940 and that I last saw him alive on 8/3 1940

Immediate cause of death Uremia post-Operative — Duration 48 hrs.

Due to Acute Benign prostatic hypertrophy — 2 yrs.

Due to — Indefinite

Other Conditions Generalized atherosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Tebbett Jr.
Address Baltimore City Hosp. Date signed 8/5/40 M. D.

71726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 71726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2248 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2248 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? One years

3 (a) FULL NAME Frieda Lorch

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hermann

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Carlmay Lehmann
13. Birthplace Germany

MOTHER
14. Maiden Name Elisa
15. Birthplace Germany

16 (a) Informant Albert Lorch
(b) Address 2248 Linden Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 8-4-40 (month) (day) (year)
(c) Cemetery or [illegible] Bath Hebrew
Location North Gay st

18 (a) Funeral director Jos. J. Levin Jr.
(b) Address 1457 E. Balto st

AUG 4 - 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939, to Aug 2 1940, and that I last saw h[illegible] alive on Aug 1 1940.

Immediate cause of death Coronary Occlusion — Duration few minutes

Due to

Due to

Other Conditions Hypertension Arteriosclerosis (Include pregnancy within 3 months of death) — 2 years

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Sherry M. D.
Address 11 E. Chase st Date signed

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

71727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a Registered No. ✓ F 71727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Freestman st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Freemain st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Hanson J. Taliaferro

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-1891

8. AGE: Years 49 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER 12. Name James Taliaferro
13. Birthplace Va

MOTHER 14. Maiden Name Lattie Edwards
15. Birthplace Va

16 (a) Informant Lottie Taliaferro
(b) Address 2317 Madison ave

17 (a) Burial (Burial, cremation, or removal). (b) Date thereof 8 6 40 (month) (day) (year)
(c) Cemetery or crematory First Baptist Cem
Location Northumberland Co. Va

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) — (Date received by registrar) (b) — registrar

AUG 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2nd 1940 at 1.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1940 to Aug 2nd 1940 and that I last saw him alive on Aug 2nd 1940.

Immediate cause of death: Acute myocarditis — Duration 10 days
Due to Hypostatic pneumonia, —
Due to Arteriosclerosis —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. L. Gunson M. D.
Address 522 N. Arlington Ave Date 8/3/40

Please write the causes of death clearly and legibly. Physician: please write the correct age is especially important.

F 71728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163M

F 71728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. C. A. Mercy Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2446 Lakeview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carson F. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1909

8. AGE: Years	Months	Days	If less than one day
30	9	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business

FATHER
12. Name John H. Miller
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Adler
15. Birthplace Russia

16 (a) Informant Sarah Miller
(b) Address 2446 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windson Mill Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124 1126 W. North Ave

AUG 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940, at 7 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon Monoxide Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/2/40
(c) Where did injury occur? Garage - 2446 Lakeview Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Carbon exhaust

23. Signature H. Truman Schaffer Medical Examiner. M.D.
Date signed 8/3/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 97863 F 71729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-1
(e) Length of stay in Baltimore (yrs., mos., or days) 11 2b

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2010 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Frosburg

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1880

8. AGE: Years	Months	Days	If less than one day
59	8	28	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Watson
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Glenn
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore
18 (a) Funeral director John Wade
(b) Address 210 E. Allegan
19 (a) (Name of clergyman) Huntington Williams D.D.

AUG 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1940 to 8-3 1940 and that I last saw h[illegible] alive on 8-2 1940

Immediate cause of death	Duration
Diabetes	
Apoplexy - Uremia	
Due to Diabetes Gangrene	
Due to Diabetes Mellitus	
Pyelitis Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry L. Rayden M. D.
Address Balto. City Hosp. Date signed 8-3-40

COPIES MAY BE OBTAINED FROM THE COMMUNITY HEALTH ASSOCIATION

F 71730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 71730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 E. Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 E. Donnell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Henry Burk

3 (b) If veteran, name war —

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30-1870

8. AGE: Years	Months	Days	If less than one day
70	4	3d	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Iron Moulder

11. Industry or business

FATHER
12. Name John Burk
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Drin
15. Birthplace Germany

16 (a) Informant Mrs Theresa Garrett

(b) Address 1705 E. Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6th (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore

18 (a) Funeral director John Ullrich

(b) Address 2106 Eastern Ave

19 (a) [illegible] (Date rec'd by Local Registrar) (b) Huntington Williams, M.D. Registrar

AUG

YS 2

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2nd 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to Aug 2 1940 and that I last saw him alive on Aug 2 1940

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. L. Holzapfel Jr M. D.

Address 10 E. Broadway Date signed Aug 3 1940

F 71731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 13

F 71731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 Ashland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Ashland
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Valentine

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 23-1870

8. AGE: Years 70 | Months 2 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Anton Valentine
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Tuelle
15. Birthplace Germany

16 (a) Informant Mrs Marie La Martinie
(b) Address 2005 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Wirth
(b) Address 2208 Eden

19 (a) (Date rec'd by registrar) AUG 7 1940 (b) Registrar's signature Huntington Williams

VS 1

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to Aug 2 1940 and that I last saw h[illegible] alive on Aug 2 1940.

Immediate cause of death	Duration
Heart Frustration	
Due to Myocardial Insufficiency	
Due to Chronic Arthritis	
Due to Chronic Nephritis	
Other Conditions Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Dr. V. Kerpe M.D.
Address 156 N. Medford Ave Date signed Aug 2 40

71732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. ✓ F 71732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2711 Hugo Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Hugo Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Marie Sophia Bladin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Carl Bladin

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 19, 1865

8. AGE: Years	Months	Days	If less than one day
75	6	14/5	..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation .....

11. Industry or business At Home

FATHER
12. Name Henry Diehl
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Chas McElroy
(b) Address 2711 Hugo Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6-1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn

18 (a) Funeral director John Wendt
(b) Address 2008 Reisterstown Rd

19 (a) ..... (Date rec'd by registrar) (b) Registrar

AUG 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1921, to Aug 3 1940, and that I last saw him alive on Aug 3 1940.

Immediate cause of death Coronary Occlusion — Duration 5 da

Due to Hypertension & Hypocardiac — Since 1921

Due to Arteriosclerosis — Since 1921

Other Conditions Pulmonary (tuberculosis) — 3 da

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas McElroy

Address 527 Vendome Rd Date signed M. 8 D. 3-40

correct age is especially important. Physicians: please write clearly

H. D. H. 1218-9

F 71733

71733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Foster ave St. 1-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. 40

2. FULL NAME Lena Kaczor

(a) Residence: No. 2513 Foster ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Kaczor

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Sebastian Pitchochi

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Osshmayra

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. James Kaczor
(Address) 216 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place Sts. Stanislaus Date 8/5/1940 19

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

AUG 4 1940 19 H. E. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to Aug 2, 1940

I last saw her alive on Aug 1, 1940 Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jul 22
Terminal Bronchopneumonia	Jul 29

Other contributory causes of importance:
None

Name of operation ..... Date of .....

What test confirmed diagnosis? Tbc Clinical. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify .....

(Signed) E. A. Schemmuck, M. D.

(Address) 842 S. Ellwood Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 71734
Registered No.

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W. 27th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Prell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hubert Prell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 17 1886
8. AGE: Years 53 ~~54~~ Months 11 Days 16 15 If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Jenkins
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Balto

16 (a) Informant: Hubert Prell
(b) Address 216 W. 27th St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd
18 (a) Funeral director John J. Fahey Jr.
(b) Address 313 E. Lanvale St
19 (a) AUG 4 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1940, at 10:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940, to 8-2 1940, and that I last saw h.. alive on 8-2 1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to Generalized arteriosclerosis	
Due to Cardio-vascular Hypertensive disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Bernard J. Satchwell M. D.
Address St Joseph Hosp Date signed 8-3-40

71735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 71735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3725 Park Hgts. Ave.
(c) Hospital or Institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 PK Hts ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Adolph Nathanson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years 87 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Nathan
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Russia

16 (a) Informant Melvin Nathanson
(b) Address 3721 Park Heights ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-5-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Fm S.R. Ass'n
Location Washington Rd

18 (a) Funeral director Jack Levine
(b) Address 1439 E Balto St

19 (a) Filed AUG 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1940, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1940, to Aug. 4, 1940; and that I last saw him alive on Aug. 4, 1940.

Immediate cause of death: Acute Coronary Thrombosis — Duration 2

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Levi M.D.
Address 1711 W. North Ave Date signed Aug 4/40

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

71736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. F 71736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATILDA P. FREDERICK

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1893

8. AGE: Years	Months	Days	If less than one day
47	5	27	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Katz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kahler
15. Birthplace Balto. City.

16 (a) Informant Mrs Edward Frederick
(b) Address 2123 Ramsay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Maryland

18 (a) Funeral director T. B. Wippert & Sons
(b) Address 1300 Eutaw Place
(Signature of person acting as funeral director) Huntington Williams U.P.

AUG 4 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy findings find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Asphyxia — Duration
Due to Aluminum poisoning
Due to Suicide Mental depression
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 8-3-40

PLEASE WRITE PLAINLY, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

71737 16211-RD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 ✓ F 71737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 western ave.
(c) Hospital or institution: Balto. City Hospitals 15-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yr.1mo. 12dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Jennie Melton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married-seperated

6 (b) Name of husband or wife: Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-5-1860 ?

8. AGE: Years	Months	Days	If less than one day
? 80	2	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Anne Arundel

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 East ave Rear

19 (c) 1 1940 (b) Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1940, at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14- 1935 to 7-26- 1940, and that I last saw h[illegible] alive on 7-26- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive CVD	?
Due to Gen. A.S.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public [illegible]? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-3-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 71738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1604

✓ F 71738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun sts
(c) Hospital or institution Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
2 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S. Linwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Rasinski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Frank Rasinski
13. Birthplace Baltimore
MOTHER 14. Maiden Name Stella Tryglek
15. Birthplace Baltimore, Md.

16 (a) Informant Frank Rasinski
(b) Address 603 Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred. Ozaguski
(b) Address 1930 Eastern Ave

19 (a) Date AUG 5 1940 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1940, at 12:16 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1940, to Aug 3 1940, and that I last saw him alive on Aug. 3 - 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to:	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 8/8/40

Please write correct age is especially important. Physicians: please write the cause of death clearly and legibly.

71739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a ✓ F 71739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run & Harford Rd.
(c) Hospital or institution: Leyden Lane 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Windsor Mill Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Stancill

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-1809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Virginia Stancill

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 29, 1906

8. AGE: Years	Months	Days	If less than one day
34	6	4 3	..... hr. ..... min.

9. Birthplace Hope Mills N. C.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name George W. Stancill
13. Birthplace North Carolina

MOTHER
14. Maiden Name Annie McNeill
15. Birthplace North Carolina

16 (a) Informant Mother
(b) Address 1822 Windsor Mills Rd.

17 (a) Burial (b) Date thereof 8/5/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

AUG 5 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1940, to Aug 2 1940, and that I last saw ~~him~~ her alive on Aug 2 1940.

Immediate cause of death Meningitis — Duration 2 days
Organism unknown
Due to .....
Due to .....
Other Conditions Lung Abscess — 10 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Ryan B. Lee M. D.
Address Leyden Lane Hosp. Date signed Aug 3, 40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

71740 57714 MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 W

F 71740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 8-T
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2040 Mura Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Simmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1876

8. AGE: Years	Months	Days	If less than one day
63	7 8	23 24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Kenley
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Foster
15. Birthplace Germany

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Meadow Ridge
Location Washington Blvd

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

AUG 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3- 1940 at 6 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24- 1940 to 8-3- 1940 and that I last saw h 4 alive on 8-3- 1940

Immediate cause of death
Cardiac failure
Uremia
Due to Hypertensive CVD
Gen. A-S.
Due to

Duration
?
? months
?
?

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Gen. A-S.
Of autopsy Generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-7-40

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

F 71741 ✓ F 71741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No.

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 William st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 William st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Benton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Jennie Benton
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Aug 10th 1859

8. AGE: Years: 80 | Months: 11 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Ship Joiner

FATHER
12. Name: William Benton
13. Birthplace: Unknown

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Jennie Benton
(b) Address: 1525 William St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

(a) AUG 5 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1940, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to Aug 3 1940, and that I last saw him alive on Aug 3 1940.

Immediate cause of death

Due to: Mitral Insufficiency — Duration: 2 days

Due to: Arteriosclerosis (Indefinite)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. L. Campbell M.D.

Address 1644 Hanover St Date signed 8-3-40

F 71742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3506 Reisterstown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Isidor Greenhood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			ht. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Adolph Greenhood
13. Birthplace Hungary

MOTHER
14. Maiden Name Johanna Brizer
15. Birthplace Hungary

16 (a) Informant Marie Greenhood
(b) Address 3506 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month), (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E Baltimore St

18 (a) Funeral director Lob Furman & Bros
(b) Address 1124-26 W. North ave

19 (a) AUG 5 - 1940 (Date rec'd by registrar) (b) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940, at 6:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1939 to Aug 3 1940 and that I last saw h.. alive on Aug 3 1940

Immediate cause of death	Duration
Arteriosclerosis HT Disease	1½ years
Due to Coronary Thrombosis	1½ years
Due to Coronary Sclerosis	1½ years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Sterling M.D.
Address 2357 Eutaw Pl Date signed 8/3/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 71743 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Park Circle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Park Circle (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Reba Klein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Samuel A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 45 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Louis Landay
13. Birthplace Russia

MOTHER
14. Maiden Name Celia Silverstein
15. Birthplace Russia

16 (a) Informant Harry Landay
(b) Address 3307 Park Circle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

AUG 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1940, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Aug 4, 1940 and that I last saw her alive on Aug 4 1940.

Immediate cause of death Adenocarcinoma of Breast — Duration: unknown

Due to unknown

Due to

Other Conditions Febrile uterus

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenocarcinoma of Right Breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Eugene Crumpton M. D.
Address 3301 N. Charles St. Baltimore Date signed Aug 5, 40

Please write the causes of death clearly and legibly. Physicians: please write. Correct age is especially important.

F 71744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58B

Registered No. F 71744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 N Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Mae Bough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/29, 1922

8. AGE: Years	Months	Days	If less than one day
18	2	1	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Richard Bough
13. Birthplace Balto Md

MOTHER
14. Maiden Name Esther Moore
15. Birthplace Balto Md

16 (a) Informant Mrs Hannah Moore
(b) Address 1215 N Caroline St

17 (a) Burial (b) Date thereof Aug 2 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (b)
(Date received by registrar) Registrar

AUG 5 1940

VS 3

Huntington & Affiliated Cos.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1940 at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to Aug 1 1940 and that I last saw h alive on July 30 1940

Immediate cause of death Coronary Thrombosis — Duration Aug 1 1940

Due to (Rheumatic Heart disease + Endocarditis Mitral Valve) — Duration June 1940

Due to — Duration

Other Conditions Toxemia of Pregnancy — Duration June 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Upshur M. D.

Address 1429 N Monroe St Date signed Aug 3 1940

71745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓

F 71745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Information should be complete and correct as to the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1242 Mc Elderry St

(c) Hospital or institution: —

5-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1242 Mc Elderry St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Florence James

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John C. James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1862

8. AGE: Years 78 | Months 4 2 | Days 27 | If less than one day hr. min.

9. Birthplace Talbott Co, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER

12. Name Horace Bantum

13. Birthplace Talbot Co. Md

MOTHER

14. Maiden Name unknown

15. Birthplace "

16 (a) Informant Mrs Mattie Pinder

(b) Address 1242 Mc Elderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8, 5, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn, Md

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St

19 (a) (Date received by Local Registrar) (b) Registrar

AUG 5 1940

Harding for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1 1940 at 8:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1940 to 8/1 1940. and that I last saw him alive on 8/1 1940.

Immediate cause of death: Cerebral Apoplexy + Paralysis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature B M R Cutler M. D.

Address 2134 Druid Hill Ave Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

71746 | CERTIFICATE OF DEATH | 1610 | F 71746

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N Monroe St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

NAME. Richard Gordon De Mario

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Demario

If U. S. Veteran specify WAR

(a) Residence: No. 1606 N Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) 8/4-40

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Anthony Demario

14. BIRTHPLACE (city or town) (State or country) Sterrs DeGrass Md

MOTHER

15. MAIDEN NAME Catherine Myers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father

(Address) 1606 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Fowlesburg Cem. Date Aug. 5, 1940

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa. Aves.

20. FILED ... 19 ... Registrar.

Hunting Town Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4/40. 19

22. I HEREBY CERTIFY, That I attended deceased from 8/4-, 19 40 to 8/4-, 19 40

I last saw him alive on 8/4-, 19 40. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atalectasis (Congenital	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) Chas A Cahn M. D.

(Address) 2145 N Balto St

information should be carefully supplied. Age, Residence, Birthplace, Name of Father and Mother must be given. Exact statement of it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v6 3

AUG 5 - 1940

F 71742 | F 71742

AUG 5 - 1940

F 71747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 71747 Registered No.

PLEASE WRITE PLAINLY, with pen or pencil, and state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Hamilton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella W. Webster Kerr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Wm George Kerr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-1867

8. AGE: Years 73 | Months 2 | Days 11 | If less than one day ....hr. ....min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Alexander G. Webster
13. Birthplace Scotland

MOTHER
14. Maiden Name Isabella Reid
15. Birthplace Scotland

16 (a) Informant Isabella Kerr Bowdre
(b) Address 4141 41st St. N.Y.

17 (a) Lakewood (b) Date thereof 8-5-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location

18 (a) Funeral director Leonard Funeral Home
(b) Address 5305 Harford Rd

19 (a) (Signature of local registrar) (b)

AUG 5 - 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to Aug 2 1940, and that I last saw h.... alive on Aug 1 1940

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Rogers M. D.
Address 6077 Harford Rd Date signed 8/3/40

71748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 71748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given, and every question answered. Use terms that will convey definite meaning. Do not use abbreviations or symbols. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age, in years, months, days, hours, or minutes, at once after death, as this is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4109 Woodlea Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Woodlea Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME H. Arthur Feick

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5876

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Matilda E. Feick
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) May 25, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business John Deere & Son

FATHER
12. Name - Feick
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Mohler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. H. A. Feick
(b) Address 4109 Woodlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave., Balto., Md.

18 (a) Funeral director Loane-Lee Funeral Home
(b) Address 7401 Belair Road

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 3rd, 1940, 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Aug 3 1940, and that I last saw him alive on Aug. 2. 1940.

Immediate cause of death — Duration

Due to Cardiac Dilatation — 72 hr.

Due to Chronic Myocarditis — 1 yr.
Arteriosclerosis — 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Med Arts Bldg. Date signed

Beeuwkes

HEALTH DEPARTMENT—CITY OF BALTIMORE

71749 71749

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH Hospital for the Women of Maryland Registered No.

CITY OF BALTIMORE: (No. Lafayette & John St.) 12 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 19 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Baer Beeuwkes

If U. S. Veteran specify WAR

(a) Residence: No. 713 Lennox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Beeuwkes

6. DATE OF BIRTH (month, day, year) Nov 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Baer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madgalene Hoerner

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Lambert Beeuwkes
(Address) Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Loudn Park Cem Date Aug. 5-1940

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED Huntington Williams M.D.
AUG 5 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1940 to August 3, 1940 That saw her alive on Aug 3, 1940 Death is said to have occurred on the date stated above, at 7.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardiovascular disease.	
Auricular fibrillation	
Embolism systemic mesenteric	
artery.	

Other contributory causes of importance:

Generalized arteriosclerosis

Senility

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard S. Simon M. D.

(Address) Hospital for the Women of Md.

Information should be carefully supplied. Age, state CAUSE OF DEATH in plain terms, so that it OCCUPATION is very important. See instructions on back of certificate.

71750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 ✓ F 71750 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Use the word NONE where necessary. If unknown, or if the question is not applicable, leave blank, except in cases of stillbirth or where the word is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Pierce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm Calvin White X ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
/	18 6		hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Clarence White
13. Birthplace S.C.

MOTHER
14. Maiden Name Annie Partlow
15. Birthplace N.C.

16 (a) Informant Annie White
(b) Address 704 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md
(d) Funeral director Mrs Samuel J Hendley
(e) Address 578 W Baltimore St

19 (a) 19 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3-40 19 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-40 19 to 8-3-40 19, and that I last saw h alive on 8-3-40 19

Immediate cause of death: The meningitis Epidemic Encephalitis ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Martin Rhode
Address University Hosp Date signed 8-3-40 M. D.

71751

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

57 P2 71751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Mullen

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie ~~Faith~~ E Mullen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1907

8. AGE: Years 33 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business Park Dept., City

FATHER 12. Name Edward (D)

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Grubert

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Knts Ave

18 (a) Funeral director Harry J. Kittle

(b) Address 4101 Edmondson Ave.

19 (a) (Signature of local registrar) Huntington Williams M.D.

AUG 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2-1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1940 to 8-2-1940 and that I last saw h[illegible] alive on 8-2-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Rheumatic Ht. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheum. Ht. Dis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Date signed 8-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to write the causes of death clearly and legibly. Give correct age in years. Do not use abbreviations. If the exact date of birth is unknown, the age at last birthday is especially important. Physicians: please write your name and address plainly.

F 71752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 71752 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Entries must be made in permanent ink. Use no abbreviations. Answer each question. If none, write none. If unknown or doubtful, state so. Give the correct age in years if possible. Do not confuse the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. and Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Provenza

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosalina

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) March 4th 1905

8. AGE: Years 35 | Months 5 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Own Business

FATHER 12. Name Louis Provenza
13. Birthplace Italy

MOTHER 14. Maiden Name Rosa Tamburo
15. Birthplace Italy

16 (a) Informant Mrs Rosalina Provenza
(b) Address 1407 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J Cowan Son
(b) Address 901 Hollins St

AUG 5 - 1940 (Date rec'd by local registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to Aug 4 1940, and that I last saw him alive on Aug 4 1940.

Immediate cause of death: Liver Shock and Pulmonary Edema — Duration

Due to Gangrenous gall bladder and stones

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gang. gall bladder, removed, drained, liver
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Templeton M.D.
Address Md. Gen. Hosp. Date signed 8/4/40

38625
F 71753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

F 71753 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 McCulloh
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Randall

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9927

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-07

8. AGE: Years 33 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Esten Randall
13. Birthplace N. C.

MOTHER 14. Maiden Name Emma Spencer
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8 5 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A Halstead
(b) Address 9/8 Bound Brook Md

19 (a) (Signature of registrar) (b) Date received AUG 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940 at 3 04 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940 to Aug 3 1940 and that I last saw him alive on Aug 3 1940.

Immediate cause of death: Cardiac failure — Duration 1 hr.
Due to: Hypertension
Due to: Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas A. Tierney M. D.
Address Johns Hopkins Hosp. Date signed 8-3-40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete. Do not abbreviate. Do not use ditto marks. If unknown, state so. Do not leave blanks, except when directed to omit answering. Be especially careful to make the statements in items 20 to 22 full and correct as they are important.

F 71754

F 71754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55a

Registered No. F 71754

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 942 W Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Robinson

3 (b) If veteran, name war. | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-35

8. AGE: Years 5 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER | FATHER
12. Name Richard Robinson
13. Birthplace VA
14. Maiden Name Lucy Batten
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) Investigator Williams M.D.

AUG 5 1940 VA 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1940 at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to Aug 1 1940, and that I last saw h.i.m. alive on Aug 1 1940.

Immediate cause of death	Duration
Neuroblastoma, Rt. Adrenal & many metastases	8 mos
Due to	
Due to	
Other Conditions Hydronephrosis, rt.	3 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Otenasek 3853 M. D.
Address J. H. H. Date signed 8-2-40

71755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

F 71755
Registered No.

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Campbell Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MELVIN GAMBLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-5120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Trio S. Car.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sylvester Gamble
13. Birthplace S. Car.

MOTHER
14. Maiden Name Dolly Wisdom
15. Birthplace S. Car.

16 (a) Informant Josephine Dukes
(b) Address 218 Canee st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-5-40
(month) (day) (year)
(c) Cemetery or crematory U. S. National
Location

18 (a) Funeral director A. Halstead
(b) Address 915 Druid Hill Ave.

AUG 5 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 4 05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-31-40

F 71756 40576 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 71756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Stevenson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1876

8. AGE: Years	Months	Days	If less than one day
64 61	7 6	24 23	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Brogden
15. Birthplace ?

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Nelson
(b) Address 1303 Presstman St.

19 (a) AUG 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3- 1940, at 7P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4- 1939 to 8-3- 1940, and that I last saw h[illegible] alive on 8-3- 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to: Hypertensive CVD	?
Due to: Gen. A-S.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lebherz M.D.
Address Balto City Hosp. Date signed 8-3-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71757

CERTIFICATE OF DEATH 106a

F 71757

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E Madison St., 7-5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Luther Stewart ☐ U. S. Veteran specify WAR

(a) Residence: No. 1606 E. Madison St., Ward. S.S. 212-09-6636
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nettie Stewart 1876

6. DATE OF BIRTH (month, day, year) Dec 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waterfront

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

FATHER

13. NAME Harper Stewart

14. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

MOTHER

15. MAIDEN NAME Hesrit Waters

16. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland.

17. INFORMANT Nettie Stewart
(Address) 1606 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Date Aug. 5 1940

19. UNDERTAKER Leslie Gross
(Address) 1402 Pennsylvania Ave.

20. FILED AUG 5 1940 19
Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1940

22. I HEREBY CERTIFY, That I attended deceased from July 29 1940 to August 1 1940

I last saw him alive on Aug. 1 1940 Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/30/40
Bronchitis	Week
Contributory causes of importance:	
Gastritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Lafaurot M. D.
(Address) 522 N. Broadway

No. 2—WHITE CARD. WRITE ONLY WITH PEN AND INK. Typewriter should be used if available. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

F 71758 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use black ink and write the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 Rutland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 908 Rutland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas L. Crawley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Nellie Crawley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1879

8. AGE: Years 60 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Northampton County Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Simon Crawley
13. Birthplace Va.

MOTHER
14. Maiden Name Amey A Moore
15. Birthplace Va.

16 (a) Informant Emma J. Epps
(b) Address 908 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Douglas Park
Location Catonsville

18 (a) Funeral director Mrs. R. G. Ellis & Daughter
(b) Address 1129 Ct. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to Aug 2 1940, and that I last saw h[illegible] alive on Aug 1 1940.

Immediate cause of death Hypostatic Pneumonia — Duration Aug 1, 1940

Due to Chronic Bronchial asthma & Emphysema and Chest. — July 29 1940

Due to — Unknown

Other Conditions Cardiac [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Young M. D.
Address 1429 E Monument Date signed Aug 3, 1940

40-233 -ahe/cee

F 71759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. F 71759

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 Ashburton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Lambright

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Wm. B. Lambright (Deceased)
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1874

8. AGE: Years	Months	Days	If less than one day
65	9	8	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Winter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie M. Roberts
15. Birthplace Baltimore, Md.

16 (a) Informant Sam'l. H. Winter (Bro.)
(b) Address 3246 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director P. Howard Evans
(b) Address 1400-02 S. Charles St. (City) Huntington Williams, M.D.

19 (a) AUG 5 - 1940 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, 10:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 2 1940, and that I last saw him alive on Aug 2 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Cyphis sclerosis	
Due to Hypertension & Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury
23. Signature John A. Schenuch, M. D.
Address 1307 S. Charles St. Date signed 8/4/40

40-234 -ahe/dee F 71760

F 71760

40-234 - she/dee 71760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 E. 30th St.
(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 E. 30th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Zinnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick Zinnell

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1871

8. AGE: Years 68 | Months 10 | Days 2 | If less than one day ....hr. ....min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name David B. Burgess
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Josephine Schutz
15. Birthplace Baltimore, Md.

16 (a) Informant Frederick Zinnell (Husband)
(b) Address 1837 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400-02 S. Charles St., City

19 (a) AUG 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3, 1940 at 9 A.M

21. I certify that death occurred on the date above-stated; that I attended deceased from July 17, 1939 to Aug. 3, 1940, and that I last saw h[illegible] alive on Aug. 2, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to Arteriosclerotic Cardio-vascular Renal Disease	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Woolfe M.D.
Address 1336 Chestnut Ave. Date signed 8-6-40

F 71761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 71761
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2476 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2476 Shirley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Samuel Freedenberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age 1878 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Clothing Salesman

11. Industry or business

FATHER
12. Name Abraham Freedenberg
13. Birthplace Poland

MOTHER
14. Maiden Name Celeza Goldstein
15. Birthplace Poland

16 (a) Informant Jos Freedenberg
(b) Address 137 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1940 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd Cem
Location Halthorpe

18 (a) Funeral director Jack Levin Inc
(b) Address 14 E. Baltimore St

19 AUG 5 - 1940 (Date rec'd by Registrar) (b) Huntington Titus, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940 at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1936 to Aug 4 1940 and that I last saw h[illegible] alive on Aug 4 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to arteriosclerosis
Due to General cardio-vascular degenerative
Other Conditions Paralysis & Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Seidel
Address 2404 Eutaw Pl Date signed 8/5/40

VS 8

M. D. B. 1938-9

1762

1-4-5 F 71762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Andre St. 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Sophie Pasykowski

(a) Residence: No. 1335 Andre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jakob Pasykowski

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland Poland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Henry Pasykowski

(Address) 1335 Andre

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 7 19

19. UNDERTAKER W. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED AUG 5 1940 19 Registrar.

Hunting of Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1940 to August 4, 1940

I last saw her alive on August 4, 1940 Death is said to have occurred on the date stated above, at 10:22 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Aug 1, 40

Other contributory causes of importance:

Embolism of Lower — over 2½ years

Generalized Arteriosclerosis — 2 years

Chronic Myocarditis — 2½ years

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip J. Lerner M. D.

(Address) 2401 N. North Ave.

F 71763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 71763 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 S. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 S. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Eva Brzykowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	married

6 (b) Name of husband or wife Marian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 78

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	7	10		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland.

16 (a) Informant Mr Marion Brzykowski
(b) Address 817 S. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem
Location German Rd & Pulaski Hwy

18 (a) Funeral director Stephen J. Fiathowski Inc.
(b) Address 1000 S. Kenwood Ave

19 (a) (Date rec'd by registrar) (b) Huntington Md Registrar

AUG 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940 at 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1940 to 8/4 1940 and that I last saw her alive on 7/20 1940

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Flow M. D.
Address 325 Eastern Ave Date signed

71764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78B

F 71764
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Gloria Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-37

8. AGE: Years	Months	Days	If less than one day
3	6	2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Scott
13. Birthplace "

MOTHER
14. Maiden Name Maude "
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 8-6-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Balto Co - Md

18 (a) Funeral director Mrs. Katie P. Williams
(b) Address 322 N. Dolphin St.

AUG 5 - 1940 (b) Huntington Ave Baltimore, Md
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 4 1940, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Aug 4 1940, and that I last saw h e alive on Aug 4 1940

Immediate cause of death Cerebral oedema — Duration 3 days

Due to Lead poisoning — Duration ?

Due to (over) —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral oedema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 8-4-40

71765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

838

Registered No. E 71765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 5-2 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 AUG 5 - 1940 Hunting Williams M.D.
(Date received by registrar) AUG 5 1940 Registrar 5809

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Infarct, left cerebrum
Cerebral edema
Due to ~~Due to~~ Heat prostration

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold Lufs M.D.
Medical Examiner
Date signed 7/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 71766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 71766 Registered No. 1706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of A. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Maithus

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore,

19 (a) AUG 5 - 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, 10:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury 1st dist
Laceration of brain
Due to: Rupture 1st kidney
Alcoholic intoxication

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/22/40
(c) Where did injury occur? Home 1320 E. Monument St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by motor car

23. Signature [illegible] M.D. Medical Examiner.
Filed 7/23/40

VS 6

71767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. E 71767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hazlett.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/25/40.

8. AGE: Years | Months | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Famous Hazlett
13. Birthplace Street Md.

MOTHER 14. Maiden Name Hazel Avery.
15. Birthplace Rocks Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 5 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) AUG 5 - 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

5810

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to July 29 1940, and that I last saw him alive on July 29 1940

Immediate cause of death Intra-cranial hemorrhage
* Congenital atelectasis. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. King B.E. Seager, M.D.
Address University Hospital Date signed 8/2/40

71768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 71768

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 850 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 14 years

3 (a) FULL NAME Gavro Tesnich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1874

8. AGE: Years	Months	Days	If less than one day
66	3	7	hr. min.

9. Birthplace Jugo Slavia
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Samuel Tesnich
13. Birthplace Jugo Slavia

MOTHER
14. Maiden Name Anna Milich
15. Birthplace Jugo Slavia

16 (a) Informant Hospital records.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (Signature) Huntington Williams, M.D.
AUG 5 — 1940 (Registrar) 5807
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 to July 22 1940, and that I last saw him alive on July 21 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Tuberculous peritonitis	6 wks +
Due to Chronic fibrotic pulmonary tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Advanced Tuberculous Lesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Forest C. Meade M.D.
Address Mercy Hosp. Date signed July 25th 1940

F 71769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 71769 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered, or the certificate will be returned. Accuracy as to the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Ft. Sota Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Ft Sota Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel J. Barton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Clara B. Barton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 - 1882

8. AGE: Years	Months	Days	If less than one day
58	5	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Samuel J. Barton
	13. Birthplace Baltimore Md
MOTHER	14. Maiden Name Jennie E. Collier
	15. Birthplace Baltimore Md

16 (a) Informant Blanche Barton
(b) Address 909 Ft Sota Road

17 (a) Burial (Burial, cremation, removal)
(b) Date thereof Aug 7 - 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Henry Lentz
(b) Address 1203 N. Broadway

AUG 5 - 1940 (Date rec'd by registrar) Huntington Millidge M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1940 to 8/4 1940 and that I last saw him alive on 8/4 1940.

Immediate cause of death Congestive heart failure — Duration 2 days
Due to Myocardial Insuff. — ?
Due to — ?
Other Conditions Chr. Bronchitis over — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Gladman
Address 2687 Wilkens Ave Date signed 8/5/40

VS 3

F 71770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 # Registered No. F 71770

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5209 Windsor Mills Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5209 Windsor Mill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul D. Braun

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	M

6 (b) Name of husband or wife Mildred
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1904

8. AGE: Years	Months	Days	If less than one day
34 35	11	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Puppeteer
11. Industry or business sells puppets

FATHER
12. Name Paul F Braun
13. Birthplace Germany

MOTHER
14. Maiden Name, Ruth Gladman
15. Birthplace

16 (a) Informant Mildred Braun
(b) Address 5209 Windsor Mills Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) AUG 5 - 1940 (Date received by registrar) Harrington Hillcastle, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940; at 4:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon Monoxide poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/3/40
(c) Where did injury occur? 5209 Windsor Mill Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home / While at work? No (Specify home, farm, etc.)
(e) Means of injury Illuminating gas
23. Signature Chief Deputy Coroner or Examiner. M.D.
Date signed 8/3/40

VS 6

71771

BALTIMORE CITY HEALTH DEPARTMENT 93-D Registered No. 71771

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, with pen or pencil. Physicians: please write the correct age is especially important. Be sure to state the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Presstman Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel L. Brent

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-1845

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Harold Brent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1889

8. AGE: Years	Months	Days	If less than one day
51	2	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Seamstress - Ladies Dresses
11. Industry or business Hochschild Kohn Co.

FATHER
12. Name James M. Nichols Hoddinott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Burton
15. Birthplace Maryland

16 (a) Informant Mr. J. B. Hoddinott
(b) Address 3014 Presstman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) AUG 5 - 1940 (Date rec'd by registrar) Huntington for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940, at 11.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1940, to August 3 1940, and that I last saw her alive on August 3, 1940

Immediate cause of death Coronary Thrombosis — Duration 30 minutes

Due to Arteriosclerotic Cardiovascular disease — Duration under-determined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzicka, M. D.
Address University Hospital Date signed August 6, 1940

VS 3

71772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. F 71772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Canterbury Rd. & 39th St.
(c) Hospital or institution:
The Ambassador Apts. 12-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Canterbury Rd. & 39th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME Henry Iddins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emile H. Iddins
Nee Laudin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1877.

8. AGE: Years	Months	Days	If less than one day
63	2	14	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Asst. Treasurer
11. Industry or business Johns Hopkins

FATHER
12. Name Henry Iddins
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Anna Galaway
15. Birthplace Md.

16 (a) Informant Mrs. Emile H. Iddins
(b) Address Ambassador Apts.

17 (a) Burial (b) Date thereof Aug. 7/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Congressional Cemty
Location "ashington D. C.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

AUG 5 - 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 8

PLEASE WRITE PLAINLY, with unfading ink. Report one cause on a line. Do not use abbreviations or symbols. Do not report modes of dying, such as heart failure, asphyxia, or anemia, without stating the primary causes of death clearly and legibly. Omit items not applicable. Do not leave any space blank. Fill in all items, or write "unknown" or "none" where necessary. If there was no medical attendant, the case must be reported immediately to the coroner. Burial permit cannot be issued by registrar until certificate is filed. Please write the cause of death in the space provided. Do not report symptoms. Please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5th 1940, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1921, to Aug 5 1940, and that I last saw h[illegible] alive on Aug 5 1940.

Immediate cause of death: Acute Uremia

Due to: Pul Tuberculosis (Tuberculous Laryngitis) 10 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C B Gamble M. D.
Address 3915 N Charles Date signed Aug 5

DR C. B. GAMBLE

71773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ Registered No. F 71773

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal permit can be issued. Use only the standard terms listed on page 2 for the causes of death. Be sure that the cause of death is correctly and legibly reported. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Eutaw Place
(c) Hospital or institution:

14-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Eutaw Place.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 Yrs. years

3 (a) FULL NAME LOTTIE GICHNER BERTUCH.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Albert Bertuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 19, 1875

8. AGE: Years	Months	Days	If less than one day
65	76	15	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Gichner,
13. Birthplace Austria.

MOTHER
14. Maiden Name Johanna Enoch,
15. Birthplace Austria.

16 (a) Informant Mrs. M. A. Weinberg,
(b) Address 1724 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ 6/ 40.
(month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Sondheimer & Son
(b) Address 1902 Eutaw Place.

AUG 5 - 1940 (Registered by Registrar)

(b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4th. 1940, at 8.33 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1936, to Augt 1940, and that I last saw h[illegible] alive on Augt 4th 1940.

Immediate cause of death	Duration
Oedema of lungs	
Due to Cancer of Rt Mediastinum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Breast 3 years ago
Of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Gichner M. D.
Address 3201 Garrison Ave Date signed

71774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No. F 71774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Ab't 60 Yrs

13-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Brookfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Ab't 60 Yrs Years

3 (a) FULL NAME MAURICE SCHWARTZBERG.

3 (b) If veteran, name war ------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hattie Schwartzberg
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 1869

8. AGE: Years	Months	Days	If less than one day
71	3		hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Retired Millinery
11. Industry or business Merchant.

FATHER
12. Name Clarence Schwartzberg.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant Mr. Clarence Schwartzberg.
(b) Address 2425 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a). Funeral director David Sandelovsky & Son
(b) Address 1902 Eutaw Place.

AUG 5-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION P

20. DATE OF DEATH Aug. 5th, 1940, at 1.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1940, to Aug 5 1940, and that I last saw h[illegible] alive on Aug 5 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	3 da.
Hemiplegia (Left side)	
Due to Arteriosclerotic Cardio	2
Due to Vascular Renal Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 1206 E. Preston St Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71775

CERTIFICATE OF DEATH 46-D F 71775

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. Was [illegible] in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice E Duvall 2 4 3

If U. S. Veteran specify WAR

(a) Residence: No. Light St Ave Pasadena Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Elgey Duvall

6. DATE OF BIRTH (month, day, year) Sept 10 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abr F Lowrey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Watts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr H Elgey Duvall
(Address) Pasadena Md

18. BURIAL, CREMATION, OR REMOVAL Cedar Bluff Cemetery Md
Place Date 8-6 40

19. UNDERTAKER William M. Mareck
(Address) 715 Lexington Williams, Md.

AUG 5 - 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 21 1940 to August 3 1940

I last saw her alive on August 3 1940 Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of rectum	
Generalized peritoneal carcinosis	1 yr
Other contributory causes of importance:	
Cirrhosis arteriosclerosis	4

Was an operation performed? yes Date of July 11 1940

For what disease or injury? Ca of rectum

Name of operation Ileostomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. G. Lewis M. D.

(Address) South Balto Gen'l Hosp.

INFORMATION required by this certificate is necessary in the interest of the living, so that it may be properly compiled and interpreted. Please write plainly with pen and ink, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not report OCCUPATION in very important. See instructions on back of certificate.

VS 2

F 71776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towsend (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Allegheny Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilmer Black

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ wife Luella K. Black
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21st 1861

8. AGE: Years 79 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Carlysle Pa. (Town, county, and state)

10. Usual Occupation C. P. R.

11. Industry or business Black & Co

FATHER
12. Name Robert W. Black
13. Birthplace Pa.

MOTHER
14. Maiden Name Belinda Gorsuch
15. Birthplace Balto. Co. Md.

16 (a) Informant Robt. W. Black
(b) Address 6309 Bleinheim Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1257 St. Paul St.

Registered AUG 6 1940 by Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 9 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1940, to August 4 1940, and that I last saw him alive on August 4 1940

Immediate cause of death	Duration
Circulatory Collapse	
Due to Cerebral Accident	prev
Due to Arteriosclerosis + Cardiac Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R Lampkin M. D.
Address Md. Gen. Hosp Date signed 8/4/40

Please write clearly with pen and ink. Physicians: please write the cause of death in such terms as will indicate clearly the character of disease. The correct age is especially important.

71777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

F 71777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 St Dunstans Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Frederick Sippel

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Bettie M. Ormsby Sippel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29th 1865

8. AGE: Years	Months	Days	If less than one day
75	0	6	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Banking

FATHER
12. Name Charles Sippel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Hickman
15. Birthplace Balto. Md.

16 (a) Informant Bettie M. O. Sippel
(b) Address 307 St. Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (b)
~~AUG 6 1940~~ Date received by Registrar
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 3.07 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1940, to Aug 5 1940, and that I last saw him alive on Aug 5 1940.

Immediate cause of death: Peritonitis — Duration 15 hrs

Due to Bowel perforation at recto-sigmoid junction — 15 hrs

Due to Carcinomad of large bowel — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of large bowel

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 8/5/40

Physicians: please write the causes of death clearly and legibly. Underlining the correct age is especially important.

71778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

✓ F 71778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 ELLIOTT ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO
(c) City or town BALTO CITY
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 ELLIOTT ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HENRY J. SCHORR

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 218-09-4696

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY SCHORR
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) NOV. 16/1880

8. AGE: Years 59 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business BREWERY

FATHER
12. Name JOHN G. ACHORR
13. Birthplace BALTO MD.

MOTHER
14. Maiden Name LOUISA HESS
15. Birthplace GERMANY

16 (a) Informant MARY SCHORR (WIFE)
(b) Address 3512 ELLIOTT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 7/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL RD.

18 (a) Funeral director Lilly & Zeilenga
(b) Address 403 S. WOLFE ST

19 (a) Date received by Registrar AUG 8 1940 (b) Signature for Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 4 1940 at 8/30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1940 to 8/4 1940 and that I last saw h.i.m. alive on Aug. 4 1940,

Immediate cause of death: Chronic Myocardi-tis and Chr. Neph. 24 hrs

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... while at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. A. Rosenblatt M. D.
Address 3018 O'Donnell Date signed 8/5/40

Please write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

F 71779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561

Registered No. F 71779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Rural (Severn)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Thompson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Neuberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-9708

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mildred Neuberger
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Apr 6 1902

8. AGE: Years	Months	Days	If less than one day
38	3	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Jos Neuberger
13. Birthplace Balto

MOTHER
14. Maiden Name Katherine Spring
15. Birthplace Balto

16 (a) Informant Mildred Neuberger
(b) Address 3505 E Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 42 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2208 E Fallsway

19 (a) (Date received by Registrar) (b) Registrar

AUG 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Aug 4 1940, and that I last saw him alive on Aug 4 1940.

Immediate cause of death Brain Tumor
Fronto-parietal area
Due to Injury
Due to
Other Conditions Bromide intoxication
(Include pregnancy within 3 months of death)

Major findings:
Of operations Some.
Of autopsy Some.

Duration
2 days
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas Shumaker M D
Address Univ Hospital Date signed 8/4/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

71780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 523

F 71780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3337 Dudley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 3
(e) Length of stay in Baltimore (yrs., mos., or days) 07

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Dudley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Butt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Christian Butt

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 7-1883

8. AGE: Years 57 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name John Taylor
13. Birthplace Baltimore

MOTHER 14. Maiden Name Sarah Beiler
15. Birthplace Baltimore

16 (a) Informant Christian Butt
(b) Address 3337 Dudley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 200 E Saratoga St

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

AUG 6 1940

Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940, at 11 42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940 to AUG 3 1940 and that I last saw h e R alive on July 29 1940

Immediate cause of death: ADENOCARCINOMA OF URINARY BLADDER — Duration: 2 yrs?

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations INFILTRATING CARCINOMA OF BLADDER
Of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Francis D. Gallen

Address 1800 N. CHARLES ST Date signed AUG. 7 1940

Correct age is especially important. Physicians: please write the

71781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a

F 71781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Presstman St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Presstman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Kay

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colard	married

6 (b) Name of husband or wife George Kay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1882

8. AGE: Years	Months	Days	If less than one day
57	87	109	hr. min.

9. Birthplace Anne Arundel Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Columbus T. Washington
13. Birthplace Maryland

MOTHER
14. Maiden Name Priscilla Wilson
15. Birthplace Maryland

16 (a) Informant Bessie Kay (daughter)
(b) Address 1436 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. County

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

19 (a) [illegible] (date received by registrar) AUG 6 — 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3rd, 1940, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12/1940, to 8/3/1940, and that I last saw her alive on Aug 2 1940.

Immediate cause of death	Duration
Acute Myocarditis	5 mths
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. Marshall Lawrence M. D.
Address 1033 W. Lanvale St. Date signed 8/5/40

PLEASE WRITE PLAINLY. Give cause of death clearly and legibly. Physicians: please write the cause of death in terms which will show the correct age is especially important.

71782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. F 71782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Esther Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Leroy Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1940

8. AGE: Years | Months: 2 | Days: 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER 12. Name Basil Cecil Hughes
13. Birthplace Maryland

MOTHER 14. Maiden Name Dorothy Gentile
15. Birthplace Maryland.

16 (a) Informant Basil C. Hughes
(b) Address 3606 Esther Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 6 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Wedmeda Ave.

18 (a) Funeral director Martin W. Duffy
(b) Address Lombard & Conn Sts.

19 AUG 6 — 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1940, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940, to Aug. 4 1940 and that I last saw h alive on Aug. 4 1940

Immediate cause of death: Intestinal Obstruction — Duration 2 days

Due to Hypertrophied Pyloric Stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction at Pylorus & Ileum

Of autopsy Post Mortal Pictures Intestinal Obstruction & Hypertrophied Pylorus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammerer

Address Mercy Hospital Date signed 8/4/40

Please write plainly. Physician's correct age is especially important.

VS 2

F 71783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 71783 Registered No.

PLEASE WRITE PLAINLY. Use ink. Fill in all blanks. Be sure and state the causes of death clearly and legibly. Give full name of deceased. Be sure and correct age is especially important. Physicians: please write the cause of death in such terms as can be understood by the laity.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Balto
(c) City or town CATONSVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 BELGROVE RD. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. ANNA E. TOOHY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife James J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19-1872

8. AGE: Years 68 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name John L. Sullivan
13. Birthplace Ireland.

MOTHER
14. Maiden Name Julia Reed
15. Birthplace Ireland.

16 (a) Informant Virginia A. Toth
(b) Address 2802 Lake Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-40 (month) (day) (year)
(c) Cemetery or crematory Mem. Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar
AUG 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1940, to 8-4 1940, and that I last saw h.er alive on 8-3 1940.

	Duration
Immediate cause of death: Coronary Occlusion	1 day
Due to: Arteriosclerotic Heart Disease	
Due to:	
Other Conditions: Diabetes Mellitus	15 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Snyder M.D.
Address St. Joseph's Hospital Date signed 8/9/40

Dr Schmidt

71784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92a F 71784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502-E. Federal Street
(c) Hospital or institution: --
8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502-E. Federal Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredericka Lang (FREDA LANG)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David Lang

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 3/28/1875

8. AGE: Years	Months	Days	If less than one day
65	4	67	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Jacob (Klotz)
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka (?)
15. Birthplace Germany

16 (a) Informant David Lang
(b) Address 1502-E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Memo. Park
Location Baltimore Co. Md.

18 (a) Funeral director George [illegible], Inc.
(b) Address 1735-Harford Ave.

(a) Date received by Registrar AUG 6 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to August 4 1940 and that I last saw [illegible] alive on Aug 3 1940.

Immediate cause of death Aortic Insufficiency — General Arteriosclerosis — Duration 1 year

Due to

Due to

Other Conditions Cardiac Dilatation — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Rosenberg
Address 1025 E. Fifth St. Date signed 8/5/40

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

71785
71785

OK

BALTIMORE CITY HEALTH DEPARTMENT 47203

CERTIFICATE OF DEATH 46B

F 71785

Registered No. 71785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Greenwood

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	23	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Isaac Sampson
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Stewart
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 6 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (Date rec'd by registrar) AUG 6 - 1940 (Signature of Registrar) Huntington Williams M.D. Registrar

5814

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1940 at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1939, to 1-30 1940
and that I last saw h. alive on 1-30 1940

Immediate cause of death	Duration
Sarcomma of stomach?	?
Due to Bronchopneumonia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gelston Jr. M.D.
Address Balto. City Hosp. Date signed 7/31/40

Please write clearly. Physicians: please write correct age is especially important.

71786 15635-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 71786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 23-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yr. 27das.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Olive St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada Bulpilt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1864

8. AGE: Years	Months	Days	If less than one day
76	5	7	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation nurse

11. Industry or business

FATHER 12. Name William

13. Birthplace England

MOTHER 14. Maiden Name Helen

15. Birthplace England

16 (a) Informant B.U.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 6 1940 Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) AUG 6 – 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1940, to 7-27 1940, and that I last saw he alive on 7-26 1940.

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Gen. arteriosclerosis — years

Due to — 6 weeks

Other Conditions Chronic partial intestinal obstruction

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Balt. City Hosp. Date signed 7-29-40

5815

F-71787 Jannie Clarke Turner ✓ F-71787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 Mad. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Madison Ave. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jannie Clarke Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Alfred Turner
13. Birthplace Ga

MOTHER 14. Maiden Name Jenney Burden
15. Birthplace Ga.

16 (a) Informant Mrs Jennie Watkins
(b) Address 812 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4th (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Ft Wmans

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ave

19 (a) Huntington Williams Mgr
Registrar

AUG 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1940 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1940 to 8/3 1940 and that I last saw h[illegible] alive on 8/3 1940.

Immediate cause of death

(a) Hypertension Cardio Renal Vascular

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. N. Hatcher M. D.

Address Date signed

correct age is especially important. Physicians: please write plainly.

VS 8

F 71788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No. F 71788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 W Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Harry Cardiges

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Paidoussis
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Chios Greece (Town, county, and state)
10. Usual Occupation Restaurateur
11. Industry or business

FATHER
12. Name Pete Cardiges
13. Birthplace Greece

MOTHER
14. Maiden Name Theodora
15. Birthplace "

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location near Baltimore

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md.

AUG 6 - 1940 (Date rec'd by registrar)

(c) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to August 5 1940, and that I last saw deceased alive on August 5 1940.

Immediate cause of death: Septicemia Staphylococcus? — Duration 3 days

Due to —

Due to —

Other Conditions Benign prostatic hypertrophy Acute urinary retention — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edwin R. Ruzicka M. D.
Address University Hospital Date signed August 6, 1940

correct age is especially important. Physician: please write plainly.

VS 3

F 71789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 71789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 h. Parrish st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lawrence Mason

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace York Town Va.
(Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER 12. Name David Mason

13. Birthplace York Town Va

MOTHER 14. Maiden Name Mary Mason.

15. Birthplace York Town Va

16 (a) Informant Lawrence Mason

(b) Address 1137 parish st.

17 (a) Burial (b) Date thereof Aug 8 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location Anne Arundel County

18 (a) Funeral director Joseph L Russ Jr

(b) Address 1126 W North ave

19 (a) Date rec'd by registrar Huntington Williams, M.D. AUG 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vandeventer M.D.
Medical Examiner.

Date signed 8/6/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

AUG 6 - 1940

71790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 71790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 350 E. 25th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME. Harry Wilton WORSDELL

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 20, 1895

8. AGE: Years 44 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Preston WORSDELL
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Laura V. Sommerson
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-U.S.Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 7-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Jas J Stein
(b) Address 3001 Eutaw

19 (a) AUG 6 1940 (b) Registrar, M. D.

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1940, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26, 1940, to Aug. 4, 1940, and that I last saw him alive on Aug. 4, 1940.

	Duration
Immediate cause of death: Cardiac Failure	24 hr.
Due to: Coronary thrombosis;	6 yr
Due to: Cardiac disease, myocardial degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Thoracentesis
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 8/5/40 M. D.

71791

F 71791

VS 3

71791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104B

F 71791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 835 China M
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 China M (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Shorter

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F
5. Color or race col
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Charles Shorter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 12 1883

8. AGE: Years 57 | Months 5 | Days 3 | If less than one day 2 hr. 120 min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Thomas Holloway
13. Birthplace Liberty Md

MOTHER
14. Maiden Name Amelia Jenkins
15. Birthplace Md

16 (a) Informant Charles Shorter
(b) Address 835 China M

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Josiah L Brown
(b) Address 1084 Montgomery St

AUG 6 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at 730 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1940 to Aug 2 1940 and that I last saw h alive on Aug 2 1940.

Immediate cause of death	Duration
Abscess of Brain	2 dys
Due to Frontal Sinusitis	3 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury ✓

23. Signature L. H. Cannell
Address 911 Warner Date signed 8/3/40 (M. D.)

F 771792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. F 771792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~26 years~~ 11

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel County
(c) City or town Greenhaven
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pasadena P. O.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dudley Joseph FOSTER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 214-05-1797

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Hatter-Foster

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) March 4, 1893

8. AGE: Years 47 | Months 5 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Eastern Shore, Centerville, Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farming

FATHER
12. Name Joseph Foster
13. Birthplace Eastern Shore, Talbot County

MOTHER
14. Maiden Name Annie Warner,
15. Birthplace Trap, Maryland.

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 1940 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Frederick Ave.

18 (a) Funeral director H Howard Strong
(b) Address 715 Light St.

19 (a) (Date) Received by registrar Washington Williams M.D.

VS 3

correct age is especially important. Physicians, please

A0065 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1940 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1940, to Aug. 4, 1940, and that I last saw him alive on Aug. 4, 1940.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced — Duration 4 yrs.
Due to .....
Due to .....
Other Conditions Tubercular laryngitis — Duration Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature T. M. H. Andrews M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 8/5/40

71793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

F 71793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 E. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 E. University Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Parthree

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Stephen Parthree
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1881

8. AGE: Years	Months	Days	If less than one day
59	1	1	hr. min.

9. Birthplace Wilmington, Delaware
(Town, county, and state)
10. Usual Occupation Retired Nurse
11. Industry or business

FATHER
12. Name Isaac Venn
13. Birthplace England

MOTHER
14. Maiden Name Sarah Jane Lacey
15. Birthplace New Jersey

16 (a) Informant Mrs. Helen C. Flounders
(b) Address 314 E. University Parkway

17 (a) Burial (b) Date thereof 8/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Wilmington, Delaware

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 AUG 6 - 1940 (b) Registrar
(Filed by registrar)

VS 3

Correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to Aug 5 1940, and that I last saw her alive on Aug 3 1940.

Immediate cause of death Cancer of Rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Homan M. D.
Address 6/2 N 40 St. Date signed

F 71794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 71794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Bosley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary I. Brink.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John V. Brink
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1868

8. AGE: Years	Months	Days	If less than one day
71	9	20	19 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Doyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Reilly
15. Birthplace Ireland

16 (a) Informant Mrs. Carroll Van Horn
(b) Address Towson, Md

17 (a) Burial (b) Date thereof 8/7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Fredericks Rd.

18 (a) Funeral director John J. Feeley Son
(b) Address 3214 Keswick Rd.

19 (a) (b) Huntington Williams Mgr.
Registrar

AUG 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4th 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940, to August 4 1940, and that I last saw her alive on August 3rd 1940.

Immediate cause of death	Duration
Broncho-pneumonia	1 week
Due to Arteriosclerotic Heart Disease	5 years
Due to	
Other Conditions Fracture of Hip, left, femur (Include pregnancy within three months of death)	3 mos.

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 24, 1940
(c) Where did injury occur? Towson Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury slipped on rug + fell to floor

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 8-4-40

W. L. Wollaneber M.D. Certified

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120B

Registered No. F 71795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4508 Ashenley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BORTNER, DORA E,

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 4 - 1903

8. AGE: Years	Months	Days	If less than one day
36	10	—	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John M. Bortner
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Jane Stocksdale
15. Birthplace Maryland

16 (a) Informant Claude Earl Bortner
(b) Address 4508 Ashenley Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 - 1940 (mo/nth) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Arcadia, Carroll Co. Md
18 (a) Funeral director Horace F. Bupaee
(b) Address 3621 Falls Road
19 AUG 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians: please write the cause of death plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 3:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to Aug 4 1940 and that I last saw her alive on Aug 4 1940.

Immediate cause of death	Duration
Generalized peritonitis	1 wk?
Due to Acute ulcerative Colitis C probable perforation	
Due to	
Other Conditions Post-operative appendectomy & Rt oophorectomy. (Include pregnancy within 3 months of death)	

Major findings:
Of operation Torsion of Rt Ovarian cyst.
Of autopsy Acute ulcerative colitis, generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Kaynes
Address University Hosp. Date signed M. 8 D. 4/46

VS 3

VS 3

F 71796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓

Registered No. F 71796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 St Paul St
(c) Hospital or institution:

12-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 St Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** CORA HAGENBUCH STECKEL

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Harry C Steckel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 10 1863

8. AGE: Years	Months	Days	If less than one day
76	10	27	hr. min:

9. Birthplace Allentown Pa
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj Hagenbuch
13. Birthplace Allentown Pa

MOTHER
14. Maiden Name Lydia Walter
15. Birthplace Allentown Pa ✓

16 (a) Informant Walter L Steckel
(b) Address Jackson Height N.Y.

17 (a) Removal (b) Date thereof 8/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Union - West End
Location Allentown, Pa.

18 (a) Funeral director Henry M Jenkins Mfg
(b) Address McCall & Gerhard Sts Huntington Williams, W. Va.

19 (a) AUG 6 1940 Registrar

VS 3

correct age is especially important for females

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to Aug 6 1940, and that I last saw her alive on Aug. 6 1940.

Immediate cause of death	Duration
Arteriosclerosis,	
renal, generalized;	
Due to	
Coronary occlusion	10 da.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robt B. Hewitt M. D.
Address Medical Arts Bldg. Date signed Aug. 6,

F 71797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 71797

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Penna ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Martha E. Hammond

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-1869

8. AGE: Years 70 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Dandridge Virginia Md. (Town, county, and state)

10. Usual Occupation Domestic worker

11. Industry or business

FATHER 12. Name Peter Hammond
13. Birthplace Md.

MOTHER 14. Maiden Name Sampsie Cockwood
15. Birthplace Md

16 (a) Informant Edna Kenney
(b) Address 1305 Penna ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8 8 40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Arbutus Md

18 (a) Funeral director William A Jackson
(b) Address 916 Reisna ave.

19 AUG 6 — 1940 (Date received by registrar) Arlington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Aug 5 1940, and that I last saw her alive on Aug 5 1940.

Immediate cause of death Coronary Occlusion — Duration

Due to arterio-sclerotic cardio-vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T M Eastburn M. D.
Address 805 W Fremont Date signed Aug 6.

VS 3

71798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. 71798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caraline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital 282
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Groveland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FLORENCE LEE BARKER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John A Barker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feby 21/1864
8. AGE: Years 76 | Months 5 | Days 16 | If less than one day hr. min. 5
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name: William Haaraude
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: John B Barker
(b) Address: 4107 Groveland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md
18 (a) Funeral director: Harry T Lemmacost
(b) Address: 4204 Ridgewood Ave
19 (a) AUG 8 1940 (b) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians, please write

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6th 1940, at 8:45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 26th 1940, to August 6 1940, and that I last saw her alive on August 6 19 40.

Immediate cause of death: Toxemia — Duration: 12 days
Due to Partial Intestional Obstruction. — 1 Mo.
Due to Diverticulitis and enteritis
Other Conditions Cholelithiasis and advanced arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry Lehmanser M. D.
Address St. Joseph's Hosp. Date signed 8-6-40

F 71799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. F 71799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 W. Lombard St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 yrs. years

3 (a) FULL NAME Frederick Carl Schulz.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 11 - 1861

8. AGE: Years	Months	Days	If less than one day
78	7	24	... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Confectionery store

FATHER 12. Name Carl B. Schulz

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth W. Wollerman

15. Birthplace Germany

16 (a) Informant Mrs. Harry Lehne

(b) Address 2424 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7-40 (month) (day) (year)

(c) Cemetery or crematory London Pk.

Location Frederick ave, Balto Md

18 (a) Funeral director Geo. L. Berger Jr

(b) Address 1512 Hollins St

19 (a) AUG 6 1940 (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/20 1939, to 8/6 1940 and that I last saw h.i.m. alive on Aug 5 1940.

Immediate cause of death	Duration
Myocarditis chr	?
Due to Arteriosclerosis	?
Due to	
Other Conditions Edema of Lungs	8/4/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. A. Portmann M. D.

Address 2623 Washington Blvd Date signed 8/6/40

Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

71800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. F 71800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Scott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 68 years

3 (a) FULL NAME Mrs. Margaret Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, ~~married~~ widowed, or divorced.

6 (b) Name of husband ~~of wife~~ Albert

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Apr 8 1872

8. AGE: Years 68 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Kripp

13. Birthplace Balto Md

MOTHER 14. Maiden Name Carrie Broening

15. Birthplace Balto Md.

16 (a) Informant Albert Hawkins

(b) Address 513 Scott St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8/7 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location Triad Ave.

18 (a) Funeral director Geo. H. Leimbach

(b) AUG 6 1940 Lynchburst St

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1940, at 2.07 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-1940 to 8-4-1940 and that I last saw h-- alive on 8-4-1940.

Immediate cause of death: Cerebral Hemorrhage. — Duration 12 hrs.

Due to .....

Due to .....

Other Conditions Carcinoma of breast — 1 yr ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Large Carcinoma of right breast
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature William J. Mac Clafferty M.D.

Address Bon Secours Hosp. Date signed 8-4-40

VS 3

F 71801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-EF 71801 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2752 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Bartram Shuck

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	None	F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 15, 1882

8. AGE: Years	Months	Days	If less than one day
58	3	20	hr. ..... min.

9. Birthplace Md. (St. Michaels)
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Thomas Shuck
13. Birthplace Md. (Balto)

MOTHER
14. Maiden Name Annie E. Kirby
15. Birthplace Md

16 (a) Informant Wm D. Shuck
(b) Address 2752 Md. Ave.

17 (a) Burial (b) Date thereof 8/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul st

AUG 7 - 1940 Huntington Williams
(Date rec'd by registrar) Registrar

Correct age if apparently improbable. If uncertain, give approximate age.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1940, at 10^15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 8/5 1940 and that I last saw her alive on 8/5 1940.

Immediate cause of death	Duration
Myocardial failure	12 hrs
Due to Operative procedure	5 days
Due to Partial intestinal obstruction from undiagnosed abdominal tumor (removed)	2 weeks
Other Conditions Old healed Potts Disease of Spine	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations See above
Of autopsy Partial obstruction not relieved

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp Date signed 8/5/40

F 71802

F 71802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71802

15 Registered No. 90579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Eaton & Wilkens Ave
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628. N. Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Duke Marryman

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 215-05-2831

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John Marryman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29th 1914

8. AGE: Years 26 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Charles Co. Md (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business T. B. Legg

FATHER
12. Name John Duke
13. Birthplace Leonardtown Md.

MOTHER
14. Maiden Name Lillian T. Turner
15. Birthplace Howard Co. Md.

16 (a) Informant John F. Duke
(b) Address Leonardtown Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

AUG 7 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5th 1940, at 8:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3rd 1940 to Aug 5th 1940, and that I last saw h[illegible] alive on Aug 5th 1940.

Immediate cause of death Acidosis — Duration 2 days
Due to Diabetes
Due to Diabetic Retinal Abscess Bilateral & TBC
Other Conditions
B.E. Surg. 1000
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Small papillary Retinal Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S Parks
Address St Agnes Hos Date signed 8/7/40

VS 3

F 71803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 71803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Govans (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Beaumont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Harvey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-6550

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harriet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1, 1896

8. AGE: Years 44 | Months 6 | Days 3? | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mgr Bowl Alley

11. Industry or business Imperial Bowling Alley

FATHER 12. Name James R Harvey
13. Birthplace Baltimd

MOTHER 14. Maiden Name Anna Tabor
15. Birthplace Baltimd

16 (a) Informant Mrs Harriet Harvey
(b) Address 702 Beaumont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimd

18 (a) Funeral director Philip Herwig Sons
(b) Address 2624 Eutaw St.

19 (a) (Date received) (b) (Registrar) Registrar

AUG 7 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940 at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11th 1940 to Aug 4 1940, and that I last saw h. alive on Aug 4 1940.

Immediate cause of death: Encephalitis — Duration: 1 Mon.
Due to
Due to
Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Edema - Pul. Tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kenneth Insley M. D.
Address St Joseph Hospital Date signed 8/7/40

J. D. L. Attn.

Correct age is especially important.

F 71804

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 71804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1904

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Dallas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Naomi Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	16 26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Dan Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Myra ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md

18 (a) Funeral director Joseph L. Locke Jr.
(b) Address 1320 N. Central Ave.

19 (a) (Date rec'd by registrar) Huntington Williams Jr.

AUG 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1940 at 11 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1940 to 8-5 1940 and that I last saw him alive on 8-5 1940

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Gen. arterio sclerosis	
Arteriosclerotic gangrene - left foot	?
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations gangrene of foot.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry R. Fehlert Jr.
Address Balto. City Hosp. Date signed 8/5/40

correct age is especially important. Typewriter preferred.

AUG 7 - 1940

71805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. E 71805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 W Lanvale St. 814 W Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE WILLIAMS - OR HOLMES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
26 3 mos			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business odd jobs.

FATHER
12. Name George W Holmes
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Lavinia McCoy
15. Birthplace Maryland

16 (a) Informant Geo. W Holmes
(b) Address 814 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 (a) Huntington Williams, M.D. (Date received by registrar) AUG 7 - 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute dilatation of heart
Due to: Stab wound of chest
Due to:
Other Conditions: nil.
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Aug 4, 1940
(c) Where did injury occur? Liberty Cafe, Rear + Bradley St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury pocket knife

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-5-40

VS 6

Please write the causes of death clearly and correct age is especially important. Physicians: please write

71806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 71806
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 S. Eutaw St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. Eutaw St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VINCENT. (LIETUVNIKAS) LIETUVONIKAS

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6149

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 49 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Lith
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Olga Lieturonikas
(b) Address 111 N. Wolfe St

17 (a) Burial (b) Date thereof Aug 9 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaunakas
(b) Address 62 S Wash Blvd

AUG 7 - 1940
(Date rec'd by registrar)
(b) Registrar

Correct age is especially important—Why?

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 6 1940, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 6 1940 to AUG 6 1940, and that I last saw him alive on AUG 4 1940.

	Duration
Immediate cause of death: CEREBRO VASCULAR DISEASE	1940
Due to: ARTERIOSCLEROSIS	1940
Due to:	
Other Conditions: CHRONIC NEPHRITIS	1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward F. Milan M. D.
Address 68 E 23 MADISON BLVD Date signed 8-7-40

F 71807

V8 3

71807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71807

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 JOHN STREET, St., 14 ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR.....

2. FULL NAME HELEN ROSE COATES.

(a) Residence: No. 1427 JOHN STREET, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 14-1878

7. AGE: Years 61 | Months 10 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James A. Coates
14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Laura J. Campbell
16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Charles E. Berget
(Address) 1427 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Aug 8th 1940

19. UNDERTAKER: Chas. H. Grandi Son Inc
(Address) 118 W. Mt. Royal Ave

20. FILED: AUG. 7 - 1940 Registrar: ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): AUGUST 5 1940.

22. I HEREBY CERTIFY, That I attended deceased from JULY 29 1940 to AUGUST 5 1940. I last saw her alive on AUGUST 5 1940. Death is said to have occurred on the date stated above, at 7. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset.
CARCINOMIA RIGHT BREAST	1938.
METASTASIS	7/29/40
Other contributory causes of importance:	
DIABETUS MELLITUS	1938.

Was an operation performed? NO Date of NONE

For what disease or injury?

Name of operation CLINICAL What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) Chas H Chandler M.D.

8/5/40 (Address) 3013 SAINT PAUL STREET.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 71808

F 71808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 939

F 71808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1444 Aisquith Street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --- 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1444 Aisquith Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME HANORAH A. INGRAM

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	Married

6 (b) Name of husband or wife John L. Ingram
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1867

8. AGE: Years	Months	Days	If less than one day
72	8	3	____ hr. ____ min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Lorden
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Scott
15. Birthplace Ireland

16 (a) Informant John L. Ingram
(b) Address 1444 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-1940 (month) (day) (year)
(c) Cemetery or cremetory St. Mary's
Location Govans
18 (a) Funeral director Chas. B. Bayer & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

AUG 7 1940 (a) (Date rec'd by Registrar) (b) Huntington Pollitt (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940 at 10 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to Aug 6 1940, and that I last saw her alive on Aug 5 1940.

Immediate cause of death	Duration
Nephrosclerosis, hypostasis pneumonia	
Acute uremia	
Due to Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury —

23. Signature Frances J. Kirby M. D.
Address 1102 North Ave. Date signed 8-6-40

VS 3

correct age is especially important. Physicians: please write

71809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 F 71809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40d
(e) Length of stay in Baltimore (yrs., mos., or days) 30yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 Lloyd St (If rural give location)
(e) If foreign born, how long in U. S. A.? √ years

3 (a) FULL NAME Isaac Weiner

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Ret.

11. Industry or business

FATHER 12. Name Paul
13. Birthplace Russia

MOTHER 14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Rd & Bowleys Lane

18 (a) Funeral director Levin Bros.
(b) Address 1739 E. Balto St.

19 (a) AUG 7 1940 (b) Registrar

Correct age is especially important if deceased was under 1 year or 100 years or more.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1940, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/28 1940, to 8/7 1940, and that I last saw h. alive on 8/7 1940

Immediate cause of death pyemia due to infection from stump from amputation for gangrene L. foot — Duration 5 d.

Due to Arteriosclerosis political atty — Duration 40 y.

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold D. Frank M. D.

Address Date signed

71810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

830 F 71810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Jacob H. Lipowitz

If U. S. Veteran specify WAR.

(a) Residence: No. 1622 N. Pulaski St. St., 15-3 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Malbin (?)

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62-63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachiel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Daughter

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 8/6/40 19

19. UNDERTAKER Sant Servis Inc. (Address) 1439 E. Baltimore St

20. FILED AUG 7 - 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1940 to Aug 5, 1940

I last saw h alive on Aug 5, 1940 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Arteriosclerosis	

Other contributory causes of importance:

Lobular pneumonia	3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard E. Blumenthal M. D.

(Address) W. B. & H.

MAKE CAUSE OF DEATH in plain words. Do not use abbreviations. OCCUPATION is very important. See instructions on back of certificate.

F 71811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87a

F 71811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) **FULL NAME** Samuel Gubnitsky ALSO GUMNITSKY

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-09-0544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1896

8. AGE: Years	Months	Days	If less than one day
44	1	3	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Nathan Gubnitsky
13. Birthplace Russia

MOTHER
14. Maiden Name Gertie Rochlin
15. Birthplace Russia.

16 (a) Informant Hyman Gumnitsky
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Rd & Wabash Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) Date and (b) Registrar Huntington Williams

AUG 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1940 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Aug 7 1940 and that I last saw h. alive on Aug 7 1940.

Immediate cause of death Cardiac failure

Due to Bergers Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation of rt leg, mid thigh.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Kummerow Jr

Address Mercy Hosp. Date signed 8/7/40

CORRECT AGE IS 44 YEARS

F 71812

Dr. Schwartz
Harlem & Bentalou

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N. Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-d
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Chester (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Morris Schindler

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-2519

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Isaac
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd & Bowleys Lane

18 (a) Funeral director Jak Levin Inc.
(b) Address

19 (a) ____ (Date received by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-40 19__, at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Aug 6 1940, and that I last saw him alive on Aug 6, 1940

Immediate cause of death: Bronchopneumonia

Due to: Hemiplegia - left

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Schwartz M. D.
Address 2301 Harlem Ave Date signed 8/7/40

correct age is especially important. Physicians: please write

VS 8

Running for Woodlawn

46872--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71813 — 93D — Registered No. E 21813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12 1yr. 9days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Dillfelder

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-86

8. AGE: Years	Months	Days	If less than one day
54	2	1	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John George Dillfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Pittroft
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Lebanon
Location Balto City

18 (a) Funeral director Jacobson Funeral Home
(b) Address 7401 Belair Rd

19 (a) [illegible] 1940 (b) by registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1940 at 5 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26- 1939 to 8-5- 1940 and that I last saw him alive on 8-5- 1940.

Immediate cause of death: Cardiac Failure — Duration 7

Due to: Hypertensive CVD — Duration ?

Due to: — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary Occlusion

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-7-40

71814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93V

F 71814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 S. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) 93

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Roberta R. MacLaughlin

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1845

8. AGE: Years 95 | Months 6 | Days 15 | If less than one day 4 hr. min.

9. Birthplace Wilmington, N. C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business At home.

FATHER 12. Name Robert Mc Laughlin.
13. Birthplace Ireland.

MOTHER 14. Maiden Name Robert Rosalie
15. Birthplace Germany.

16 (a) Informant Miss Anna Mc Mahon.
(b) Address 3215 Woodland Ave.

17 (a) Burial. (b) Date thereof 8/9/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights

19 (a) (b)
(Date) (Registrar) Registrar

AUG 7 1940
VS 8

Correct age is especially important. If unknown, say so.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5, 1940 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2, 1940 to Aug. 5 1940. and that I last saw h[illegible] alive on Aug. 5, 1940

Immediate cause of death: Arteriosclerotic C V D — Duration: 2 days

Due to —

Due to —

Other Conditions Bronchio-pneum.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. A. Snowman M. D.
Address 2340 Eutaw Pl. Date signed Aug. 5 1940

F 71815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

928 — 145

Registered No. F 71815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BROADWAY & FAIRMOUNT
(c) Hospital or institution:
CHURCH HOME & INFIRMARY 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 HANOVER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOUCK, MRS. CATHERINE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	

6 (b) Name of husband or wife WALTER C. HOUCK
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) AUG. 31, 1912

8. AGE: Years	Months	Days	If less than one day
27	11	6 5	..... hr. ..... min.

9. Birthplace BALTIMORE
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business OWN HOME

FATHER
12. Name JOHN YOUNG
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name MARGARET VOGELSANG
15. Birthplace BALTIMORE

16 (a) Informant WALTER C. HOUCK
(b) Address 1541 HANOVER ST

17 (a) Burial (b) Date thereof Aug. 9, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Curd Mostly Ave.

18 (a) Funeral director Fred A. Rogers & Son
(b) Address 1216 S. Charles St.

19 (a) Filed AUG 7 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1940, to Aug 6 1940, and that I last saw h[illegible]R alive on Aug 6 1940

Immediate cause of death PULMONARY EDEMA — Duration 15 MIN.

Due to CARDIAC FAILURE

Due to

Other Conditions PREGNANCY, UNDELIVERED
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy MITRAL STENOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hanneman M. D.
Address Church Home & Infirmary Date signed 8-6-40

71816 — 50862 F 71816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Haney

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Eleanor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1868

8. AGE: Years	Months	Days	If less than one day
72	1	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Albert
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Garnett
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1940, at 2 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1940 to 8-5 1940 and that I last saw him alive on 8-5 1940.

Immediate cause of death

	Duration
Uremia	1 week
Benign hypertrophy of prostate	?
Due to Gen. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Some
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R Gerstel Jr.
Address Balto. City Hosp. Date signed 8/5/40

F 71817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 E F 71817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1365 Weldon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1365 Weldon Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Ferrell Somerville.

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John C. Somerville
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1877

8. AGE: Years 63 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name John Ferrell.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Brennan
15. Birthplace Ireland.

16 (a) Informant John C. Somerville
(b) Address 1365 Weldon Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 8 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Thos. W. Donovan
(b) Address 3615-17 Chesterfield Ave.

AUG 7 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5, 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1940, to Aug. 5 1940, and that I last saw h alive on Aug. 5 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Hypostatic Congestion	15 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank D. Macchia
Address 4037 Falls Road Date signed 8/7/40 (M. D.)

VS 8

correct age is especially important. Physician, please write plainly

F 71818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 71818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Eppleburg Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Eppleburg Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Blanche Olive Brooke Sewell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	M

6 (b) Name of husband or wife Walter Lee Sewell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1889

8. AGE: Years	Months	Days	If less than one day
51	5 6	4 4	..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Brooke
13. Birthplace Baltimore

MOTHER
14. Maiden Name Josephine Dicke
15. Birthplace Baltimore

16 (a) Informant (Walter Sewell
(b) Address 130 S Eppleburg Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
18 (a) Funeral director Reinwald & Sons
(b) Address 360 W Lafayette Ave
AUG 7 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 5.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940, to Aug 6 1940, and that I last saw her alive on Aug 6 1940.

Immediate cause of death	Duration
Carcinoma right breast with general metastases	9 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Right radical mastectomy done in Feb. 1940, abdominal carcinomatosis
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harris B Shumacher Jr M. D.
Address 11 E Chase St Date signed Aug 6 1940

VS 3

Correct age is especially important. If unknown, approximate.

57967 St F 71819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 71819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 22
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Shields Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Separated

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) March 22 1905

8. AGE: Years	Months	Days	If less than one day
35	4	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Banks (d)
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara Midley (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals.

17 (a) Burial (b) Date thereof Aug. 8-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peter's Cem.
Location Balto Md.

18 (a) Funeral director Chas. L. Cropley
(b) Address 514 N. Carrollton St.

19 AUG 7 — 1940 (b) Huntingtown Williamsport Md.
(Date rec'd by Registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 — 1940 at 340 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1940, to 8-5 1940, and that I last saw h alive on 8-4 1940.

Immediate cause of death	Duration
Intestinal Obstruction	4 days
Due to Ruptured Appendix	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Sidney R. Gilbert Jr. M. D.
Address Balto City Hospitals Date signed 8-5-40

F 71820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

F 71820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 N Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-8
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Theodore C Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine M Schmidt
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 26-1872

8. AGE: Years	Months	Days	If less than one day
67 68	9	9/0	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Gustav H Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Fahrer
15. Birthplace Germany

16 (a) Informant Catherine Schmidt
(b) Address 1720 N Milton ave

17 (a) Burial (b) Date thereof Aug 8 4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Leeds
(b) Address 2018 Arlington Ave

19 (Date received by registrar) AUG 7 – 1940 Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5th 1940 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5- 1939, to 8-5- 1940 and that I last saw h/m alive on 8-5-1940.

Immediate cause of death	Duration
Gastric Cancer	17 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Milton R. Lang M. D.
Address 2117 Belair Rd Date signed 8-6-40

F 71821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

✓ F 71821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Orleans St
(c) Hospital or institution:

6-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Orleans St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Helen Perry.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-7564

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Andrew Perry

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1892

8. AGE: Years 47 | Months 9 | Days 89 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Bottle Examiner

11. Industry or business

FATHER 12. Name Dominic Ritter.

13. Birthplace Baltimore

MOTHER 14. Maiden Name Anna Siebert

15. Birthplace Baltimore

16 (a) Informant Mr Andrew Perry

(b) Address 2705 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8th (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2006 Eutaw Place

19 AUG 7 — 1940 (Registered by this date) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7th 1940, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940 to Aug 7 1940, and that I last saw h[illegible] alive Aug 6 1940.

Immediate cause of death: Primary Carcinoma of Liver and Sigmoid

Duration: 4 Months

Due to .....

Due to .....

Other Conditions Cachexia and Metastasis

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Liver and Sigmoid Flexure.

Of autopsy .....

30 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Albert Rinesberg

Address 3025 E North Ave Date signed 8/7/40

F 71822

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16/a

57859 F 71822

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals 25-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3910 Hanover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Tull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-40

8. AGE: Years	Months	Days	If less than one day
			5 hrs min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Joseph Willard Tull

13. Birthplace Va.

MOTHER

14. Maiden Name Dorothy Smith

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) BALTO CITY HOSPITAL (Burial, cremation, or removal) (b) Date thereof 8-5-40 (month) (day) (year)

(c) Cemetery or crematory B. C. H.

Location

18 (a) Funeral director

(b) Address

19 Huntington Williams, M.D. (Date received by registrar) AUG 7 - 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to July 29 1940, and that I last saw h[illegible] alive on July 29 1940.

Immediate cause of death	Duration
Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.

Address Baltimore City Hospitals Date signed 7/30

VS 8

F 71823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 71823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-L
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-9343

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Watkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1894

8. AGE: Years 45 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Chesterfield Co., Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Mary Watkins, wife

(b) Address 514 N. Stricker St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/8/1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Arbutus Md

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1940, at 8 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Russell Van de Erve M.D. Medical Examiner.

Date signed 8/6/40

AUG 7 - 1940

could age is especially important. If unknown, please state.

VS 6

F 71824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71824 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Batavia
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Semarimus Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Milton Russell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Clermont Co Ohio.
(Town, county, and state)
10. Usual Occupation none.
11. Industry or business

FATHER 12. Name William Turner
13. Birthplace Ga.

MOTHER 14. Maiden Name Amanda ?
15. Birthplace ?

16 (a) Informant Semarimus Pride
(b) Address Batavia - Ohio

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 8/7/1940 (month) (day) (year)
(c) Cemetery or crematory Batavia
Location Ohio.

18 (a) Funeral director Mrs Katie L. Williams
(b) Address 322 N. Schroder St.

19 (a) (b)

AUG 7 1940

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1940 at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Saunders M.D.
Medical Examiner.
Date signed 8/6/40

F 71824

AUG 7 1940 [illegible]

71825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 ✓

F 71825
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Bradley st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Parker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgie Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1906

8. AGE: Years 34 | Months 7 | Days - | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Parker
13. Birthplace Va

MOTHER 14. Maiden Name Pearl Parker
15. Birthplace Va.

16 (a) Informant Georgie C. Parker
(b) Address 638 W. Biddle st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-7-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date received by local registrar) AUG 7 1940 (b) Huntington Williams, M.D.

AUG 7 - 1940

correct age is especially important. A typewriter, printing, pen and ink or pencil may be used.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1940 at 6:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/3/40
(c) Where did injury occur? 638 Block Hanover st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room (Specify type of place) While at work? No
(e) Means of injury Pistol shot - left temple - revolver bullet

23. Signature [illegible] M.D. Medical Examiner.
Date signed 8/7/40

7182 6

MISSING

F 71827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 71827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 E. 37th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E. 37th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Anderson Myerly

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife A. M. Elizabeth Myerly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 2, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	11	3		475

9. Birthplace Carroll County, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Loose-Wiles Biscuit Co.

FATHER
12. Name George P. Myerly
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Hull
15. Birthplace Maryland

16 (a) Informant Mrs. A. M. Elizabeth Myerly
(b) Address 613 E. 37th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Aug 5 1940 and that I last saw h[illegible] alive on Aug 5 1940

Immediate cause of death: Coronary Thrombosis — Duration: Immediate

Due to: Arteriosclerosis — Duration: Indefinite

Due to: Chr. Myocarditis — Duration: Indefinite

Other Conditions: Angioneurotic Edema. — Duration: 4 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Nathaniel M. Beck M. D.
Address Date signed

71828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ F 71828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Wylie Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank G. Lehnert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of ~~husband~~ or wife Edith May Lehnert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1864

8. AGE: Years	Months	Days	If less than one day
75	7	26	hr. min.

9. Birthplace Manchester, Md. (Town, county, and state)
10. Usual Occupation Retired-Retail Liquor Dealer
11. Industry or business Self

FATHER
12. Name John Lehnert
13. Birthplace Germany

MOTHER
14. Maiden Name ? Drop
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

AUG 7 1940 (Date received by local registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6- 1940, to 8-6 1940 and that I last saw h. alive on 8-6 1940.

Immediate cause of death	Duration
Coronary occlusion	3 day
Due to Arteriosclerosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Hoyte
Address University Hosp. Date signed 8/6/40

Ebenhack

F 71829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 71829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Ebenhack

3 (b) If veteran, name war /
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George Ebenhack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 1883

8. AGE: Years 56 | Months 11 | Days 23 | If less than one day 22 hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis Hochstedler
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Ringgold
15. Birthplace Germany

16 (a) Informant George Ebenhack
(b) Address 101 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Guy C Farley
(b) Address Fulton & Fayette

19 AUG 7 - 1940 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6/29 1939 to 8/6 1940, and that I last saw her alive on 8/6 1940

Immediate cause of death Coronary Thrombosis Duration

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas H. Thomas M.D.
Address 945 N. Eutaw Date signed 8/7/40

Correct age if especially important

VS 3

71830 — 381246 — V F 71830

BALTIMORE CITY HEALTH DEPARTMENT — Registered No. 89B

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Johnson City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W. - Chilhowee Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh G. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-29-18

8. AGE: Years	Months	Days	If less than one day
22	6	7	hr. min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name R. M. Johnson
13. Birthplace N. C.

MOTHER
14. Maiden Name Nannie Haynes
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7 - 40 (month) (day) (year)
(c) Cemetery or crematory Johnson City
Location Tenn.

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 20 Cutler Place

19 (a) AUG 7 1940 (Date rec'd by registrar) (b) Huntington, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to Aug 6 1940 and that I last saw alive on Aug 5 1940.

Immediate cause of death: Cavernous Sinus Thrombosis
Mastoiditis
Due to: Basilar Meningitis
Due to: Multiple Brain Abscess
Sphenoid Sinusitis
Other Conditions: Pediculosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Infection as above.
Of autopsy: Infection as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Oberneck 3853 M. D.
Address Johns Hopkins Date signed 8-5-40

F 71831 — F 71831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Argyle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gillard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph Gillard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1892

8. AGE: Years 48 | Months - | Days 3 | If less than one day hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza
15. Birthplace Maryland

16 (a) Informant Gilbert Mitchell
(b) Address 1045 Argyle Ave

17 (a) Burial (b) Date thereof Aug 8th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters [illegible]
Location [illegible]

18 (a) Funeral director Byron Thomas & Knight
(b) Address 1218 McCulloh St

19 (a) AUG 7 - 1940 (b) Hunter Stevenson Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940 at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vanderhoff M.D.
Medical Examiner.
Date signed 8/6/40

VS 6

VS 6

71832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 71832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 E. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 E. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or ~~wife~~ Frank B. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17-1873

8. AGE: Years	Months	Days	If less than one day
67	4	23	hr. min.

9. Birthplace Balto, Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name August Ertzinger
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Anna Mills
15. Birthplace Balto, Md

16 (a) Informant Frank F. Smith (Son)
(b) Address 2426 E. Fayette St.

17 (a) BURIAL (b) Date thereof AUG. 8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tilly J. Zeiler Inc
(b) Address 403 S. WOLFE ST

19 (a) Hunting & Williams
(Date received by registrar)

AUG 7 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940 at 8.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to ... death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Vandegrift M.D.
Medical Examiner.
Date signed 8/6/40

Correct age in especially important. Typewriting, please.

AUG 7 1940

F 71833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-F

F 71833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Exeter St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANTHONY J. KING (KRUK)
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-12-3433

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna M. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years: 68 | Months | Days | If less than one day: hr. min.

9. Birthplace: MD (Town, county, and state)
10. Usual Occupation: Tailor.
11. Industry or business

FATHER
12. Name: George Karahius
13. Birthplace: MD.

MOTHER
14. Maiden Name: Mary Brazuite
15. Birthplace: MD

16 (a) Informant: ANNA M. King
(b) Address: 12 N. Exeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd

18 (a) Funeral director: Joseph Casimkas Inc
(b) Address: 102 W. Lexington St

19 (a) (Date rec'd by registrar) (b) Huntington/Williams

AUG 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940, to Aug 6 1940, and that I last saw him alive on Aug 6 1940.

Immediate cause of death	Duration
Myocarditis, Acute dilatation of heart. Ileus ascites	
Due to Metastatical tumor, cirrhosis of liver, Stricture of esophagus (esophageal scope)	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation Except bronchoscopic and stepping Of autopsy No (Abdomen)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edward A. Johnson M. D.
Address 1123 N. Eutaw St Date signed

F 71834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1411

3 (a) FULL NAME Theresa J. Schmehling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: w/ George Schmehling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1871.

8. AGE: Years 68 | Months 9 | Days 25 | If less than one day 24 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alexander Myers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknowen
15. Birthplace """""""""

16 (a) Informant Mrs. Mary C. Parks
(b) Address 125 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons.
(b) Address 1827 W. North Avenue.

19 AUG 7 — 1940 (b) Registrar Huntington Williams, M.D.

Correct age is especially important for those under 1 year, 5 years, 21 years, 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to Aug 6 1940 and that I last saw h.er alive on Aug. 5 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Cerebral Hemorrhage	
Due to Arteriosclerosis	over
Due to	
Other Conditions Fracture of right Femur	6 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Mueller M.D.
Address 4037 Falls Road Date signed 8/7/40

VS 3

F 71835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 71835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. FULL NAME (Mrs.) Anna (Henrietta Wilhelmina) Hauswald

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1888

8. AGE: Years 52 | Months 10 | Days 27 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ✓
11. Industry or business ✓

FATHER 12. Name John Philip Hauswald
13. Birthplace Germany

MOTHER 14. Maiden Name Sophia Krumbine
15. Birthplace Balto. Md.

16 (a) Informant Miss Myrtle Hauswald
(b) Address 4916 Edmondson Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 9-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Jno. Nelson & Son
(b) 3 Edmondson Ave
AUG 7-1940

19 (a) (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1940, at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1940 to 8-6 1940 and that I last saw h[illegible] alive on 8-6 1940.

Immediate cause of death: Fract. Neck Femur (a)
Due to: Arteriosclerosis & hy
Due to: Cardiac failure
Other Conditions: Stomach occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 10th, 1940
(c) Where did injury occur? Delaware Park Race Track Delaware (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? —
(Specify home, farm, or industrial place)
(e) Means of injury fell on pavement floor

23. Signature Fuller B. Bullard M.D.
M. D.
Address Md. Gen. Hosp. Date signed June 6-41

VS 3

H. L. Wollenweber, M.D. Asst. Medical Examiner

F 71836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-v

Registered No. F 74836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mins
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Patapsco - Locust Ave, Clarence Pk; Balto, Co., Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Roselind Lechert — Rosalind Lechert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Infant

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 19 1939

8. AGE: Years	Months	Days	If less than one day
1	13	17	..... hr. ..... min.

9. Birthplace Bacs. Md. (Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Walter Lechert
13. Birthplace Md

MOTHER
14. Maiden Name Rosalind Blackburn
15. Birthplace Md

16 (a) Informant Walter Lechert
(b) Address Patapsco & Locust Ave; Clarence Pk, Bacs, Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8 1940 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial Park
Location Washington Blvd.

18 (a) Funeral director Frank Wells Moore
(b) Address 52 N. Morley St.

19 (a) Date rec'd AUG 9 1940 (b) Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-40 19.., at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6-40 19.., to 8-6-40 19.., and that I last saw h.. alive on 8-6-40 19..

Immediate cause of death Hemorrhage, Cause undetermined, Information Incomplete

Duration

Due to.....

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature E. Martin Rhoda M. D.
Address University Hosp. Date signed 8-7-40

H. Z. Wollenweber, M.D. Asst Medical Examiner

F 71837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. F 71837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Dry Dock Co
(c) Hospital or institution: Curtis Bay - Prin 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E Lafayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred I Schackert

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 213-03-6842

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Alberta Whetle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 30, 1899

8. AGE: Years: 40 | Months: 11 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: Md. Dry Docks Co

FATHER
12. Name: Charles E. Schackert
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary E. Sapp
15. Birthplace: Balto. Md.

16 (a) Informant: Charles E. Schackert
(b) Address: 2702 Fleetwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/8/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Balto. Md.

18 (a) Funeral director: Leonard J Rust
(b) Address: 5305 Harford Road

19 [illegible]'d by: Huntington Williams, M.D. Registrar

AUG 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1940, at 10 34 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Electrocution — Duration:

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 8/5/40
(c) Where did injury occur? Prin 3 Curtis Bay (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury: Live external wire in L hand

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 8/5/40

VS 6

correct age is especially important. Typewriter, pencil or pen, indelible ink.

VS 6

ORR

F 71838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B Registered No. F 71838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Aliceanna Street.
(c) Hospital or institution:
St. Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Berwick ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lola M. Orr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elmer F. Orr

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 16, 1885

8. AGE: Years 55 | Months 2 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business Balto Public Schools

FATHER
12. Name John H. Barnes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Pedazi
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Elmer F. Orr
(b) Address 2907 Berwick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. H. Lamoreau
(b) Address 1005 W. Baltimore St.

19 AUG 7 - 1940 (Date rec'd by Registrar) (by) Huntington Wilkinson, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 12:15 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1940, to 8/5 1940; and that I last saw h.r. alive on 8/5 1940.

Immediate cause of death Uremia

Duration: 2½ days

Due to Valvular & Myocardial Lesion

Due to Intestinal Obstruction

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Willis Martin M. D.
Address Hospital Date signed 8/5/40

VS 3

71839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 71839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 381 Evesham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy E Belmont

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anthony Belmont | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1916

8. AGE: Years 24 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Hiwife

11. Industry or business

FATHER
12. Name Harry T. Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bessie E. V. Barner
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Anthony Belmont
(b) Address 381 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Govans, Baltimore, Md.

18 (a) Funeral director J. W. Conroy
(b) Address 1005 N. Baltimore St.

AUG 7-1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1940 at 10 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to 8/5 1940 and that I last saw her alive on 8/5 1940.

Immediate cause of death | Duration
Hemorrhage | 7-25
Due to
Corio adenoma | 7-24
Due to | ovar
Other Conditions
Extreme cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Left pelvic metastasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Insley M.D.
Address St. Joseph's Date signed 8/6

VS 3

COPY

71840
40-235-ahe/cee

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ Registered No. F 71840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Battery Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Battery Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

24-23

3 (a) FULL NAME Concetta LaMartina

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Anthony LaMartina (Deceased) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	16	hr. min.

9. Birthplace Sicily (Italy) (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Bianca
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Cimana
15. Birthplace Italy

16 (a) Informant Samuel LaMartina (Son)
(b) Address 1422 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 S. Charles St. (City)
19 AUG 7 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION A. M.

20. DATE OF DEATH August 6, 1940, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31, 1939, to August 6, 1940, and that I last saw h. alive on August 6, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hours
Due to Arteriosclerosis	Unknown
Chronic Myocarditis	1½ yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Libros Antopam M. D.
Address 2942 E. Fayette St. Date signed 8/7/40

Correct age is especially important. Physicians please report.

VS 3

F 71841 15179 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Houser Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leona
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1901

8. AGE: Years 39p | Months 8 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Thomas Lee
13. Birthplace Virginia

MOTHER — 14. Maiden Name Mary Hudson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 10. 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
Address 916 Pedonia Ave

19 (a) AUG 8 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1940; 5:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 19[illegible] to 8-6 1940, and that I last saw h[illegible] alive on 8-5 1940.

	Duration
Immediate cause of death: Tuberculosis of dorsal & lumbar spine	3 yrs 1
Due to: Tuberculous pleurisy c. effusion	3 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ehrlich Jr.
Address Balto. City Hosp. Date signed 8/6/40

F 71842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

21-B

F 71842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Parrish St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Augustus MANSFIELD

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. Unknown 212183248

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Josephine Ross

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1890

8. AGE: Years 50 | Months 5 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Georgetown, S. America (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business SS JAMES E. JONES

FATHER 12. Name Wilson ~~Mansfield~~, Mansfield

13. Birthplace Georgetown, Demerara

MOTHER 14. Maiden Name Rosa Louder ~~Josephine Ross~~

15. Birthplace Georgetown, Demerara.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8th (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brookland

18 (a) Funeral director E. Levy & Wilson
(b) Address 1600 Pentley a

19 (a) ... (b) ... Date ... Registrar

AUG 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1940, at 7:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1940, to Aug. 5, 1940, and that I last saw him alive on Aug. 5, 1940.

Immediate cause of death	Duration
Tuberculosis of the stomach with hemorrhage	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations ~~Same as above~~
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature ... M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 8/6/40

F 71843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 71843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 E. Fairmount Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E. Fairmount Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Askins (Asker)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 · 5 · 1900

8. AGE: Years	Months	Days	If less than one day
40	1	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation laborer.

11. Industry or business

FATHER
12. Name Peter Asker
13. Birthplace Md

MOTHER
14. Maiden Name Alice Askins
15. Birthplace Md

16 (a) Informant Charles Askins
(b) Address 1708 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Broadway

18 (a) Funeral director Edwin C Welsh
(b) Address 1140 Bradenbaugh Av

AUG 9 – 1940 Hagerstown, Md.
Date rec'd by Local Registrar — Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1940, at 12.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4·22 1940 to 8·4 1940 and that I last saw him alive on 8·1 1940.

Immediate cause of death	Duration
Carcinoma of recto-sigmoid	sev. months
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymer Browne

Address 1500 E. Madison St Date signed 8/5/40

F 71844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 71844
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brers.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 946 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

18 yrs 1

3 (a) FULL NAME Lavina Biggers - 3669

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced: Depart

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/40

8. AGE: Years | Months 15 mos | Days 5 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ralph Biggers
13. Birthplace N.C

MOTHER
14. Maiden Name Mary Hughes
15. Birthplace Md.

16 (a) Informant Mary Biggers
(b) Address 946 W. Fayette St.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Aug 8th 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt Wilmans

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Belair Ave

19 (a) (Date rec'd by registrar) AUG 8 - 1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-40 19 , at 5:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-40 19 , to 8-6-40 19 , and that I last saw her alive on 8-6-40 19 .

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Martin Rhoda M. D.
Address University Hosp Date signed 8-6-40

F 71845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-N

F 71845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Filomena Russo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: 81 | Months | Days | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Michele Quaterisi
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa ?
15. Birthplace Italy

16 (a) Informant Vincent Silvestro
(b) Address 1620 Clifton Ave

17 (a) [illegible] (b) Date thereof Aug 7-40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Balto. Md

18 (a) Funeral director Albert W. Gregory
(b) Address 440 E. North Ave

AUG 8 1940 (b) Huntingtown Calvert Co. Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 5 1940, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1, 1940, to Aug 5 1940, and that I last saw her alive on Aug 4 1940.

	Duration
Immediate cause of death: Chronic Myocarditis	3 yrs
Due to: Arteriosclerotic Cardio-vascular Renal Disease	3 yrs
Due to:	
Other Conditions: Hemiplegia (Rt)	2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe M.D.
Address 1331 E. North Ave Date signed 8-7-40

71846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71846
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto Harford Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Linwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Brooks

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1933

8. AGE: Years 6 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore County, (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James A. Brooks
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Eva A. Heilmann
15. Birthplace Baltimore County

16 (a) Informant Mr. James A. Brooks
(b) Address 2800 Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 6 40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park Cemetery
Location Taylor Ave

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) (Date received by Registrar) (b) Interring for Maryland, Md. Registrar

AUG 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pat w/ whooping cough
Complications
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm H Vanderhoff M.D. Medical Examiner
Date signed 8/7/40

AUG 8 - 1940

71847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V186-a

F 71847
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 33rd & Calvert Sts.
(b) Street address Union Memorial Hosp.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Smith

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-03-1719

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-2-1903

8. AGE: Years 37 | Months 0 | Days 4 | If less than one day: hr. min.

9. Birthplace Hagerstown, Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Geo. R. Morris, Organization

FATHER
12. Name Edward Smith
13. Birthplace Union Bridge, Md

MOTHER
14. Maiden Name Irene Davis
15. Birthplace Hagerstown, Md

16 (a) Informant Henry A. Brill (Bro-in-law)
(b) Address 413 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 10/40 (month) (day) (year)
(c) Cemetery or crematory Morland Memorial
Location Taylor Ave, Parkville, Md.

18 (a) Funeral director Stewart & Mowen Co
(b) Address 108-10 North Eutaw St. Baltimore, Md.

19 (Date rec'd by registrar) Registrar

AUG 8 - 1940

VS 6

Correct age is indispensably important. Typewriter, pencil or pen.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 9:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Septicaemia

Due to: Wound, infected, sacral.

Due to: Accident

Other Conditions: Pneumonia, lobular, bilateral
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 22, 1940
(c) Where did injury occur? 106 W University Pkwy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? Yes
(Specify type of place)
(e) Means of injury fall off scaffold, landing on right knee

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 8-7-40

VS 6

F 71848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 71848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: South Baltimore General Hos
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Russell St (If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME JOSHUA BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Sngl

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 8 1911

8. AGE: Years 29 35 | Months 0 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Marlboro S C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joe M Brown
13. Birthplace N C

MOTHER 14. Maiden Name Mc Aloon
15. Birthplace S C

16 (a) Informant Joe M Brown
(b) Address Marlboro S C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 / 9 / 40 (month) (day) (year)
(c) Cemetery or crematory Bennettsville S C
Location.....

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1028 W Montgomery St

19 (a) Filed AUG 8 1940 (b) Registrar Harding for Whitaker, R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 10 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia, lobar left. — Duration .....
Due to.....
Due to.....
Other Conditions as above
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury.....

23. Signature Jos L Wollenweber M.D. Medical Examiner.
Date signed 8-6-40

correct age is especially important. If present, please give

VS 6

71849

HEALTH DEPARTMENT—CITY OF BALTIMORE

71849

CERTIFICATE OF DEATH

V 83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Sharp St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jamie Clouds

If U. S. Veteran specify WAR

(a) Residence: No. 816 Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Co S.C.

FATHER

13. NAME Amos Handy

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Odessa Clouds

(Address) 624 S Charles.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cy Date 8/8/40 19

19. UNDERTAKER Harold L. Brown

(Address) 708 W Monteagle Ave

AUG 8 1940 FILED 19

Registrar

Huntington Williams, M.D.

SEE CAUSES OF DEATH AND OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1940

22. I HEREBY CERTIFY, That I attended deceased from February 17 1940 to Aug 4 1940

I last saw her alive on Aug 3 1940 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Est 1940
(Left hemiplegia)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D.E. Cassells M. D.

(Address) 961 W Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

71850

CERTIFICATE OF DEATH

93-D F 71850

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 N Monford Ave St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bertha de Bernstein

If U. S. Veteran specify WAR

(a) Residence: No. 1724 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): January 86.

7. AGE: Years 54 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Daniel Postan
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mr. Blackwell
(Address) 1819 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltolem Date Aug 7th 1940

19. UNDERTAKER: Leo F. Leach
(Address) 1701-03 N. Patterson Park Ave.

20. FILED: Huntington Williams Aug 8 1940

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Aug 6 1940, that I last saw h[er] alive on Aug 5 1940. Death is said to have occurred on the date, stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis 7 yrs.

Other contributory causes of importance:
Cerebral Hemorrhage 2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin F. Leach M. D.

(Address) 2530 E. Baltimore

71851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 71851 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 31 W. West St (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Leah Gutin
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Mordecai
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 84 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Pk
Location Woodlawn Mem Pk
18 (a) Funeral director York Sons Inc
(b) Address 1439 E. Balto St
19 (a) 10 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1940, at 1:20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1940, to 8-7 1940, and that I last saw her alive on 8-7 1940.
Immediate cause of death Cerebral Hemorrhage — Duration 11 days
Due to
Due to
Other conditions Gen'l. zed Arteriosclerosis
(include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Helen D Tappelman M. D.
Address So. Balto Gen Hosp Date signed 8-7-40

71852

HEALTH DEPARTMENT—CITY OF BALTIMORE

71852

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Govt Balto General Hosp St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred dif. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert B. Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 2521 Laurella Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa R.

6. DATE OF BIRTH (month, day, year) Dec. 19, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Gardiner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Anna Smith

(Address) 524 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place New Cathedral Date 8/9/40 19

19. UNDERTAKER L. Vernon Kuehn

(Address) 2301 Edmondson Ave.

AUG 8 1940

Waiting for Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1940 to Aug 6 1940

I last saw h alive on Aug 6 1940 Death is said to have occurred on the date stated above, at 8.45 Am.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	8-6
Hemiplegia	8-6

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin D Applebaum M. D.

(Address) So. Balto Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

71853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 71853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARROLL SMITH.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-6677

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 190[illegible]

8. AGE: Years	Months	Days	If less than one day
36	6	20	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Alexander Smith

13. Birthplace md

MOTHER 14. Maiden Name Katie Holland

15. Birthplace md

16 (a) Informant Katie Holland

(b) Address md

17 (a) Burial (b) Date thereof 8/10/40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Chas. E. Kelson

(b) Address 303 Preston St (Undertaker or other person acting)

19 (a) AUG 8 1940 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subdural	
Due to Fracture, base of skull	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-5-40 at 12.30 a.m.
(c) Where did injury occur? 1219 Lanvale St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Was sleeping on steps, rolled and fell [illegible]

23. Signature Dr. Wallace Lee M.D. Medical Examiner.

Date signed 8-7-40

Correct age is especially important. If uncertain, give best estimate.

VS 6

F 71854
57832 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-E

F 71854
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Stricker Street (If rural give location)
151
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl Thomas (Annie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/29/40

8. AGE: Years | Months | Days: 5 6 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Annie Thomas
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Balto. City Hospital (Burial, cremation, or removal) (b) Date thereof 8-6-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

AUG 8 – 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 6.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to Aug. 5 1940, and that I last saw her alive on Aug. 5 1940.

Immediate cause of death: Congenital heart disease. — Duration: 7 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr., M. D.
Address Baltimore City Hospitals Date signed 8/5/40 M. D.

VS 3

53119 F 71855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V48-a

F 71855 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo.14das
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Ledenhall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2D-1

3 (a) FULL NAME Linnie May Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife /Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1901

8. AGE: Years	Months	Days	If less than one day
38	7	21	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Robert Reed
13. Birthplace Ga.

MOTHER
14. Maiden Name Josephine Taylor
15. Birthplace Ga.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 40 (month) (day) (year)
(c) Cemetery or crematory Rochella Ga
Location
18 (a) Funeral director Isaiah Brown Son
(b) Address 1954 Montgomery St
19 (a) AUG 8 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1940 at 9 65 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1940, to 8-6 1940 and that I last saw her alive on 8-5 1940

Immediate cause of death Carcinoma of cervix — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rayden M. D.
Address Balto. City Hosp Date signed 8-7-40

VS 3

F 71856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 71856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1305 E. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Anna E. de Mott
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. W
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 26, 1872
8. AGE: Years 68 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business
FATHER 12. Name Martin de Mott
13. Birthplace Germany
MOTHER 14. Maiden Name Margaret Earley
15. Birthplace Ireland
16 (a) Informant Patient
(b) Address
17 (a) Burial (b) Date thereof 8/10/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd
18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St
19 AUG 8 - 1940 (b) Registrar (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7 1940, at 6.45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1940 to 8-7 1940 and that I last saw h[illegible] alive on 8-7- 1940.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to	
Due to	
Other Conditions Uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Lawrence S Cannon M.D.
Address Md. General Hospital Date signed 8/7/40

1857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 71857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Coldspring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 2101 W Coldspring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21-M

3 (a) FULL NAME Samuel K Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th - 1859

8. AGE: Years	Months	Days	If less than one day: hr.	min.
81	1	26		

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Produce Business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Milton K Turner
(b) Address 1194 W Cross st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location E 26 76 Sec
(a) Funeral director Charles P Fowell
Address 2427 Edmondson Ave

19 (a) 1940 (Issued by registrar) (b) Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 4:17 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940 to Aug 6 1940, and that I last saw him alive on Aug 6 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 6 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 8/7/40

correct as it is especially important. Physicians: please write plainly.

71858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 71858

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Bns
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. ——
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Lee

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife ——

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1932

8. AGE: Years	Months	Days	If less than one day
8			hr. min.

9. Birthplace Darlington Co, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Walter Lee
13. Birthplace Yorkmaun

MOTHER
14. Maiden Name Anna
15. Birthplace Yorkmaun

16 (a) Informant Sheriff Walter Bumgarner
(b) Address Bel Air, Md

17 (a) Burial (b) Date thereof 8 10 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Clark's Chapel
Location Harford County, Md.

18 (a) Funeral director Elmer E Bucklew
(b) Address Havre de Grace, Md

Filed AUG 8 1940 Registrar Martin J. Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1940, at 11 07 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Shot gun wound of Abdomen & Head.
Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/7/40
(c) Where did injury occur? Street, Harford Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? Yes
(Specify type of place)
(e) Means of injury Shot by Shot gun-single barrel

23. Signature W. D. Vandegrift M.D.
Medical Examiner.

Date signed 8/9/40

Office use is especially important. Typewriter

71859 56475 SH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15-B F 71859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Penna. Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Collinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1917

8. AGE: Years	Months	Days	If less than one day
23	2	11 10	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Collinson
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Cox
15. Birthplace ?

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.
19 (a) (Date registered) 1940 (b) Registrar Huntington Williams M.D.

AUG 8 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3-1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-1940 to 8-3-1940 and that I last saw h alive on 8-3-1940

Immediate cause of death: Tularemia Pulmonic Form (a) Pneumonia, Bilateral — Duration 7

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Staphylococcal endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Johnson M. D.
Address Balto. City Hosp. Date signed 8-7-40

Exact age is especially important. Physicians: please write plainly.

F 71860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2

Registered No. F 71860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2708
(c) Hospital or institution: Sumwalt Nursing Home 526 S. Chapel St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Oswego Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME ELLA KOHLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Mrs Burton Sheets
(b) Address 2704 Oswego Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Albert W Dorsey
(b) Address 440 E north Ave

19 (a) (Date received by registrar) (b) Registrar

AUG 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1940, at 9 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 8-6-40

I hereby certify that the above is a correct age as reported by informant.

F 71861

AUG 8 1940

71861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Helmick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Henry Helmick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14 1862

8. AGE: Years 78 | Months 4 | Days 23 25 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Zoost
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Ann Armacost
15. Birthplace Balto Md

16 (a) Informant Mary Helmick
(b) Address 228 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-'40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem.
Location Balto. Md.

18 (a) Funeral director John C. Tilley Inc.
(b) Address 2435 E. Oliver St.

AUG 8 — 1940 (Date rec'd by Reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1940, at 150 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to Aug 7 1940, and that I last saw h[illegible] alive on Aug 6 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Aug 3. 1940
Due to:
Due to Chronic Myocarditis — 1937
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Ryan
Address 801 S Kenwood Ave Date signed 8/8/40

correct age is especially important. Typewriting, please. Use ink. Print plainly.

VS 8

71862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74 F 71862 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland (Institution)
(b) Street address Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 01
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 E 33rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry F. Grigg.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna May Grigg
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1881

8. AGE: Years	Months	Days	If less than one day
59	6	23	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Butter + Eggs.
11. Industry or business Sell

FATHER
12. Name George Grigg
13. Birthplace Balto Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Anna May Grigg
(b) Address 105 E 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2455 E. Oliver St.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1940 at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1940 to 8/7 1940 and that I last saw h. alive on 8/7 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 day

Due to: Chronic myelogenous Leukemia — 7 months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Willen M. D.
Address Sinai Hospital Date signed Aug 7, 40

71863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

Registered No. F 71863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 26
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Fairfield (R.F.D.)
(If outside city or town limits, write RURAL and give town)
Street No. R.F.D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B. Hartman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1936

8. AGE: Years: 4 | Months | Days | If less than one day: hr. min.

9. Birthplace Emmitsburg Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Hartman
13. Birthplace Adams County Md.

MOTHER
14. Maiden Name Sarah Brewer
15. Birthplace Washington County Md.

16 (a) Informant William Hartman
(b) Address Emmitsburg Md.

17 (a) Burial (b) Date thereof Aug 10 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fairfield Pa
Location Pa.

18 (a) Funeral director Sol Kuhns & Bro.
(b) Address 1124-26 W Baltimore

19 (a) (b)
(Signature of local registrar) (Date received by registrar)

AUG 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1940, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940, to August 8 1940, and that I last saw him alive on 8/8 1940.

Immediate cause of death
Brain abscess
Left Temporal lobe.
Due to Otitis media

Due to Pneumonia

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain abscess
Left temp. lobe
Of autopsy Pneumonia

Duration
8-3 w.
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo. G. Shumaker
Address Univ Hosp Date signed 8/8/40

71864 Renn

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71864

Md. U. Hospital

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dowdall & Green Sts
(c) Hospital or institution: Md University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 do

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Renn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Louisa Renn
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb 23-1871

8. AGE: Years	Months	Days	If less than one day
69	5	14	13 hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business "

FATHER
12. Name Christopher Renn
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Stronse
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address University Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-40 (month) (day) (year)
(c) Cemetery or crematory St Paul's
Location Fulton Md

18 (a) Funeral director Floyd Kaser
(b) Address Laurel Md.

AUG 8 – 1940 (Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1940, at 5 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1940 to 8/6 1940.
and that I last saw h[illegible] alive on 8/6 1940.

Immediate cause of death	Duration
Massive pulmonary embolism, right	
Due to Benign prostatic hypertrophy	1 year and operation
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy Massive Pulm. Embolism right.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Sheppard M.D.
Address University Hospital Date signed 8/7/40

VS 3

71865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

162-P

Registered No. F 71865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 N. Calvert
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. David Altreith

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Henrietta M. Altreith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1850

8. AGE: Years	Months	Days	If less than one day
90	5	20	19 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Pharmacist
11. Industry or business

FATHER
12. Name Christian Altreith
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Cater
15. Birthplace Germany

16 (a) Informant Mr. Elmer Altreith
(b) Address 3201 N. Calvert St.,

17 (a) Burial (b) Date thereof Aug. 9, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.
18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) Aug 9 40 (b) Huntington Williams, M.D. Registrar
(Date filed by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6, 1940 at 4.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Aug 6 1940, and that I last saw him alive on Aug 6 1940.

Immediate cause of death	Duration
Senility	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. R. Greensborough M. D.
Address 7923 St Paul St Date signed 8/7/40

F 71866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 71866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6115 Everall Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christine Tkacke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Edward J. Tkacke
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) June 30, 1875
8. AGE: Years 65 Months 1 Days 7 If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Nagel
13. Birthplace Germany.

MOTHER
14. Maiden Name Margaret Roemer
15. Birthplace Germany

16 (a) Informant Edward Tkacke - son
(b) Address Lemps Mill Rd. Stemmers Run

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 '40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Weltzke
(b) Address 4101 Edmondson Ave.

19 (a) AUG 8 — 1940 (Date received by registrar) Huntington Willard, M.D. Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 [illegible] 3:56 AM

21. I certify that death occurred on the date above stated, that I attended deceased from August 4 1940, to Aug 7 1940, and that I last saw h[illegible] alive on Aug 7 1940.

Immediate cause of death	Duration
Uremia & Acidosis	
Due to Congenital Polycystic Kidneys	65 yr.
Due to	
Other Conditions Severe Anemia, Moderate Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vollmer M. D.
Address Mayfair Date signed 8-7-40

VS 3

383902
71867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E

Registered No. F 71867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Weather Haven
(If outside city or town limits, write RURAL and give town)
(d) Street No. 647 ave B N.W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Ripley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-80

8. AGE: Years	Months	Days	If less than one day
60		21	hr. min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name F J Collins
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mary Robb
15. Birthplace Ill.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Aug-8-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Winterhaven
Location Florida

18 (a) Funeral director John O Mitchell Sons
(b) Address 1300 Eastern Ave Baltimore, Md.

19 AUG 8 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1940, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940 to Aug 7 1940 and that I last saw her alive on Aug 7 1940.

Immediate cause of death ~~Shock~~ Recurrent Pituitary tumor — Duration 5 mos

Due to —

Due to —

Other Conditions Post-Operative Shock
(Include pregnancy within 3 months of death)

Major findings:
Of operation Large pituitary tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Stenasek M. D. 3853
Address J. H. H. Date signed 8-8-40

VS 8

F 71868

VS 8

F 71868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71868

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford Rd & Herring Run

(c) Hospital or institution: Sydenham Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3018 Presbury St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Freeman Davis, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 3, 1940

8. AGE: Years	Months	Days	If less than one day
	5	35	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER

12. Name Joseph Freeman Davis

13. Birthplace Virginia

MOTHER

14. Maiden Name Mary Dietz

15. Birthplace Baltimore

16 (a) Informant Mother

(b) Address 3018 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Old Court Rd

18 (a) Funeral director John J. Gallagher Sons

(b) Address 311 Eutaw St

AUG 9 – 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940, to Aug. 8 1940, and that I last saw him alive on Aug 8 1940

Immediate cause of death pneumonia — Duration 3 days

Due to .....

Due to .....

Other Conditions pertussis — Duration 13 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy not yet Reported

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Maynard Cohen M. D.

Address Sydenham Hospital Date signed Aug 8, 1940

VS 8

38001 SD

F 71869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W F 71869

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 528 S. Brunswick Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Lueck

3 (b) If veteran, name war: | 3 (c) Social Security Account No.:

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1858

8. AGE: Years 81 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name John

13. Birthplace Germany

MOTHER — 14. Maiden Name Anna

15. Birthplace Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10. 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore City

18 (a) Funeral director F. B. Wippert's Sons

(b) Address 1320 Eutaw Place

19 (a) [illegible] (b) Hunter for Williams, M.D. (Registrar) Registrar

AUG 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7 1940, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940 to 8-7 1940

and that I last saw h[illegible] alive on 8-7 1940.

Immediate cause of death: Carcinoma of head of pancreas

Due to .....

Due to .....

Other Conditions: Intertrochanteric fracture of left femur

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy .....

Duration: 2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence July 27th, 1940

(c) Where did injury occur? 528 S Brunswick St Balto Md

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? .....

(Specify type of place)

(e) Means of injury fell out of bed

23. Signature Aubrey R. Schubert Jr. M. D.

Address Baltimore City Hosp. Date signed 8/8/40

H. L. Wollenweber, M.D. Asst. Medical Examiner

F 71870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 aF 71870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Wrightson = Cord E. Wrightson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jeremiah W.
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) April 29, 1875

8. AGE: Years	Months	Days	If less than one day
65	3	8	hr. min.

9. Birthplace Harford County, Maryland (Town, county, and state)
10. Usual Occupation Housewife at
11. Industry or business Home

FATHER
12. Name Eliza Wagneas
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Alice Stanford
15. Birthplace Harford County, Md

16 (a) Informant Mrs. Asia Wagneas
(b) Address 2446 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director F. B. Wappert & Son
(b) Address 1300 Eutaw Pl.

19 AUG 9 — 1940 (Date rec'd by registrar) (b) Huntington Hillsdale, Ind. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1940, at 4:10 p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1940 to Aug. 7, 1940 and that I last saw h-r alive on Aug. 7, 1940

Immediate cause of death Generalized carcinomatosis — Duration: avn

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kelly M.D.
Address 711 N. Broadway Date signed 8/7

VS 3

F 71871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 71871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 743 S. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 743 So Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANTOINETTE COLLINS (nee Koch)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife James Collins

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov 8 1892

8. AGE: Years	Months	Days	If less than one day
47 48	11	—	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Floor lady

11. Industry or business canary

FATHER
12. Name Ferdinand Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kopia
15. Birthplace Germany

16 (a) Informant husband
(b) Address 743 S. Luzerne ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, '40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd
(a) Funeral director Wm. Fankowski
(b) Address 1000 Hanover Ave.

19 (a) 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

AUG 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1940, at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Intercalosis pulmonary — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-8-40

VS 6

71872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 71872

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 Pelham Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Pelham Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Arthur W. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1898

8. AGE: Years	Months	Days	If less than one day
42		25	23 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Samuel E. Baker
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret J. Shreck
15. Birthplace Baltimore Md.

16 (a) Informant Albert H. Baker
(b) Address 2407 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave.

18 (a) Funeral director Catherine F. Hoffman
(b) Address 1639 N. Broadway

19 (a) Aug 9 1940 (Date received by Registrar) (b) Henrietta Williams, M.D. Registrar

ABC

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to Aug 6 1940, and that I last saw her alive on Aug 6 1940.

Immediate cause of death Carcinoma Uterus with metastases to Sacrum, Lungs, + Brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Krupelmeier M. D.
Address 2939 Eastern ave Date signed 8/12/40

71873 10486 10487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71873

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Woodbine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Woodbine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Wyman

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: John Edward Wyman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1865

8. AGE: Years	Months	Days	If less than one day
75	1	15	hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: at Home

FATHER
12. Name: John G. Hofman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Sarah E. Miller
15. Birthplace: Howard Co. Md

16 (a) Informant: Mary Isabelle Ross
(b) Address: 3613 Woodbine Ave

17 (a) Burial (b) Date thereof 8/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Balto
Location: Balto Md.
(a) Funeral director: Williams Bros
(b) Address: 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6th 1940 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24, 1939 to Aug. 8, 1940, and that I last saw her alive on Aug. 8, 1940.

Immediate cause of death	Duration
Coronary Occlusion	5 days
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions Phlebitis	5 yrs.
Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard E. Ringewald, M.D.
Address 1613 E. North Ave Date signed 8-8-40

71874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F 71874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs. ~~mos. or days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Plaza Apt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. FULL NAME Mr. Leland Berger

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1871

8. AGE: Years 69 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Lewis W. Berger
13. Birthplace Franklin Co. Ohio

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records
(b) Address Md Genl Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/9/40 (month) (day) (year)

(c) Cemetery or crematory
Location Columbus Ohio

18 (a) Funeral director William Cook
(b) Address 127 E. Saint Paul St.

19 (a) 1940 (To be filled in by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8 1940, at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940 to 8-8 1940 and that I last saw him alive on 8-8 1940

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive C-V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Mutsworth M.D. M. D.

Address Md Gen Hosp. Date signed 8-8-40

COR F 71825

VS 2

71875

CGK

BALTIMORE CITY HEALTH DEPARTMENT 43514 F 71875

CERTIFICATE OF DEATH 30-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Lafayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tillie Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife narry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1882

8. AGE: Years	Months	Days	If less than one day
58	4	7	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name George Conner
13. Birthplace Balto.

MOTHER
14. Maiden Name Amelia Beshears
15. Birthplace Balto. (?)

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 10-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore
18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St
19 (Date rec'd by registrar) Huntington Willis Registrar
VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8- 1940, at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17- 1939 to 8-8- 1940, and that I last saw h[illegible] alive on 8-8- 1940

Immediate cause of death	Duration
Cardiac failure	?
Due to Syphilitic CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death).
Major findings:
Of operations
Of autopsy Syphilitic CVD

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Murdock Slater M.D.
Address Balto City Hosp Date signed 8-9-40

VS 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 21876

E 21876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital of inst. (yrs., mos., or days) 6 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard E. Mooney Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-018583

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/17

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Richard Mooney Sr
13. Birthplace Easton - Md

MOTHER
14. Maiden Name Clara Kellyan
15. Birthplace Easton, Md

16 (a) Informant Richard Mooney
(b) Address 611 W. Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Unionville - Md.

18 (a) Funeral director Mrs. Katie P. Williams
(b) Address 322 N. Bolton St

19 (a) (b) Registrar

AUG 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/31/40
(c) Where did injury occur? Ft. Mc Henry Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? yes
(e) Means of injury Cranking automobile - gasoline explosion

23. Signature H. Blanchard Griffith M.D. Medical Examiner.

Date signed 8/7/40

E 21877

VS 1940

AUG 9 1940

F 71877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-0 F 71877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 S.EATON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S.EATON ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ERNEST FISCHER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: MARY FISCHER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT.21 1857

8. AGE: Years 82 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED LABORER

11. Industry or business

FATHER
12. Name CASPER FISCHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE TRUNK
15. Birthplace GERMANY

16 (a) Informant CATHERINE BAST(DAUGHTER)
(b) Address 821 S.EATON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG.12/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeller Sons
(b) Address 403 S.WOLFE ST.

19 (a) (Date received by Registrar) (b) Registrar

AUG 9 1940

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH AUG.8 1940, at 5/20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to Aug 8 1940 and that I last saw h alive on

Immediate cause of death Acute Myocarditis — Duration 2 days
Cardiovascular — Gradual
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature Harvey Bottom M. D.
Address 821 S. Eaton Date signed 8/8/40

F 71878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 71878
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgewood Nursing Home
(c) Hospital or institution: 6000 Bellona Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Nannie Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1859

8. AGE: Years 80 | Months 11 | Days 17 | If less than one day -- hr. --- min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ---

FATHER
12. Name Joseph Rose Jefferson Price
13. Birthplace Maryland

MOTHER
14. Maiden Name Miranda Cole
15. Birthplace Maryland

16 (a) Informant Mrs. Harry Mackin Campbell
(b) Address 5717 Roland Avenue

17 (a) Burial (b) Date thereof 8/10/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) AUG 9 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1940, at 12.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Aug 8 1940, and that I last saw him alive on Aug 7 1940

Immediate cause of death: Acute Coronary Thrombosis — Duration: Sudden
Due to Arteriosclerosis
Due to
Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 705 Med Arts Date signed Aug 9 - 40

VS 3

71879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 151-M E 71879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) same day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mercy Hospital (did born)
(If rural give location) 6850 Belclare Rd. Dundalk
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Johns

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7/40

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Creighton Johns
13. Birthplace Morgantown W. Va

MOTHER
14. Maiden Name Yolanda Musano
15. Birthplace Morgantown W. Va.

16 (a) Informant Creighton Johns
(b) Address 6850 Belclare Rd. Dundalk
Retained for autopsy

17 (a) Disposition Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (b) Registrar
(Date received by registrar)

AUG 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1940, at 4:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7 1940, to 8/7 1940, and that I last saw him alive on 8/7 1940.

Immediate cause of death	Duration
Failure of Circulation	
Due to Atrophy of Lung	
Due to Fetal Malformation	
Other Conditions Congenital Laryngeal web - bilateral club feet	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T. Phillips Jr. M.D.
Address Balto Md Date signed 8/9/40

VS 3

71880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-A Registered No. 71880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Warner Rd (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME FANNY CARGO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day .....hr. .....min.

9. Birthplace.....
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name.....
13. Birthplace

MOTHER
14. Maiden Name.....
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory.....

Local UNIVERSITY MEDICAL SCHOOL AUG 9 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address.....

19 (a) AUG 9 1940 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 11 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Pneumonia lobular

Due to Fracture of 1st & dorsal vertebrae

Due to.....

Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 8th, 1940
(c) Where did injury occur? 916 Warner Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury fell down front steps of home

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-28-40

VS 6

E 71881

VS 6

71881
LB 89451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V47-D

F 71881
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 28 days
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 652 Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Morton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1881 ?

8. AGE: Years 59 ? | Months 1 | Days 13 | If less than one day ..hr. ..min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name Nick Morton
13. Birthplace S. C.

MOTHER
14. Maiden Name Laura Elliott
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 9 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) AUG 9 - 1940 Huntington Williams M.D.
(Date received by registrar) Registrar
5826

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28-1940, at 3:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30-1940, to 7-28-1940 and that I last saw h.... alive on 7-28-1940.

Immediate cause of death Carcinomatosis Lung — Duration ?
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1510 E. Lexington Date signed 8-8-40

71882 45427-FD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 71882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr1mo23das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2[illegible] No Ho me (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Baynes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife John Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-1865

8. AGE: Years	Months	Days	If less than one day
75	4	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unk.
11. Industry or business

FATHER
12. Name Joseph Price Spencer
13. Birthplace Del.

MOTHER
14. Maiden Name Mary Ann Adams
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 9 1940 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) AUG 9 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

5825

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30- 1940 at 12 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7- 1939 to 7-30 1940 and that I last saw h-d alive on 7-30-1940.

Immediate cause of death Cardiac failure — Duration ?
Uremia — ?
Due to Hypertension CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 8-9-40

71883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-N

F 71883 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Anne Arundel
(c) City or town: Jessup Millersville
(If outside city or town limits, write RURAL and give town)
(d) St. No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Baby Boy Thompson

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex: M | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 8-6-40

8. AGE: Years | Months | Days: 1 | If less than one day: 2 hr. 30 min.

9. Birthplace: Millersville (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Paul Thompson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Ann Leab
15. Birthplace: Maryland.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: UNIVERSITY MEDICAL SCHOOL AUG 9 1940
Location: Commissioner of Health

18 (a) Funeral director: Per H. A. Moore
(b) Address:

19 (a) AUG 9 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

5824

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6, 1940, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1940 to 8-6 1940, and that I last saw h[illegible] alive on 8-6 1940.

Immediate cause of death	Duration
Prematurity	6/12 hrs
Due to	
Due to	
Other Conditions: Cerebral Hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Univ. Hospital Date signed: 8-7-40

71884

F 71884

VS 3

71884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-B

F 71884
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5152 Edmondson Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24-4

3 (a) FULL NAME Mrs. Caroline Faber (Caroline M. Faber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick G. Faber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26, 1881

8. AGE: Years 58 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Waterbury, Connecticut (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles DeBischop
13. Birthplace Belgium

MOTHER
14. Maiden Name Calstine Julian
15. Birthplace Havre, France

16 (a) Informant Mrs. Frederick G. Faber
(b) Address 5152 Edmondson Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/10/40 (month) (day) (year)
(c) Cemetery or crematory Bucks Hill Cem.
Location Waterbury, Connecticut

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 AUG 9 1940 Rec'd by Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9th 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to Aug. 9 1940, and that I last saw her alive on Aug. 9 1940.

Immediate cause of death Osteogenic Sarcoma of left humerous.

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 8-9-40

Correct age in especially important. Typewrite or print plainly.

VS 3

F 71885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 71885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 Stafford Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 85yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Cathedral Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Henry O'Leary Barrett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Catherine L. Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1854

8. AGE: Years	Months	Days	If less than one day
85	4	1113	hr. min.

9. Birthplace Baltimore, Maryland (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm. D. Barrett
13. Birthplace D.C.

MOTHER
14. Maiden Name Julia E. Bechler
15. Birthplace Md.

16 (a) Informant Mr. Clarence Tucker
(b) Address Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md.

18 (a) Funeral director Henry W. Jenkins Bros Co
(b) Address McCulloh & Eutaw Sts

19 (a) AUG 9 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH VIII-9 1940, at 7:01 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from VIII-4 1940, to VIII-9 1940, and that I last saw him alive on VIII-9 1940.

Immediate cause of death Heart failure

Due to Pneumonia

Due to

Other Conditions Urinary obstructions due to prostatic hypertrophy (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry D. Brown M. D.
Address Union Memorial Hospital Date signed VIII-9-40

V 71886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 46-G Registered No. F 71886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Arlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 S Joyce St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret H Eller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph C Eller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1900

8. AGE: Years	Months	Days	If less than one day
40 40	3	10/11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Charles W Nanway
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Doy
15. Birthplace New Jersey.

16 (a) Informant deceased!
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C
18 (a) Funeral director G Howard Strong
(b) Address 715 Light St.
19 (a) AUG 9 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1940, at 11 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 7-16-1940 to 8-9 1940 and that I last saw her alive on 8-9 1940.

Immediate cause of death — Duration
Intraperitoneal Hemorrhage
Due to Carcinoma Head Pancreas
Due to
Other Conditions Obstructed Jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma Head Pancreas Biliary Sinus
Of autopsy CA Head Pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Fuller B Whitworth M.D. M. D.
Address Maryland Gen. Hosp Date signed 8-9-40

VS 3

71878 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 W. Lafayette Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Medicus

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lottie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1875

8. AGE: Years 64 | Months 9 (10) | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W.P.A.

FATHER
12. Name Christian (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co.

18 (a) Funeral director William Cook
(b) Address St. Paul St

AUG 10 1940

19 (a) (Date rec'd by registrar) Huntington Williams Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8-1940, at 2.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1-1940, to 8-8-1940 and that I last saw h[illegible] alive on 8-8-1940.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopn., Gen. A-5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-9-40

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

71888

CERTIFICATE OF DEATH

170-C

Registered No. F 71888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum
(If outside city or town limits, write RURAL and give town)
(d) Street No. No 1 Blind Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLAY ALVIN FRANKLIN

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 216-05-4950

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ wife: Leona Franklin

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 25 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business Contracting

FATHER
12. Name Maurice C. Franklin
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Nola Wagner
15. Birthplace Harford Co. Md.

16 (a) Informant Maurice Franklin
(b) Address Ferndale Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

AUG 10 1940
(Date rec'd by registrar) Huntington Williams Registrar

Correct age is especially important. If estimated, please write "estimated."

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1940, at 5 25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Fracture of sternum crushing	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 9, 1940
(c) Where did injury occur? Balto. Pitcher Highway at Cedar Hill Cemetery (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? —
(Specify type of place)
(e) Means of injury Auto struck concrete bridge abutment

23. Signature H. H. Wallenmeyer M.D.
Medical Examiner.

Date signed 8-9-40

71889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓ Registered No. F 71889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 4
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET SOPER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: George R. Soper
6 (c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): 10/8/1920

8. AGE: Years: 19 | Months: 10 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Luther F. Thompson
13. Birthplace: Va.

MOTHER
14. Maiden Name: Carrie V. Lewis
15. Birthplace: Va.

16 (a) Informant: George R. Soper
(b) Address: 2009 Guilford ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) Huntington Williams, M.D. Registrar
AUG 10 1940 Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1940, at 7 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to accidental	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 9th 1940
(c) Where did injury occur? Thompson Mass (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? (Specify type of place)
(e) Means of injury Drowned while swimming

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 8-9-40

correct age is especially important. Physicians, please write plainly.

VS 6

VS 6

F 71890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. F 71890

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Puritan St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-5

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Puritan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Albert W. Thompson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Hannah E. Thompson
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 28, 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	-	9		

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Mill Hand.

FATHER
12. Name Samuel Thompson
13. Birthplace md

MOTHER
14. Maiden Name Susan Keith
15. Birthplace Md.

16 (a) Informant Hannah E. Thompson
(b) Address 702 Puritan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10, 1940. (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Hampden.

18 (a) Funeral director C. Lenox Kerr & Donovan
(b) Address 3615-17 Chestnut Ave.

19 AUG 10 1940 Huntington Williams, Registrar

VS 3

correct age is especially important. physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7, 1940, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 1 1940, to Aug 7 1940, and that I last saw h/M alive on Aug 7 1940.

Immediate cause of death Myocarditis — Duration JUNE 1-1940

Due to Arteriosclerosis — 10 years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Aubrey J. Davis. M. D.
Address 800 W 33rd St Date signed 8-10-40

VS 3

71891

HEALTH DEPARTMENT—CITY OF BALTIMORE

71891

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH Womans Hosp

CITY OF BALTIMORE: (No. Lafayette John St. 13-8 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Harp.

(a) Residence: No. 4104 Falls Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Harp.

6. DATE OF BIRTH (month, day, year) Sept 3, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Evelyn Harp. (Address) 4104 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Date Aug 12 1940

19. UNDERTAKER Chenoweth & Lorraine (Address) 3615-17 Eastern Ave.

FILED AUG 10 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1940, to 8/9, 1940

I last saw her alive on 8/9, 1940. Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

Interna hemorrhage C.V. disease

Date of onset August 1940

Other contributory causes of importance:

Cardiac decompensation 8/4/40

Auricular fibrillation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Haywood D. Zinn M. D.

(Address) Womans Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

Over. OK V

F 71892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58 E

57878 Registered No. F 71892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie L. Wicks

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Matthew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, ~~1901~~ 1910

8. AGE: Years	Months	Days	If less than one day
30 ~~39~~	0	17	hr. min.

9. Birthplace Fla. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Hamp Tisinger
13. Birthplace ?

MOTHER
14. Maiden Name Josephine Murchson
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto - Md

18 (a) Funeral director Charles H Corfman
(b) Address 514 N. Calhoun St

19 (a) AUG 10 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2- 1940, at 5 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30- 1940, to 8-2- 1940 and that I last saw her alive on 8-2- 1940.

Immediate cause of death: Cardiac failure — Duration 10 h
Due to: Acute Hemorrhagic fever — 3 wks
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Cardiac Jackson

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Balto City Hosp. Date signed 8-7-40

VS 3

F 71893

TA TKA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. F 24893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution:
Franklin Square Hosp 1942
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No Annapolis Blvd. & Hammond Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Albert Allen Tatka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/00

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Tatka
13. Birthplace Asbury Park N.J.

MOTHER
14. Maiden Name Anna Ackerman
15. Birthplace New York N.Y.

16 (a) Informant Albert Tatka
(b) Address Annapolis Blvd. Hammonds Lane

17 (a) Burial (b) Date thereof Aug 10 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Hapla Fun
(b) Address 18 E. West St.

19 Filed by Huntington Williams M.D.
AUG 10 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1940 at 8:25a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1940 to Aug. 9, 1940, and that I last saw h i M alive on Aug. 9, 1940.

Immediate cause of death Intra-cranial hemorrhage

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Square Hosp Date signed 8/9/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71894

CERTIFICATE OF DEATH

131B F 71894

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S. Wolfe St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Edward Glaeser

(a) Residence: No. 606 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Keiser Glaeser

6. DATE OF BIRTH (month, day, year) July 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 25 years.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Frederick Glaeser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Augusta Glaeser
(Address) 606 S. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug. 12, 1940

19. UNDERTAKER H. Sander & Son Inc.
(Address) North Ave. & Broadway

20. FILED AUG 10 1940 By ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1940 to Aug. 8, 1940.

I last saw him alive on Aug. 5, 1940. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chr. Myocarditis & Arterial Hypertension	?
Chr. Nephritis	

Other contributory causes of importance:

Cardiac Decompensation	1 mo.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Mae F. Douglas M. D.

(Address) 1007 E. Baltimore St.

F 71895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 71895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8W. Cross St.
(c) Hospital or institution: 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 W. Cross (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel M Trott

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M Trott
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept. 17th. 1873

8. AGE: Years 66 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation Collecter
11. Industry or business Book

FATHER
12. Name James E Trott
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah E Cowan
15. Birthplace Unknown

16 (a) Informant Mrs. Anna M Trott
(b) Address 8 W. Cross St.

17 (a) Ft. Edward N.Y. (Burial, cremation, or removal) (b) Date thereof Aug 10th 1940 (month) (day) (year)
(c) Cemetery or crematory Union Cem.
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover St.

19 (a) AUG 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1936, to Aug 1940 and that I last saw h alive on Aug 9 1940.

Immediate cause of death: Coronary Sclerosis — Duration: 4 yrs

Due to:

Due to:

Other Conditions: Myocardial Malfeasance, Coronary Thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M. Messina
Address 1403 S Charles St Date signed M. 8 D. 9/40

71896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

F 71896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Luzerne Ave. S. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Mc Cormick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Mc Cormick
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Stella Znamirowski
15. Birthplace Baltimore Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 10 1940
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (d) AUG 10 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1940 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1940 to Aug. 8 1940 and that I last saw h.im. alive on Aug 8 1940

Immediate cause of death: Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King B.E. Seegar, Jr. M. D.
Address University Hospital Date signed 8-10-40

VE 3

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 71897

CERTIFICATE OF DEATH. 93D

F 71897

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2564 Druid Park Drive WARD) 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Reuig

(a) RESIDENCE. No. 2564 Druid Park Drive WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Luke Reuig

6 DATE OF BIRTH (month, day, and year) March 6. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Peter Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Charles Reuig-Son (Address) 2564 Druid Park Drive

15 AUG 10 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1940

17 I HEREBY CERTIFY, That I attended deceased from August 9 1940 to August 9 1940

that I last saw h er alive on August 9 1940

and that death occurred, on the date stated above, at 11.55 p m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Manual

(Signed) B M Bernhardt M. D.

8/10 1940 (Address) 3455 Pk Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	day 12 1940
20 UNDERTAKER Margaret D. Flynn	ADDRESS 1422 Light St.

mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA
CAUSE OF DEATH in plain terms, so that it may be pr
TION is very important. See instructions on back of cer
of certificates.

F 71898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131a

F 71898

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 N. Schroeder st (Ward)

Length of residence in city or town where death occurred 75 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Nannie Strickland

If U. S. Veteran specify WAR. _____

(a) Residence: No. 719 N. Schroeder St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Strickland

6. DATE OF BIRTH (month, day, year) 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.

10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Norfolk. Va

FATHER

13. NAME Not Known?

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Not Known?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virgie Strickland

(Address) 719 N. Bentz St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem.

Place Mt. Olivet Date 8-10-40

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 522 N. Arlington Ave

20. FILED AUG 10 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/40.

22. I HEREBY CERTIFY, That I attended deceased from 8/4, 40 to 8/7, 40

I last saw her alive on 8/7, 40. Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia or Paralysis.	8/1/40
Other contributory causes of importance: Interstitial Nephritis with Hypertension	6 mo

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Laboratory Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) J. L. Turner M. D.

(Address) 522 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

VS B

F 71899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. F 71899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 N. Chester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa E. Gorsuch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John F. Gorsuch
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 25, 1876

8. AGE: Years 64 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Andrew Hoff
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Sommers
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John F. Gorsuch
(b) Address 1314 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cemetery
Location Grindon Ave.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road.

19 (c) AUG 14 1940 (d) Huntington Williams, M.D. Registrar

VS 8

correct age is especially important. Physicians: please write clearly.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9th 1940, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940, to Aug. 9, 1940 and that I last saw her alive on Aug. 9 1940

Immediate cause of death	Duration
Coronary Occlusion	6 Mos.
Due to Arteriosclerosis	6 Mos.
Due to	
Other Conditions Chronic Myocarditis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Sinsuntd
Address 1613 E. North Ave. Date signed 8-10-40

F 71900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 71900

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Kennel Hospital
(c) Hospital or institution:
Lindevane & Madison St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Whitford Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME Baby Boy Cox

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sing'l

6 (b). Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1½hours			1 hr. 30 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Elmer J. Cox
13. Birthplace Galax Virginia

MOTHER
14. Maiden Name Sue R. McMillan
15. Birthplace Baywood Va.

16 (a) Informant mother - Mrs Sue R Cox
(b) Address Whitford Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Bayard of Bay View

18 (a) Funeral director
(b) Address

19 (a) AUG 10 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1940, at 2 47 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940, to Aug 9 1940, and that I last saw him alive on Aug 9 1940.

Immediate cause of death	Duration
Premature Birth.	
Due to Premature Labor.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Luther B Whitworth M.D. M. D.
Address Maryland Kennel Hosp Date signed 8-9-40

71901
376 316 —

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 71901
Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Northumberland
(c) City or town Edenton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-22-66

8. AGE: Years 73 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Virginia (Town, County, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/10/40 (month) (day) (year)
(c) Cemetery or crematory
Location Va.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

AUG 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 3 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1939, to Aug 10 1940, and that I last saw her alive on Aug 10 1940.

Immediate cause of death: Bronchopneumonia — Duration: 10 da.

Due to: Parkinson's disease & general arteriosclerosis

Other conditions: diabetes mellitus, mild

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred W. Boggs M.D.
Johns Hopkins Hospital Date signed 8/10/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

3840 F 171902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 B F 71902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town High Coal
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert B. Easton

3 (b) If veteran, name war

3 (c) Social Security Account No. 235-09-6750

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dena Calza

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 5-4-12

8. AGE: Years 28 | Months 32 | Days 26 | If less than one day hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Coal Miner

11. Industry or business

FATHER
12. Name Robert A. Easton
13. Birthplace Ohio

MOTHER
14. Maiden Name Hanie Smith
15. Birthplace Indiana

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/40 (month) (day) (year)
(c) Cemetery or crematory
Location Charleston W. Va

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) AUG 11 1940 (b) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940 to Aug 10 1940, and that I last saw him alive on Aug 10 1940.

Immediate cause of death: Osteomyelitis of facial bones — Duration: 2½ mos.
Due to: Staphylococci
Due to:
Other Conditions: Cavernous Sinus thrombosis: septicemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None performed
Of autopsy: " "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Ward M.D.
Address Johns Hopkins Hosp. Date signed 8/11/40

71903 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71903

CERTIFICATE OF DEATH √131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JEFFERSON APARTMENT. St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 12.

If U. S. Veteran specify WAR

2. FULL NAME PROF WILBUR FISKE SMITH.

(a) Residence: No. ST PAUL & 32nd STREET. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Pattison

6. DATE OF BIRTH (month, day, year) May 21 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	18	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Co Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Bennett Smith

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Matilda Janney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert H. Smith

(Address) 2822 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 12 1940

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

AUG 11 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 9 1940.

22. I HEREBY CERTIFY, That I attended deceased from MAY 3 1940. , 19 to AUGUST 9 1940. 19

I last saw him alive on AUGUST 9 1940 Death is said to have occurred on the date stated above, at 6 P M .

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	5/3/40
CHRONIC INTERSTITAL NEPTHRITIS	5.3.4
Other contributory causes of importance: ARTERIOR SCLEROSIS.	5.3.40

Was an operation performed? NO Date of NONE

For what disease or injury?

Name of operation CLINICAL What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) Chas. S. Blanton M.D.

8/9/40 (Address) 3013 SAINT PAUL STREET.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

71904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 71904
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 E. Federal st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 E. Federal st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Howe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife C. Frederick Howe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 - 1851

8. AGE: Years	Months	Days	If less than one day
89	2	20	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Kresz
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Margaret Howe
(b) Address 1515 E. Federal St

17 (a) Burial (b) Date thereof 8 12 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans st

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

AUG 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940, to Aug 10 1940, and that I last saw her alive on Aug 9 1940.

Immediate cause of death Cardiac failure

Duration

Due to Hypertension, cardio-vascular disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W Carmody M. D.
Address 1531 E North Ave Date signed 8/10/40

71905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-aF 71905 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1693 Darley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1693 Darley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife James Townsend

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1856

8. AGE: Years	Months	Days	If less than one day
83	7	11	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Julius Harker
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Kirsch
15. Birthplace Germany

16 (a) Informant Amelia Townsend
(b) Address 1693 Darley Ave

17 (a) Burial (b) Date thereof Aug 13 '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St

AUG 11 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940, to Aug 9 1940 and that I last saw h[illegible] alive on August 8 1940.

Immediate cause of death	Duration
Arterial Hypertension	2 years
General Arteriosclerosis	
Aortic Insufficiency	20 days
Due to	
Other Conditions Cardiac Dilatation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Albert Rosenberg
Address 3525 E North Ave Date signed 8/10/40

VS 2

E 71906 + E 71905

F 71906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

F 71906 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Bremerton
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hotel Victoria
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jonas D. Bomberger (Jonas D. Bomberger)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1858

8. AGE: Years 82 | Months 9 | Days 1312 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired - Salesman

11. Industry or business

FATHER 12. Name David Bamberger

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Adler

15. Birthplace Germany

16 (a) Informant Jonas Bomberger

(b) Address Hotel Victoria, New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Bath. Hebrew

Location Balto. Md.

18 (a) Funeral director Harris Sonneborn's Son

(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

AUG 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1940, at 4:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to August 10 1940, and that I last saw him alive on August 10 1940.

Immediate cause of death: Carcinoma of Sigmoid — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney Weinberg M. D.

Address Church Home & Infirmary Date signed 8/10/40

F 71902

F 71907

57969-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

F 71907

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-3402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-1899

8. AGE: Years	Months	Days	If less than one day
41	6	15	hr. min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Littleton Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Betty Calston
15. Birthplace W.Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-40 (month) (day) (year)
(c) Cemetery or crematory
Location Harpers Ferry W. Va.

18 (a) Funeral director Jas. W. Chambers
(b) Address 638 N. Gilmor St.

19 (a) Date received (Registrar) (b) Local File No. Registrar

AUG 11 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1940, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/40 1940 to 8/8 1940; and that I last saw him alive on 8/8 1940

Immediate cause of death Uremia — Duration 4 days

Due to Ureteral obstruction bilateral — 4 days

Due to Adeno caranoma of colon & metastases — 6 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy April 1938 for intestinal obstruction due to caranoma
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sidney R. Gehlert Jr
Address Baltimore City Hosp Date signed 8/9/40

F 71908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-B

F 71908
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER ST.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1229 E. PRESTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GEORGE M. DERSCH

3 (b) If veteran, name war —

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Frida Dersch

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 26. 1886

8. AGE: Years	Months	Days	If less than one day
53	11	14/3	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER — 12. Name John G Dersch

13. Birthplace Baltimore

MOTHER — 14. Maiden Name Margarethe Saff

15. Birthplace Baltimore

16 (a) Informant Mrs Frida Dersch

(b) Address 1229 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13/4 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore

18 (a) Funeral director John Weirich

(b) Address 2008 Orleans St Huntington Terrace, Md.

AUG 11 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1940, at 1 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1940, to 8-10 1940, and that I last saw h.. alive on 8-9 1940.

Immediate cause of death	Duration
Uremia	
Due to Chronic Glomerulonephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Solmonson M. D.

Address St. Joseph's Hosp. Date signed 8-11-40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 71909

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58064 125-B F 71909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Linwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Schroll

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1885

8. AGE: Years	Months	Days	If less than one day
54	10	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Paul Schroll
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director John H. Miller
(b) Address 2334 Jefferson St.

19 (a) AUG 11 1940
(Date rec'd by registrar) Washington Blvd.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9- 1940, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4- 1940, to 8-9- 1940 and that I last saw h[illegible] alive on 8-9- 1940.

Immediate cause of death	Duration
Bronchopneumonia	8 days
Due to Acute hepatitis	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Negative.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-9-40

F 71910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

F 71910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Lakeview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Lakeview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Ella Steinberg

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Max
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Morris Moses
13. Birthplace Poland

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Poland

16 (a) Informant Miss Esther Steinberg
(b) Address 2401 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Washington Blvd.
18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave
19 (a) (Date filed by Registrar) AUG 11 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 3.30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1940, to Aug 10 1940 and that I last saw h[illegible] alive on Aug 10 1940.
Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sol Smith
Address 1213 E. North Date signed Aug 12/40 M.D.

F 71911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~City~~ Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 7th
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Sheckells Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8475

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Grace Sheckells

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-27-98

8. AGE: Years 42 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation Night Shipper

11. Industry or business

FATHER
12. Name Jesse Sheckells
13. Birthplace Montgomery Co

MOTHER
14. Maiden Name Julia Poole
15. Birthplace Montgomery Co

16 (a) Informant Patient
(b) Address 433 E. 7th Sparrows Point

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) AUG 11 1940 (Date received by registrar) (b) Huntington Williams, Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1940, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1940, to 8-9 1940; and that I last saw h/m alive on 8-9 1940.

Immediate cause of death Pulmonary Embolism — Thrombus site not determined

Due to .....

Due to .....

Other Conditions Post-Operative Appendectomy (6th day)
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Pul. Embolism

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. Richmond Scriven M. D.
Address Church Home & Inf. Date signed 8-9-40

F 71912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-D

F 71912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 E Hamburg st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME John Russell Clough Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13 1940

8. AGE: Years	Months	Days	If less than one day
	3	27	26 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name John R Clough
13. Birthplace Balto

MOTHER
14. Maiden Name Garnet Jackson
15. Birthplace Balto

16 (a) Informant Mrs Garnet Clough
(b) Address 34 E Hamburg st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William McMarech
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) AUG 13 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1940, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to Aug 9 1940, and that I last saw h[illegible] alive on Aug 9 1940.

Immediate cause of death: Malnutrition — Duration: 3 mos
Multiple Lung abscess — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson D Rappeleye M. D.
Address So Balto Gen Hosp Date signed 8-9-40

Huntington Williams, Hy.

correct age is especially important. Physicians: please write

F 71913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 71913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAUL ZELENKA.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1926

8. AGE: Years	Months	Days	If less than one day
14	6	13	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Joseph Zelenka
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Smisal
15. Birthplace Czeckoslovakia

16 (a) Informant Parents
(b) Address 807 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, /40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (Local registrar) (b) Hunter Legg Williams M.D. Registrar

AUG 11 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1940, at 6 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Fracture of skull fronto-parietal	
Due to	
Other Conditions Fracture, compound left tibia + fibula (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 8, 1940 2 p.m.
(c) Where did injury occur? Philadelphia Rd and Hayden St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public street While at work? —
(Specify type of place)
(e) Means of injury fell off bicycle and struck by truck
23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 8-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

71914

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51568 F 71914

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6619 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian O'Connor (nee Zuchowski)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife LE Roy
6 (c) If alive, give age 39(?) years

7. Birth date of deceased (mo., day, yr.) 1-9-1902

8. AGE: Years	Months	Days	If less than one day
38	7	0	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Joseph Zuchowski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Puruleuska
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1941 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave.

18 (a) Funeral director Marie Faikowski
(b) Address 1000 S. Kenwood Ave.

AUG 12 1940 (b) Huntington Williams M.D.
(Date rec'd by Registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1940 to 8-9 1940; and that I last saw h[illegible] alive on 8-9 1940

Immediate cause of death Carcinoma of Stomach
Due to

Due to

Other Conditions Ulcer of stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry T. Ryder, M. D.
Address Balt. City Hosp. Date signed 8-[illegible]-1940

VS 8

F 71915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 509 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~5005 Belair Road~~ 1628 Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Brocato (42069)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1910

8. AGE: Years	Months	Days	If less than one day
30		19 21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Barber

FATHER
12. Name Joseph Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Sabatino
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Mart. W. E. Dipnel
(b) Address Lombard + Ann Sts.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1940, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16, 1939, to July 9, 1940, and that I last saw him alive on July 9, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration 1931

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Salesa M. D.
Address Balto. City Hospitals Date signed 8-10-40

Correct age is especially important for those under one year.

F 71916

57531 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 71916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 W Hoffman St.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 W Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 7

3 (a) FULL NAME Minnie Mirachnitzer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1876

8. AGE: Years	Months	Days	If less than one day
64	1	13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Justus Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhemine Hammel
15. Birthplace Germany

16 (a) Informant records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave
18 (a) Funeral director John C. Militzy Inc
(b) Address 2435 E Oliver St
19 (a) AUG 11 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1940, at 3:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1940 to 8-10 1940, and that I last saw h[illegible] alive on 8-9 1940.

Immediate cause of death	Duration
Bronchogenic Carcinoma of Lung.	1 mo.
Due to Myocardial failure	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Royston M. D.
Address Balt. City Hosp. Date signed 8-11-40

F 71917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 71917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Stebble

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Widowed

6 (b) Name of husband or wife John Stebble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-25-1864

8. AGE: Years	Months	Days	If less than one day
75	7	1314	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Samuel G Bramwell
(b) Address 2411 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-40 (month) (day) (year)
(c) Cemetery or crematory Dolphin Run
Location Mt Olive

18 (a) Funeral director Geo E Miller & Sons
(b) Address 2435 Eliza St

19 (a) Date received by Local Registrar AUG 11 1940 (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG - 8 1940 19 , at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1936 to AUG - 8 1940. and that I last saw her alive on AUG - 8 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to ARTERIOSCLEROSIS	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Victor Goldberg M.D. M. D.
VICTOR GOLDBERG, M. D.
Address 1524 N. PATTERSON PARK AVENUE, BALTIMORE, MD. Date signed AUG - 9 1940

correct age is especially important. Physicians: please write the

F 71918

F 71918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. near Laurel (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Moore.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1871

8. AGE: Years: 69 | Months: 3 | Days: | If less than one day: ..... hr. ..... min.

9. Birthplace Scaggsville, Howard Co (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Upton John Moore
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Emeline Hagner
15. Birthplace Carroll Co.

16 (a) Informant Melvin Moore
(b) Address Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel, Md.

18 (a) Funeral director Ridley Selby
(b) Address 401 Washington Ave, Laurel

19 (a) ..... (Date rec'd by Registrar) (b) Huntington Hill Registrar

AUG 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940, to 8-11 1940, and that I last saw him alive on 8-11 1940.

Immediate cause of death Pleural Effusion & Empyema. — Duration .....

Due to (a) T.B. Left Apex — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Pleural Effusion, Rt apex T.B. (?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Glenn H. Algire

Address University Hospital. Date signed 8/11/40 (M. D.)

Correct age is especially important if deceased was under one year or 100 years or more.

F 71919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124-D F 71919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence J Kitcullen

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Kitcullen
6 (c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.) Nov 16 1884
8. AGE: Years 55 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Galveston (Town, county, and state) Ga.
10. Usual Occupation Stone Setter Retired
11. Industry or business
12. FATHER Name Michael Kitcullen
13. Birthplace Ga.
14. MOTHER Maiden Name Margaret O'Brien
15. Birthplace Ga.
16 (a) Informant Margaret Kitcullen
(b) Address 523 W Lexington St
17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Aug 14 1940 (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location Glenwood Md
18 (a) Funeral director J M Cox
(b) Address 1217 E Fort Ave
19 (a) Date received by local registrar AUG 13 1940 (b) Registered by Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11 1940, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1940 to 8/11 1940 and that I last saw h[illegible] alive on 8/11 1940

Immediate cause of death: Congestive heart failure — Duration: 2 days
Due to: Portal cirrhosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature Edward L. Hannon M. D.
Address 1928 Edmondson Ave Date signed 8/11/40

VS 2

F 71920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-a

F 71920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~327 W Balt~~ 2917 4925 Park Heights Ave (If non-resident, write "Transient")
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Terrance S. Kelly

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor C. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 - 1867

8. AGE: Years: 72 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: Terrance Kelly
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret
15. Birthplace: Ireland

16 (a) Informant: Chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 13 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Wilson & Co
(b) Address: 2104 Gwynn Oak Ave

19 (a) Aug 13 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

Correct and complete registration important. A requirement of public welfare.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1940, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1940 to 8-10 1940 and that I last saw h[illegible] alive on 8-10 1940

Immediate cause of death: Cardiac Failure — Duration: 2 yrs
Due to: Metastatic spread
Due to: Carcinoma of Esophagus
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Agnes Date signed 8-10-40

3835 1921

BALTIMORE CITY HEALTH DEPARTMENT 47-P Registered No. E 71921

CERTIFICATE OF DEATH

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6055 Falls Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Stevens

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 213-10-1846

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catharine
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-1-08

8. AGE: Years 31 | Months 10 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Charles Stevens
13. Birthplace Md

MOTHER 14. Maiden Name Julia Heil
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Md

18 (a) Funeral director W. M. Ott
(b) Address 1214 E. Pleasant St

19 (a) Aug 12 1940 (Date received by registrar) (b) Huntington Willis Registrar MD

VS 3

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940, to Aug 10 1940, and that I last saw him alive on Aug 10 1940.

Immediate cause of death	Duration
CARCINOMA OF THE LUNG	24 Mos
WITH CEREBRAL METASTASES	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Not obtained.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature W. P. Sturgis Jr.
Address Johns Hopkins Hosp Date signed 8/11/40

F 71922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

F 71922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6200 Old Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) about 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Old Harford Rd. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Enis

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Adolph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1854

8. AGE: Years 85 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Belair Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Francis A Enis
(b) Address 6209 Old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) 8 12 40 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10th 1940 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1940 to Aug 10 1940, and that I last saw her alive on Aug 10 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 wk
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harris Goldman M. D.
Address 1816 W. North Ave Date signed 8/10/40

correct age is especially important. Physicians, please write plainly.

Dr. Kyser 3321 Frederick Ave. Gio 6 1/2

1923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71923

92 - Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Haverhill Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Haverhill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dwight M. Van Evera

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Laura V. Van Evera
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16th 1875

8. AGE: Years: 64 | Months: 7 | Days: 23 | If less than one day: hr. min.

9. Birthplace: New York (Town, county, and state)
10. Usual Occupation: Owner
11. Industry or business: Garage

FATHER
12. Name: Dwight M. Van Evera
13. Birthplace: N. Y.

MOTHER
14. Maiden Name: Jennie Mix
15. Birthplace: N. Y.

16 (a) Informant: Laura V. Van Evera
(b) Address: 1002 Haverhill Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Md. Registrar

AUG 12 1940

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1940, at 12 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1940, to Aug 9 1940, and that I last saw h~~im~~ alive on Aug 9 1940.

	Duration
Immediate cause of death: mitral insufficiency	4
myocarditis (Chronic)	3
Due to: ?	
Due to: ?	
Other Conditions: cardiac asthma	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ~
Of autopsy: ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ~
(b) Date of occurrence: ~
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ While at work? (Specify type of place)
(e) Means of injury: ~

23. Signature F. J. Kyser M. D.
Address 3321 Faedl Ave Date signed 8/10/40

F 71924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 71924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Harford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
9 & Street No. 2212 Harford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Ritz

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-12-5265

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1868

8. AGE: Years 72 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Unemployed Engineer

11. Industry or business

FATHER 12. Name Christian Ritz

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Cook

15. Birthplace Germany

16 (a) Informant Elizabeth Ferguson

(b) Address 2212 Norfd Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore

18 (a) Funeral director Wm Cook

(b) Address Funeral 1211 N Gay St Huntington Williams

(a) Date received (month) (day) (year) (b) Registrar

AUG 12 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 11:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm S Vandegrift M.D.
Medical Examiner.

Date signed

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

F 71925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-c F 71925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212 — 16 — 4536

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Ada Brown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1st 1878
8. AGE: Years 62 | Months 7 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name George Brown
13. Birthplace Md

MOTHER 14. Maiden Name Viola?
15. Birthplace Md

16 (a) Informant Mildred Berry
(b) Address 523 N. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto City
18 (a) Funeral director Jno. F. Blue Sons
(b) Address 638 N. Eden St

19 (a) Date rec'd by registrar AUG 12 1940 (b) Registrar's signature Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1940, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940 to 8-10 1940 and that I last saw him alive on 8-10 1940.

Immediate cause of death: Pulmonary edema — Duration 32 hrs.
Due to: Cardiac decompensation — 2 wks?
Due to: Generalized arteriosclerosis
Other Conditions: Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller, M. D.
Address University Hospital Date signed 8-10-40

Correct age is especially important. Typewrite or print plainly in ink.

F 71926

71926 $8165 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 71926 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3525 E. Balto. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Vanesky (WISNEWSKI)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1895

8. AGE: Years 44 | Months 11 | Days 9 21 | If less than one day ... hr. ... min.

9. Birthplace Conn. (Town, county, and state)
10. Usual Occupation Rector in tin house
11. Industry or business Beth. Steel

FATHER
12. Name Gabriel
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria Golinesky
15. Birthplace Poland

16 (a) Informant records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-40 (month) (day) (year)
(c) Cemetery or crematory Bells Mt. Cem.
Location Frederick Rd.

18 (a) Funeral director John G. Connelly
(b) Address Dept Md.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 12 1940

correct age is especially important. Typewriter, please.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10- 1940, at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8- 1940, to 8-10- 1940, and that I last saw h-- alive on 8-10- 1940.

Immediate cause of death	Duration
Tuberculosis Laryngeal	2 days
Due to Bronchopneumonia	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-10-40

AUG 12 1940

71927 58179-FD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 71927
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1802 Ashland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Cheatom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1900

8. AGE: Years 40 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace S.C.
(Town, county, and state)
H.W.

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Moore
13. Birthplace S.C.

MOTHER
14. Maiden Name Hattie Foster
15. Birthplace S.C.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Removal (b) Date thereof August 12, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chester South Carolina

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Carolina Street

19 (a) AUG 12 1940 (b) Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9- 1940 at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8- 1940 to 8-9- 1940, and that I last saw h[illegible] alive on 8-9- 1940.

Immediate cause of death	Duration
Diabetic Coma	2 days
Staphylococcus aureus	" "
Due to Diabetes mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 8-10-40 M. D.

correct age is especially important. Typewriter preferred.

AUG 12 1940
VS 1

AUG 12 1940

F 71928

71928
383819 10422

F 71928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 (Registered No.)

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 Edmonson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Maisch (Lewis Maisch)
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-12-0149

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A. Maisch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-68

8. AGE: Years 71 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Pollacks

FATHER
12. Name John F Maisch
13. Birthplace Germany

MOTHER
14. Maiden Name Sordine Von Bodenhausen
15. Birthplace Germany

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves

19 (Date received by local registrar) AUG 12 1940 Huntington Williams M.D. Registrar

VS 3

correct age is especially important. If unknown, please state approximate age.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1940, at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1940, to Aug 9 1940, and that I last saw him alive on Aug 9 1940.

Immediate cause of death Myocardial Infarct & Rupture of Myocardium — Duration: 24 days
Due to Coronary Occlusion
Due to Arterio Sclerosis of Coronary Arteries
Due to
Other Conditions Gen'l. Arteri Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Fisher
Address 18 E. Eager St. Date signed 8/10/40 M.D.

VS 3

F 71929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 71929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2035 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 W

3 (a) FULL NAME Elizabeth Hunter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband of ~~Elizabeth~~ Edward A. Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1860

8. AGE: Years 80 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Pikesville, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John C. Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Unknown

16 (a) Informant Mrs. Lillian M. Morris
(b) Address 2035 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

AUG 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7th 1938 to Aug 9, 1940; and that I last saw h[illegible] alive on Aug 9 1940

Immediate cause of death	Duration
Cardiac Failure	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur C. Mommsen M.D.
Address 800 E North Ave Date signed 8/12/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 12 1940

F 71930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-a

F 71930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 Tunbridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Tunbridge Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM PURNELL HALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie Barnes Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17, 1877

8. AGE: Years	Months	Days	If less than one day
62	11	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business Self

FATHER
12. Name Wm. H. Hall
13. Birthplace New Bern, N. C.

MOTHER
14. Maiden Name Annie Purnell
15. Birthplace Snow Hill, Md.

16 (a) Informant Mr. Wm. Barnes Hall
(b) Address 7108 Chambers Road, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 13 1940

VS 3

Huntington Williams M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to Aug 9 1940; and that I last saw him alive on 8/9/40 19

Immediate cause of death	Duration
Myocarditis	Several
Due to Coronary Thrombosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Hardy M.D.
Address 1402 Park Ave. Date signed 8/10/40

VS 2 Huntington Williams M.D.

1931 HEALTH DEPARTMENT—CITY OF BALTIMORE F 71931

CERTIFICATE OF DEATH 46-B

1. PLACE OF DEATH The Sinai Hospital

CITY OF BALTIMORE: (No. [redacted] St. 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Ida Selikowitz

If U. S. Veteran specify WAR .....

(a) Residence: No. 3730 Parkhurst Ave St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
Husband (or) Wife MAX SELIKOWITZ

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER
13. NAME Shami
14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER
15. MAIDEN NAME Jacobson
16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Rosedale. Date 8/12/40 19..

19. UNDERTAKER Jack Levy & Son.
(Address) 1439 E Balto St

20. FILED AUG 12 1940 19.. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1940 to August 11 1940

I last saw him alive on August 11, 1940. Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 3, 40
Other contributory causes of importance: Carcinoma of Stomach	?

Was an operation performed? Yes Date of Aug 1, 1940

For what disease or injury? Carcinoma of Stomach

Name of operation Palliative Gastro enterostomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Kaplansky M. D.

(Address) Sinai Hosp. Balto.

...state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 71932

Mino E Darby

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 71932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Patapsco Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mino E. Darby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Darby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1863

8. AGE: Years	Months	Days	If less than one day
76	7	2526	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Merchant (Coal)
11. Industry or business

FATHER
12. Name Perry T. Darby
13. Birthplace Delaware

MOTHER
14. Maiden Name Lillian N. Abier
15. Birthplace Delaware

16 (a) Informant Perry T. Darby
(b) Address 127 Patapsco Ave Dundalk

17 (a) Burial Cremation or removal (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Cokesbury Md
Location Dorchester Co. Md.

18 (a) Funeral director Dunward L. Compton
(b) Address 21 W. 25th St.

19 (a) Date received AUG 12 1940 (b) Registrar Huntington Williams, M.D.

VS 2

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 2 1. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 8 1940, to August 11 1940, and that I last saw h/e alive on August 11 1940.

Immediate cause of death Uremia — Duration 2 weeks

Due to Chronic nephritis — Duration under

Due to Benign hypertrophy of prostate & secondary retention — Duration under

Other Conditions Chronic bronchitis, Chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Edwin R. Reuscher

Address University Hospital Date signed 8/11/40

F 71933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/50

Registered No. F 71933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1260 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Mary Jane Hodgson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick W. Hodgson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1872

8. AGE: Years 67 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Zacharius Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Ellen Ferguson
15. Birthplace Virginia

16 (a) Informant Frederick W. Hodgson
(b) Address 1260 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Dunward D. Covington
(b) Address 21 W. 25th St

19 (a) AUG 12 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1940, to Aug 9 1940, and that I last saw h[illegible] alive on Aug 9 1940.

Immediate cause of death: Heart Block — Duration: 1 day

Due to: Hypertensive-Arteriosclerotic cardio-vasc. disease

Due to: with aurecular fibrillation

Other Conditions: Carcinoma Breast
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson S Rappeleye M. D.
Address So. Balto Gen Hosp Date signed 8-9-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

38-5719 71934

F 71934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter P. Snader.

3 (b) If veteran, name war: 710

3 (c) Social Security Account No. 217-05-3606

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sylvena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-89

8. AGE: Years 50 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Henry N. Snader

13. Birthplace Md.

MOTHER 14. Maiden Name Sara Zepp

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto Co Md

(a) Funeral director Grand H Seth

(b) Address 814 W 36 St

19 [illegible] rec'd by registrar Huntington Williams, M.D. Registrar

correct age if not especially important. Physicians: please write clearly and legibly.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1940 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1940 to Aug 8 1940, and that I last saw h[illegible] alive on Aug 8 1940.

Immediate cause of death Glioma, Left frontal Lobe & Sub-arachnoid hemorrhage

Due to

Due to

Other Conditions Pneumonia, Rt. Lung.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Glioma.

Of autopsy Confirmatory

Duration
Unknown - 2 days
over
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Frank Otenasek 3853 M. D.

Address J.H.H. Date signed 8-9-40

VS 3

71935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-aF 71935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Griffin
3 (b) If veteran, name war
(c) Social Security Account No. 2B-037-0303

4. Sex: M | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ruby Griffin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1900

8. AGE: Years: 40 | Months: 4 | Days: 6 | If less than one day: hr. min.

9. Birthplace Anderson S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Griffin
13. Birthplace S. C.

MOTHER 14. Maiden Name Sandra Pope
15. Birthplace S. C.

16 (a) Informant Ruby Griffin
(b) Address 1935 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Joseph A. Bedden
(b) Address 430 N. Biddle St

19 (a) Date of death Aug 12 1940 (b) Signature and title of registrar Benjamin F. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/8/40 19 at 12:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1940 to 8/8 1940.
and that I last saw h[illegible] alive on 8/8/40
Immediate cause of death Pt. Lobar Pneumonia — Duration: 1 wk 1 day
Due to
Due to
Other Conditions Ruptured gastric ulcer
(Include pregnancy within 3 months of death)
Major findings:
Of operation Ruptured gastric ulcer
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Gadelcome
Address Provident Hosp. Date signed 8/9/40

VS 3

correct age is especially important. Physicians: please write carefully and legibly.

F 71936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-EF 71936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Lober

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. (M)

6 (b) Name of ~~husband~~ wife Rosa Belle (Bowers)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1865

8. AGE: Years 75 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Tool Maker

11. Industry or business Retired

FATHER
12. Name John H. Lober
13. Birthplace Germany

MOTHER
14. Maiden Name Mary K. Barkolf
15. Birthplace Germany

16 (a) Informant Mrs Rosa Lober
(b) Address 1517 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A Wolfe
(b) Address 4101 Edmondson Ave

19 (a) Date rec'd by Reg. AUG 12 1940 (b) Huntington Williams, M.D. Registrar

VS 2

Correct age is especially important. Physicians: please help!

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1940 at 2.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1940 to 8-9 1940 and that I last saw him alive on 8-9 1940

Immediate cause of death

Due to Broncho-pneumonia

Due to Myocardial insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Frederick Johnston Jr. M. D.
Address Md General Hosp. Date signed 8/9/40

F 71937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 71937 Registered No. 90619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 528. Swann Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Baake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: late (Mary A. Laisure)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1872

8. AGE: Years 68 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Fidelity Trust Co.

FATHER
12. Name Herman Baake
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Inga Garner
(b) Address 528 Swann ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Henry A Wetzel
(b) Address 4101 Edmondson ave

19 AUG 12 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death: Cardiac Failure — Duration

Due to: Degen Cardio-Vas Dis — Duration

Due to: Arteriosclerosis — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 8/13

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 71938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V61 Registered No. F 71938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2060 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Kocyan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband ~~or wife~~ Frank Kocyan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1892

8. AGE: Years 47 48 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Anthony Jankas
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Frank Kocyan
(b) Address 2060 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozmyski
(b) Address 1930 Eastern Ave

AUG 12 1940 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940 to Aug 11 1940, and that I last saw h[illegible] alive on Aug 11 1940

Immediate cause of death Pulmonary Embolism — Duration 5 min.
Due to Arteritis + Phlebitis
Due to Gangrene - left foot & leg.
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Edmund Schenthal
Address Mercy Hospital Date signed 8/11/40

correct age is especially important. Physicians: please write the c[illegible] the causes of death clearly and legibly.

VS 3

F 71939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-31-a Registered No. F 71939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 Fait Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 2507 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michalina Wiktor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Wiktor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Frank Lewandowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant John Wiktor
(b) Address 2507 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.
19 (a) (Date rec'd by registrar) (b) Huntington [illegible] Registrar

AUG 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10 1940 at 11.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1940 to Aug 10 1940, and that I last saw h her alive on Aug. 10 1940

Immediate cause of death	Duration
Chronic Pneumonia Nephritis	Several years
Myocardial degeneration	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —
23. Signature A. F. Rus M. D.
Address 24 Mercy Date signed Aug 12/40

PLEASE WRITE CLEARLY and fill in all blanks. Be sure the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

AUG 12 1940

F 71940 10630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91-a

F 71940 Registered No.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Mt Pleasant (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Green
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-01-1954

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb 12 1894

8. AGE: Years 46 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Canton Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Joseph Green
13. Birthplace Balt

MOTHER 14. Maiden Name Mary Sanders
15. Birthplace Balt

16 (a) Informant James Joseph Clark
(b) Address 3819 Mt Pleasant

17 (a) X (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director J. J. Duda
(b) Address 2829 Hudson St

19 (a) (Date received by registrar) (b) Registrar

AUG 12 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1940, to 8-9 1940, and that I last saw h.i.m alive on 8-9 1940.

Immediate cause of death Cerebral Hemorrhage to Brain — Duration

Due to Bacterial Endocarditis

Due to Strep Viridans

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Parks M. D.
Address St Agnes Date signed 8/9

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5

F 71941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 71941

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. U. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2.5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Edgecroft Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William D. Turey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-8862

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1886

8. AGE: Years 54 | Months 3 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Ice Business

FATHER 12. Name Wm Turey

13. Birthplace Pa

MOTHER 14. Maiden Name Annie Ireland

15. Birthplace Pa

16 (a) Informant Louise Turey

(b) Address 3638 Clipper Mill Rd

17 (a) Burial (b) Date thereof 8/13/40 (month) (day) (year)
(Burial, ~~cremation, or removal~~)

(c) Cemetery ~~or crematory~~ Sherwood Epis. Church

Location Cockeysville Md

18 Funeral director William Cook

(b) Address 1217 St. Paul

19 (a) AUG 12 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1940, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner.

Date signed 8/10/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Also correct age is especially important.

VS 5

F 71942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 71942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. U. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2.5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Edgecroft Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Turey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-8863

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1885

8. AGE: Years 54 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Wm Ireland

13. Birthplace Pa

MOTHER 14. Maiden Name Annie Ireland

15. Birthplace Pa

16 (a) Informant Louise Turey

(b) Address 3638 Clipper Mill Rd

17 (a) Burial (b) Date thereof 8/13/40 (month) (day) (year)
(Burial, ~~cremation, or removal~~)

(c) Cemetery ~~or crematory~~ Sherwood Epis. Church

Location Cockeysville Md

18 Funeral director William Cook

(b) Address 1217 St. Paul

19 (a) AUG 12 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1940, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegrift M.D. Medical Examiner.

Date signed 8/10/40

VS 6

cgk 5810 F 71942

F 71942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-[illegible]-1867

8. AGE: Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace British west Indies (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace British, west Indies

MOTHER
14. Maiden Name Elizabeth Ellis
15. Birthplace British West Indies

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Lanvale St. Huntington Williams, M.D.

19 AUG 12 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1940 10 18 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1940 to 8-9 1940 and that I last saw h[illegible] alive on 8-9 1940.

Immediate cause of death: Carcinoma of frontale — Duration: 3

Due to Hypertension with Cardio-Vascular disease & coronary — 10 min.

Due to occlusion

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Hayden M. D.
Address Balt. City Hosp. Date signed 8-9-40

correct age is especially important. Physicians: please write the

VS 3

VS 2

F 71943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 71943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 922 Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bissel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 76 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace St Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charles Briscoe
13. Birthplace St Mary Co. Md.

MOTHER 14. Maiden Name Margrate Gough
15. Birthplace St Mary's Co. Md.

16 (a) Informant Henry Brisoe
(b) Address 543 W. Biddle St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halpleas
(b) Address 916 Druid Hill Ave.

19 AUG 12 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 at 2 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940 to Aug 10 1940 and that I last saw him alive on Aug 6 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Massey M. D.
Address 750 W. Lexington St. Date signed

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 2

F 71944

F 71944

57628
MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No.

F 71944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Fauntleroy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Moscoe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 13, 1897

8. AGE: Years	Months	Days	If less than one day
43	3	26 25	hr. min.

9. Birthplace S. Car.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Barnett
13. Birthplace S. C.

MOTHER
14. Maiden Name Rebecca Richardson
15. Birthplace S. C.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Buried (b) Date thereof 8-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Wm. Katz R. Williams
(b) Address 322 W. Lafayette Ave. (Huntington Williams) M.D.

19 (a) AUG 12 1940
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8 1940, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1940, to 8-8 1940, and that I last saw h[illegible] alive on 8-7 1940.

Immediate cause of death	Duration
Carcinoma of stomach ?	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Tolbert Jr.
Address Balt City Hosp Date signed 8-9-40

correct age is especially important. Physicians: please w

VS 3

VS 2

E 71945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-P

F 71945 Registered No.

1. PLACE OF DEATH: Hebrew Orph. Hom.
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Miriam Bearman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband ~~or wife~~ Late Hyman Bearman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years 87 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Israel Meyerson

13. Birthplace Russia

MOTHER 14. Maiden Name Hannah Karsark

15. Birthplace Russia

16 (a) Informant Sig Fenblatt

(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Philadelphia Rd

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-26 W. North ave

19 (a) (Date received by Registrar) (b) Registrar

AUG 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1940, to 8-11 1940, and that I last saw h alive on 8/11 1940.

Immediate cause of death: Cerebral Hemiplegia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund L Levin M.D.

Address Levindale Date signed 8/11/40

VS 3

(DEAD WHITE FEMALE) Physicians: please write the causes of death clearly and legibly. correct age is especially important.

71946

HEALTH DEPARTMENT—CITY OF BALTIMORE

71946

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Monument St. & Rutland Ave St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Krulewitch

If U. S. Veteran specify WAR

(a) Residence: No. 3440 Auchentoroly Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Benj Krulewitch

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bailey —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Krulewitch

(Address) 3440 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Date Aug 12 1940

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W. North ave

20. FILED ... 19... Registrar.

AUG 12 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1940 to August 12 1940

I last saw h.e.r. alive on August 12 1940 Death is said to have occurred on the date stated above, at 3. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Aug 8 '40
Diabetic Gangrene	Aug 5 '40
Diabetes	25 yrs ago

Other contributory causes of importance:

Arteria Sclerosis	Do g/e ag

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Oliver Wilen — M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7 1947 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 7 1947

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital (St.) 1940

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jennie E Everhart Tennie M. Everhart If U. S. Veteran specify WAR

(a) Residence: No. 222 S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Everhart

6. DATE OF BIRTH (month, day, year) Oct 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~5-6~~	55	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkley Springs, West Virginia

FATHER

13. NAME John T. Merchant

14. BIRTHPLACE (city or town) (State or country) Berkley Springs, West Virginia

MOTHER

15. MAIDEN NAME Lavena Spielman

16. BIRTHPLACE (city or town) (State or country) Berkley Springs, West Virginia

17. INFORMANT Mrs. Henry Sisler

(Address) 2613 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date August 14 1940

19. UNDERTAKER E. Kamoran

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar

AUG 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940, to Aug. 11, 1940

I last saw her alive on Aug. 11, 1940 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4 wks
Coronary artery disease c myocard 2 mos	
Ant Myocarditis & mural Thrombosis	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard E. Blumenthal, M. D.

(Address) West Baltimore General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hunting for Williamsburg

F 71948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 71948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Woodbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wallace M. C. Schaffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nettie H. Schaffer | (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1872

8. AGE: Years 68 | Months 11 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Pat Wks

11. Industry or business Iron

FATHER 12. Name Wm Schaffer
13. Birthplace Balt.

MOTHER 14. Maiden Name Cacelia ? Not Known
15. Birthplace Balt

16 (a) Informant Mrs W. M. Schaffer
(b) Address 2520 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director E. H. Quinn & Son
(b) Address 1003 W. Baltimore St

19 (a) AUG 12 1940 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1940 to Aug 10 1940 and that I last saw him alive on Aug 9 1940.

Immediate cause of death Angina Pectoris — Duration 3 Days
Due to Arterio-Sclerosis — 2 yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature [signature]
Address 1605 N. Broadway Date signed Aug 10 1940

correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

F 71949

Pleagle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-V F 71949

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Prospect St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl V Pleagle

3 (b) If veteran, name war

3 (c) Social Security Account No.? 212-01-7736

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th. 1909

8. AGE: Years	Months	Days	If less than one day
30	10	2	hr. min.

9. Birthplace New Jersey York (Town, county and state)

10. Usual Occupation Baker

11. Industry or business

FATHER 12. Name James A Pleagle

13. Birthplace Pa

MOTHER 14. Maiden Name Elsie L Beaver

15. Birthplace Pa

16 (a) Informant Mary Pleagle

(b) Address 2422 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Charles P Tyrrell

18 (a) Funeral director

(b) Address 2427 Edmondson Ave

19 (a) AUG 12 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11 1940, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 19 , to 8-11 1940, and that I last saw h.im alive on 8-11 19 40.

Immediate cause of death	Duration
Acute Lymphatic Leukemia	Week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S Parks M. D.

Address St Agnes Date signed 8-11

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 71950

F 71950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 John St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 John St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Henry Cain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Margaret Hanzy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1866

8. AGE: Years	Months	Days	If less than one day
73	8	01	hr. min.

9. Birthplace Cumberland, Md
(Town, county, and state)

10. Usual Occupation Semi-retired bookkeeper

11. Industry or business Candy Manufacturing

FATHER
12. Name Thomas Cain
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Mahar
15. Birthplace Ireland

16 (a) Informant Thomas Cain
(b) Address 1214 John St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location 12 14 John St

18 (a) Funeral director H. W. Jenkins Son
(b) Address McCulloh & Orchard Sts

19 AUG 12 1940 (Date rec'd by Registrar) (b) Hunter H. Hill, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1940, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 8/12/40

F 71951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. F 71951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. So. Baltimore Gen'l Hosp. 2671 414 S. Macon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl. Wiethausen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-40

8. AGE: Years | Months | Days | If less than one day: 1 hr. 40 min.

9. Birthplace South Baltimore Gen. Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Wiethausen.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Kalb.
15. Birthplace Baltimore.

16 (a) Informant Mother.
(b) Address 414 So Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-40 (month) (day) (year)
(c) Cemetery or crematory Schwartz Lem
Location O'Donnell Hts

18 (a) Funeral director Lilly + Feiler INC
(b) Address 403 S Wolfe St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

AUG 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11 1940 to 8-11 1940 and that I last saw h[illegible] alive on 8-11 1940

Immediate cause of death: Intracranial Hemorrhage
Due to: Rapid delivery of a Premature baby.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration at birth.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Lyons M.D.
Address So. Balto. Gen. Hosp. Date signed 8-12-40

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71952 97 Registered No. F 71952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before a burial permit is issued. Answer each question fully and correctly. Underline the causes of death clearly and legibly. If any cause of death is not known, write "unknown." Do not abbreviate. Write out the full name of the month. Do not use ditto marks. If the deceased was a child, the correct age is especially important. Physicians: please write the cause of death in such terms as will convey a definite idea of the disease.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Green Griffin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Abe Griffin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 14, 1868

8. AGE: Years	Months	Days	If less than one day
72	5	28	hr. min.

9. Birthplace Anderson Alabama (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name
13. Birthplace Unknown

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Jesse Major
(b) Address 982 Macon st Brooklyn
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.
18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave
19 (a) AUG 12 1940 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 12 30 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Due to senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner M.D.
Date signed 8/12/40

VS 6

VS 6

F 71953

CGK

BALTIMORE CITY HEALTH DEPARTMENT

58143

CERTIFICATE OF DEATH

93-D

Registered No. F 71953

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clarence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3d, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	8	hr. min.

9. Birthplace Philmont, N.Y.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Aleck Aken
13. Birthplace N.Y.

MOTHER
14. Maiden Name Anna B. Huddleston
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address Baltimore City nospitals

17 (a) Burial (b) Date thereof 8/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (Date received by Registrar) AUG 12 1940 (Registrar) Huntington Willard, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9- 1940, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7- 1940, to 8-9- 1940, and that I last saw h-e alive on 8-9- 1940.

Immediate cause of death	Duration
Subarachnoid hemorrhage	3 days
Due to Hypertension & CVD	?
Due to Ga. A-5.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Bayview City Hosp. Date signed 8-10-40

71954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 71954
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs.

2. ~~USUAL~~ RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (Or outside city or town limits, write RURAL and give town)
(d) Street No. 1915 N. Monroe (Garrett) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Sullivan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 6 hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: (prematurely baby)
11. Industry or business

FATHER
12. Name: Joseph Sullivan
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Julia King
15. Birthplace: Balto Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: UNIVERSITY MEDICAL SCHOOL AUG 12 1940
Commissioner of Health

18 (a) Funeral director
(b) Address: Per H. A. Moore

19 (a) AUG 12 1940 (Date received by Registrar) Huntington Williams, M.D. (Registrar) 5832

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/40 1940, at 10:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1940, to 8/5 1940, and that I last saw him alive on 8/5 1940

Immediate cause of death	Duration
Premature labor (weight 3 lbs. 14 oz.)	6 hrs
Due to Premature labor & Mother (approximately 7-7½ mos)	estimated
Due to Placenta Previa (marginal)	
Other Conditions Prostatic Intolerance, Pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: W. M. 93. Beck
Address: Mercy Hospital Date signed 8-7-40

VS 3

F 71955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a Registered No. F 71955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" inserted. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4230 Frankum Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Maxwell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	M.

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 5 1878

8. AGE: Years	Months	Days	If less than one day
69	3	5	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Restaurant

11. Industry or business Unemployed

FATHER 12. Name Polk Wallace

13. Birthplace Scotland

MOTHER 14. Maiden Name Mary Jane Connolly

15. Birthplace Scotland

16 (a) Informant Mrs Evelyn Berry

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/40 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Arbutus Md

18 (a) Funeral director J. Gilmore Moran

(b) Address 3006 E Baltimore St.

19 AUG 12 1940 Huntington Williams, M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 2:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Right subdural Hematoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/8/40
(c) Where did injury occur? Chester & Gay (City or town) (County) 8/Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell on sidewalk while drunk

23. Signature Wm H Maull Wright M.D. Medical Examiner.

Date signed 8/10/40

VS 6

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

71956 F 71956

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Castle St. 64 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME MARY WEBER

If U. S. Veteran specify WAR .....

(a) Residence: No. 105 N. CASTLE ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Weber

6. DATE OF BIRTH (month, day, year) Aug 29 1885

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
54	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julius Weber
(Address) 105 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/14 1940

19. UNDERTAKER Leonard D. Hirsch
(Address) 5305 Harford Rd.

AUG 12 1940 19 Huntington Williams Asst. Registrar

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1940

22. I HEREBY CERTIFY, That I attended deceased from MAY 5, 1932 to AUGUST 11, 1940

I last saw h.. alive on 8/11, 1940. Death is said to have occurred on the date stated above, at 7A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	JAN. 1940

Other contributory causes of importance:

Was an operation performed? YES. Date of APRIL 1940.

For what disease or injury? EXPLORATORY.

Name of operation EXPLORATORY OPERATION

What test confirmed diagnosis? OPERATION Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Benj. B. Mass M. D.

(Address) 448 N. Lazarus Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 71957

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 E. 20th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** John Kane.

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife — 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	21	— hr. — min.

9. Birthplace Balto. County - Maryland.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name John Kane
13. Birthplace Ireland.

MOTHER — 14. Maiden Name Catherine McDuff
15. Birthplace Ireland

16 (a) Informant Self
(b) Address

17 (a) Burial (b) Date thereof 8/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's.
Location Texas, Md.

18 (a) Funeral director H. O. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) ..... (b) ..... Registrar
(Date received) (Registrar)

AUG 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 2:38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940, to Aug. 11 1940, and that I last saw h i.M. alive on Aug 11 1940.

Immediate cause of death: Carcinoma - Mech.
Due to: Cardiac Failure
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)

Major findings: Of operations Enlarged gland - Section show odenoid Carcinoma
Of autopsy nil.

Duration: 6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury .....

23. Signature Raymond J. Lepine M. D.
Address Mercy Hosp. Date signed 8/11/40

F 71958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-N

Registered No. F 71958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. Franklin Sq. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 W.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2128 Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Reck

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1497

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1878

8. AGE: Years 62 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name James C. Reck

13. Birthplace Balto., Md

MOTHER 14. Maiden Name Catherine Hemmett

15. Birthplace Baltimore, Md.

16 (a) Informant David Oscar Reck

(b) Address 2128 W. Fairmont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore County

18 (a) Funeral director George L. Schwab

(b) Address 7101 Baltimore Ave

19 (a) AUG 12 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940; at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said / (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Landerkin M.D. (Medical Examiner)

Date signed 8/12/40

VS 6

VS 6

71959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. E 71959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3225 Philadelphia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3225 Philadelphia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

20 10

3 (a) FULL NAME Elizabeth Buhner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Oscar Buhner
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) July 15 1887

8. AGE: Years	Months	Days	If less than one day
53	0	27	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation .....
11. Industry or business at home

FATHER
12. Name Robert Handloser
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Germany

16 (a) Informant Oscar Buhner
(b) Address 3225 Philadelphia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Elliot
(b) Address 2002 Ashland Ave

19 (a) Filed AUG 12 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11th 1940, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1-1927 to Date 19 , and that I last saw h[illegible] alive on June 3 1940

Immediate cause of death Rheumatic Heart Disease — Duration 13 Years

Due to Auricular Fibrillation — Duration 4 yrs

Due to Acute Cardiac Dilatation — Duration 1 day

Pulmonary Edema. — Duration 1 day

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature W. V. Kerpel M.D.
Address 704 Walton Ave Date signed Aug 12 '40 M. D.

H. L. Wallenweber, M.D. Asst. Medical Examiner

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

H. L. Wallenwaber, M.D. Asst. Medical Examiner

71960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. 71960

PLEASE WRITE PLAINLY, with unfading ink. Entry must be made for each item. Do not omit any item or make any mark that cannot be read clearly. Be sure to fill in correct age if the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henderson (Henson) McLain

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-3554

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Bessie McLain
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 10-10-93

8. AGE: Years	Months	Days	If less than one day
46	10	7	hr. min.

9. Birthplace Rose N.C (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Wm McLain
13. Birthplace N.C

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Bessie McLain
(b) Address 308 N. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn B. & Co. Md.

18 (a) Funeral director Belmont Tramill & Hughes
(b) Address 1210 Eldersley St

19 (Date received by registrar) AUG 12 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12 1940 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1940 to 8-12 1940 and that I last saw h/m alive on 8-10 1940

Immediate cause of death Hypertensive cardio-vascular-renal disease — Duration unknown

Due to

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Brown M.D.
Address 1520 E. Madison St Date signed 8/12/40

VS 8

F 71961

FROMM

BALTIMORE CITY HEALTH DEPARTMENT 58

CERTIFICATE OF DEATH

Registered No. F 71961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Spelling of names and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) 1700 226 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Francis Lee Fromm.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 13 1940

8. AGE: Years 0 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Francis Fromm

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mildred Whittington

15. Birthplace W Va

16 (a) Informant Hospital record.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Geo. A. Tharley

(b) Address Fulton Ave & Fayette

19 AUG 12 1940 (Do not write in this space) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1940, to August 12 1940, and that I last saw him alive on August 12 1940.

Immediate cause of death Malnutrition — Duration Life

Due to Improper feeding.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.

Address Bon Secours Hosp. Date signed 8-12-40

VS 3

F 71962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 71962

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3006 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Katherine Civis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1863

8. AGE: Years 77 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Czechoslaviakia (Town, county, and state)

10. Usual Occupation Tailoress

11. Industry or business

FATHER
12. Name John
13. Birthplace Czechoslaviakia

MOTHER
14. Maiden Name Anna Razini
15. Birthplace Czechoslaviakia

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Baltimore Md

18 (a) Funeral director Frank Boarman Son
(b) Address 900 W. Chester St

19 AUG 12 1940 (Date rec'd by Local Reg.) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1940 11 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to AUG 4 1940 and that I last saw h E R alive on AUG 4 19 40

Immediate cause of death VV A S T E D
from senile debility
Bronchopneumonia
Due to Embolism of left femoral
Carcinoma of stomach
Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar H. Duker M. D.
Address 928 E. North Ave Date signed Aug 12 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Give correct age in each case. Where exact data are not known, approximate dates are better than none. Physicians: please write the cause of death in terms which convey definite information as to the part played by each disease mentioned. Indefinite or unusual terms should be explained. Operations should be mentioned only when performed for some condition which contributed to death. Accidental injuries, suicide, or homicide should be fully described, even though they were not the cause of death. Your certificate is especially important.

VS 3

Laura G Lee

F 71963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 71963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Cockeysville - RURAL (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura G. Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wid.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1865

8. AGE: Years	Months	Days	If less than one day
75	4	1918	hr. min.

9. Birthplace Washington, D.C (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marion Lee
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Barth
15. Birthplace Delaware

16 (a) Informant Dr. T. L. Hepler
(b) Address Union Memorial Hosp.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore Md.

18 (a) Funeral director Loring Boyce
(b) Address 5005 Reisterstown Rd

AUG 13 1940 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1940, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1940, to Aug 12 1940, and that I last saw her alive on Aug 12 1940

Immediate cause of death: Cardiac decompensation — Duration: 3 weeks
Due to Arteriosclerotic Heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick E. Chetland
Address Union Memorial Hosp. Date signed 8-12-40

PLEASE WRITE PLAINLY with pen, ink, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 56

3 (a) FULL NAME HARRY LA PORTE

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-01-4449

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude B La Porte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1877

8. AGE: Years 63 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housemaid
11. Industry or business Southern Hotel

FATHER
12. Name Arnold H. La Porte
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Kunkert
15. Birthplace Balto. Md

16 (a) Informant Gertrude LaPorte
(b) Address 2709 Clifton Ave

17 (a) Final (Burial, cremation, or removal) (b) Date thereof Aug 13 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Wilson
(b) Address 1217 E Baltimore St

Filed AUG 13 1940 (Date received by Registrar) (b) Burial by Williamsport Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940, at 9:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Williamson M.D. Medical Examiner.
Date signed 8-12-40

F 71965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 69

Registered No. F 71965

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd, Herring Run
(c) Hospital or institution: Seydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Euslin St (If rural give location)
(e) If foreign born, how long in U. S. A.? Years

3 (a) FULL NAME Harry Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Leona M Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
52.			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Samuel Anderson
13. Birthplace M.D.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace M D.

16 (a) Informant Leona M Anderson
(b) Address 703 n Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville

18 (a) Funeral director E Roy O Wilson
(b) Address 1000 Brah Upper Ave. Huntington Williams MD

19 (a) (Date received by Registrar) AUG 13 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1917 to Aug 10 1940 and that I last saw him alive on Aug 10 1940.

Immediate cause of death Pellagra — Duration 3 weeks
Due to food deficiency
Due to
Other Conditions old tuberculosis — 31 years
(Include pregnancy within 3 months of death) no

Major findings:
Of operations
Of autopsy autopsy not reported

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maynard Cohen
Address Seydenham Date signed 8/12/40 M. D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 71966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94.a

F 71966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Broad St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN GARDNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Gorden

13. Birthplace Md

MOTHER 14. Maiden Name Henrietta Gibson

15. Birthplace Md

16 (a) Informant Charles Gorden

(b) Address 15-33 E Monument

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 13th 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Mt Winans

18 (a) Funeral director Roy O Wilson

(b) Address 1000 Huntington Ave, Md.

(c) (Date received by registrar) Registrar

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 8-11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

71967 — CERTIFICATE OF DEATH — E 71967

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3838 Cottage ave. Ward 25-C)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yr. ___ mos. ___ da. How long in U. S. If of foreign birth? 50 yrs. ___ mos. ___ da.

2. FULL NAME Lena Barber Levine

If U. S. Veteran specify WAR _____

(a) Residence: No. 3838 Cottage ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julius Levine
6. DATE OF BIRTH (month, day, year): 1860
7. AGE: Years 90 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Home~~ Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Samuel Tarasky
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Gertrude
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Sarah Rosenberg
(Address) 3838 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Herzig Home Date: 8/13/40

19. UNDERTAKER: John Louis Lee
(Address) 1439 E. Baltimore St

20. FILED: AUG 13 1940
19. Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-13-40

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1940 to Aug 12 1940
I last saw her alive on Aug 12 1940 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Not If so, specify

(Signed) A. L. Homaker M. D.
(Address) 733 August St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-H

F 71968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every answer should be complete and correct. Where the cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2141 Homewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2141 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith M. Roeder.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ late Adam Roeder.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21/76

8. AGE: Years 64 | Months — | Days 19 | If less than one day hr. min.

9. Birthplace Cumberland, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown Holzshu

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace ~~Unknown~~ Md

16 (a) Informant George H. Roeder

(b) Address 6206 Roland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 13 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Fredenck Rd

18 (a) Funeral director Henry B Wilhelm

(b) Address 4101 Roland ave

AUG 13 1940 (b) Baltimore, Md.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 at 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1939 to Aug. 10 1940 and that I last saw ~~her~~ him alive on Aug. 10, 1940.

Immediate cause of death	Duration
Cachexia -	
Retroperitoneal Sarcoma.	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Dec., 1939 - Retro-peritoneal Sarcoma -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.
Address 3902 Greenmount Ave. Date signed Aug 12, 40

F 71969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71969 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore-Stemmers Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Barrison Point Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) FULL NAME John Frederick WOODEY

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frances Strassheim
6 (c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): Aug. 23, 1874
8. AGE: Years: 65 Months: 11 Days: 17 If less than one day: ..... hr. ..... min.
9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Meter Worker
11. Industry or business: Maryland Meter Works

FATHER
12. Name: Frederick Woodey
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Fredericha Waldjen
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1940 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Rd
18 (a) Funeral director Henry H. Weitzel
(b) Address 4101 Edmondson Ave
19 AUG 13 1940 (b) [illegible] Baltimore, Md.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1940, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1940 to Aug. 10, 1940, and that I last saw him alive on Aug. 9, 1940.

Immediate cause of death	Duration
Cardiac disease, myocarditis, chronic	6 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature T. B. H. Anderson.
Address U.S.Marine Hospital, Date signed 8/12/40

71970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 71970
Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Harrison

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1926

8. AGE: Years	Months	Days	If less than one day
14	4	12	1 hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Salad
11. Industry or business

FATHER
12. Name Thomas Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Sally Talley
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address Mercy Hospital

17 (a) Interment (Burial, cremation, removal) (b) Date thereof 8-15-40 (month) (day) (year)
(c) Cemetery or crematory
Location Lynchburg Va.

18 (a) Funeral director Whitten Funeral Home
(b) Address Lynchburg Va

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 13 1940 Huntington Pettigrew MD

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 1:07 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1940, to Aug 13 1940 and that I last saw h[illegible] alive on Aug 13 1940

Immediate cause of death: Myocardial failure — Duration

Due to: Staphylococcus aureus bacteremia

Due to: Suppurative Abscess Abscess [illegible] - Tuberculosis

Other Conditions: Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Suppurative Abscess, Abscess [illegible] Tuberculosis, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Meade
Address Mercy Hosp. Date signed 8/13/40 M. D.

F 71971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W Registered No. 71971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2506 E. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 E. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jackson Clement Parlett

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Marie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1858

8. AGE: Years	Months	Days	If less than one day
82	5	13	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Unknown

16 (a) Informant Florence Parlett
(b) Address 819 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director William Cooke
(b) Address 1217 St. Paul St.

AUG 13 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

V8 4

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1940 at 2 pm M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landenberger M.D. Medical Examiner.
Date signed 8/12/40

F 71972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3966 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 3966 Falls Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Rupp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower.

6 (b) Name of husband or wife Mary E. Rupp.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1856

8. AGE: Years	Months	Days	If less than one day
84	5	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer.

FATHER
12. Name John Rupp
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant George W. Fridrich.
(b) Address 3966 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Alesia,
Location Carroll Co, Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

AUG 13 1940 (b) Registrar
Date received Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 3 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Aug. 12 1940, and that I last saw him alive on Aug. 1 1940.

Immediate cause of death	Duration
(1) Hydronephrosis	
(2) Urinary Retention	
(3) Bronchopneumonia	
Due to Chronic interstitial nephritis	
Due to Hypertension.	
Other Conditions Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A. Nesbitt M.D.
Address 1730 Linden Ave Date signed 8/13/40

BALTIMORE CITY HEALTH DEPARTMENT

71973

CERTIFICATE OF DEATH

186-a

F 71973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W Fayette St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE BURTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 072-05-4083

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Esther Burton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1889

8. AGE: Years 51 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Trenton N-J. (Town, county, and state)

10. Usual Occupation Brick layer

11. Industry or business Frank W. Miller

FATHER 12. Name Nelson Burton

13. Birthplace England

MOTHER 14. Maiden Name Caroline Nelson

15. Birthplace unknown

16 (a) Informant Mrs Wm E Burton Overhill Rd Towsontown Sinai Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/40 (month) (day) (year)

(c) Cemetery or crematory Bal Co Baltimore

Location

18 (a) Funeral director Philip Herring Sons

(b) Address 2024 Orleans St

(c) Filed AUG 13 1940 (Date received by registrar) Huntington Willis Lewis M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 12 03 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
meningitis, pneumococcus	
Due to Fracture of skull frontal bone	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations see
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug 7 1940
(c) Where did injury occur? Yale Building 3 W Pk Delfield Blvd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial pl While at work? Yes (Specify type of place)
(e) Means of injury fell off scaffold 10 feet

23. Signature H. L. Ballenmeher M.D. Medical Examiner.
Date signed 8-11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

F 71974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 71974

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal is made. Answer each question in full. Use terms of common understanding. Give the usual name of occupation, even if retired. Do not abbreviate. Write out the full name of any hospital or institution. Do not use initials. If the deceased was a married woman, give her husband's name. If the deceased was a child, give the name of father or mother. Fill in all blanks for which you have information. If any item is unknown, state "unknown." Be sure to sign your name in full. Give the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Newington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) 707 Newington Avenue
(If outside city or town limits, write RURAL and give town)
Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA E. MICHELMANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry E. Michelmann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schrader
15. Birthplace Germany

16 (a) Informant Mr. Henry Michelmann
(b) Address 707 Newington Avenue

17 (a) Burial (b) Date thereof 8/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 AUG 13 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940, to Aug 11 1940, and that I last saw h.. alive on Aug 9 1940.

Immediate cause of death Coronary Thrombosis — Duration 36 Hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3228 Eastern Ave Date signed 8-12-40

VS 2

C 12081 Harry N. Strauss

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 71975 Registered No.

F 71925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4671 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 96
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4671 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Nathan Strauss

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5451

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Myrtle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1892

8. AGE: Years	Months	Days	If less than one day
47	11	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER 12. Name Adolph Strauss
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Durrback
15. Birthplace Balto.

16 (a) Informant Laura Manning
(b) Address 4671 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Martin W. C. Diffpl
(b) Address Lombard & Arnold St.

19 (a) AUG 13 1940 (b) Huntington Williams, M.D. (Signature of deputy registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1940, at 6 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Landeygrff M.D. Medical Examiner.

Date signed 8/14/40

VS 6

F 71976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133-B F 71976
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Items must be answered or the word "unknown" inserted where data cannot be obtained. Give the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Ward 1822 East 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Ellen Reynolds

3 (b) If veteran, name war 0

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John Reynolds (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 20, 1905

8. AGE: Years 35 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Thomas T. Mulligan
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Delyna
15. Birthplace Ireland

16 (a) Informant John Reynolds
(b) Address 1822 E 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 9 W Chesapeake Ave

19 AUG 13 1940 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1940, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1940, to Aug. 12 1940, and that I last saw her alive on Aug 12 1940.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Uremia	
Due to: Polycystic Kidneys	life
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. Mulligan M. D.
Address Mercy Hospital Date signed 8-12-40

VS 8

F 71977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Fa 71977 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks. Be sure the cause of death is clearly and legibly stated. Any error or omission in the information requested should be corrected as soon as discovered, as a certificate cannot be changed after it has been filed. Every statement must be full and complete. The space for "Length of residence" is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 826 S. Clinton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 all
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 S. Clinton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annetta A. Wolf
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1889

8. AGE: Years	Months	Days	If less than one day
50	9	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Paper hanger
11. Industry or business

FATHER
12. Name John Wolfe
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Annetta A. Wolf
(b) Address 826 S. Clinton St.

17 (a) Burial (b) Date thereof Aug. 14, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location 5712 Odonnell St.

18 (a) Funeral director Edward F. Hoffmann
(b) Address 1639 N. Broadway.

19 AUG 13 1940 (b) Hunting Ton Williams, M.D.
(Filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Aug 11 1940, and that I last saw him alive on Aug 10 1940.

Immediate cause of death Coronary Occlusion — Duration 1 yr Rel
Due to Hypertension — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature F. H. Herrmann M. D.
Address 1710 E. 33rd St. Date signed Aug 13 1940

VS 3

F 71978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D F 71978

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N Shroder St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N Shroder St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA OWENS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Abraham Owens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Seals, Alabama (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry Williams

13. Birthplace Seals - Ala

MOTHER 14. Maiden Name Fannie Conways

15. Birthplace Seals - Ala

16 (a) Informant Arthur Carter

(b) Address 1618 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 327 N. Schroder St

19 AUG 13 1940 (Date rec'd by registrar) (b) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 19 40 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed Aug 9 40

VS 6

George William Trott ✓ F 71979

VS 6

71979 George William Tratt ✓ F 71979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Second st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George William Tratt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cora M. Tratt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1882

8. AGE: Years	Months	Days	If less than one day
57	11	28	27 hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Screenman
11. Industry or business State Tobacco Warehouse

FATHER
12. Name Louis Tratt
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Rachel Sherbert
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. Cora M. Tratt
(b) Address 3704 Second St. Brooklyn

17 (a) Burial (b) Date thereof Aug 15 1940 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (Date rec'd by registrar) (Huntington Williams, M.D. Registrar)

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940 at 8½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ... find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Vanderlight M.D.
Medical Examiner.
Date signed 8/13/40

VS 6

F 71980 ✓ F 71980

VS 0

F 71980

F 71980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 777 W Mulberry
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 W Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Atkins – Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882.

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co – Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sam Atkins
13. Birthplace Va

MOTHER
14. Maiden Name Annie Robb
15. Birthplace Essex Co – Va

16 (a) Informant John Burns
(b) Address 1760 W. Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3920 N. Belnord Ave.

19 (a) AUG 13 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940 to Aug 10 1940 and that I last saw h.. alive on Aug 10 1940.

Immediate cause of death Uraemia Carbuncle — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Leo Easley
Address 1517 Eutaw Pl Date signed Aug 12 1940

VS 3

71981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 57898 SD

131-M F 71981
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 W. Cross Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chester Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3253

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1916

8. AGE: Years 24 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Cleveland
13. Birthplace South Carolina

MOTHER
14. Maiden Name Mabel Taylor
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a Co. Md

18 (a) Funeral director James A Stamp
(b) Address 1142 W Fed St

19 (a) (Date received by Registrar) AUG 15 1940 (b) Burial, Cremation or Removal

VS. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11-1940, at 8:34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-1940 to 8-11-1940 and that I last saw h[illegible] alive on 8-11-1940.

Immediate cause of death	Duration
Uremia	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-12-40

71982

VS 3

F 71982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 71982 ✓ 9

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Run, Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1/2 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Liberty Heights Ave (If rural give location) 15 10
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Estella Anne Hinds ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1937

8. AGE: Years	Months	Days	If less than one day
2	11	2/20	hr. ..... min.

9. Birthplace Jacksonville, Florida (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Alexander AA Hinds
13. Birthplace Harrisburg Pa.

MOTHER
14. Maiden Name Ruth F. Kattha
15. Birthplace Balto., Md.

16 (a) Informant Mother
(b) Address 3917 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14. 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Mr. Mrs. John W. Teufel
(b) Address 20 W. Fayette St

19 (Date rec'd by registrar) AUG 13 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 10 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1940, to Aug 11 1940, and that I last saw her alive on Aug 11 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Organism unknown	
Due to	
Other Conditions Pertussis Monogalism (Include pregnancy within 3 months of death)	11 days

Major findings:
Of operations
Of autopsy not Reported

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? Son
(e) Means of injury

23. Signature Maynard Cohen M. D.
Address Sydenham Date signed Aug 12, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item should be answered; if unknown or if the question is not applicable, state which. Do not use ditto marks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

71983

HEALTH DEPARTMENT—CITY OF BALTIMORE 71983

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 4th Ward) 707

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Baby Girl Buddemeier

(a) Residence: No. 517 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/11/40

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Earl W. Buddemeier

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Wilking

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Earl W. Buddemeier
(Address) 517 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Ch. Cem. Date Aug. 12. 19 40

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander
(Address) North Ave. & Broadway.

20. FILED AUG 13 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1940 to 8/12, 1940

I last saw h alive on 8/12, 1940 Death is said to have occurred on the date stated above, at 1:45A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold A. Groth M. D.

(Address) West. Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71984 57944 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 71984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everyone is required by law to report the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Corbin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married(sep.

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. ? 1884

8. AGE: Years	Months	Days	If less than one day
55?	9		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Architect
11. Industry or business

FATHER
12. Name Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Va.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Md.

18 (a) Funeral director Charles Harper
(b) Address 5147 N. Calvert St.

19 (a) (Date rec'd by registrar) (b) Thomas J. Williams M.D. Registrar

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10-1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31-1940 to 8-10-1940, and that I last saw h[illegible] alive on 8-10-1940.

Immediate cause of death
Pulmonary Embolism
Due to The pericholecystitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 wk
?
?

Major findings:
Of operations
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-11-40

AUG 13 1940

71983 54651-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 71985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Information should be obtained from the most reliable source. Be sure to give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr. 1mo. 2 das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Fleming

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-1865

8. AGE: Years 74 | Months 11 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph Fleming
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Kane
15. Birthplace Ireland

16 (a) Informant B.C.H. records
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 13 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams Mort.

AUG 13 1940 (Date rec'd by registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1 1940 at 9:55 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-18-40 1940 to 8-1 1940 and that I last saw h[illegible] alive on 8-1 1940.

Immediate cause of death: Arteriosclerotic heart disease
Congestive failure
Due to: Bronchopneumonia edema
Due to: Benign hypertrophy of prostate
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Cystostomy
Of autopsy: Yes

Duration
?
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder
Address Balt. City Hosp. Date signed 8-1-40

T 5856

50306—FU

71986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 71986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly. Every item is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) Smoldey

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2016 E. Lombard St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 25 years

2-1

3 (a) FULL NAME Matilda Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-1901

8. AGE: Years 38 37 | Months 10 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER

12. Name Louis

13. Birthplace Russia

MOTHER

14. Maiden Name Susie

15. Birthplace Russia

16 (a) Informant B.C.H. Records

(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)

(c) Cemetery or crematory ... Location UNIVERSITY MEDICAL SCHOOL AUG 13 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore Hunting for Williams, Md.

19 (Date) AUG 13 1940 Registrar 5835

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1940, at 6 52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4- 1940, to 8-5- 1940 and that I last saw her alive on 8-5- 1940

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Hypertension Ch D — Duration: ?

Due to: — Duration:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy Cardiac enlargement & failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hosp. Date signed 8-12-40

CGK

57845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

71987 13-B F 71987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Transient, N.Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Connors

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
55	?	?	hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 13 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) AUG 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

5834

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30- 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29- 1940 to 7-30- 1940, and that I last saw h[illegible] alive on 7-30- 1940.

	Duration
Immediate cause of death Pulm. Thr.	
Due to Diabetes mellitus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulm. Thr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-12-40

F 71988
58003-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 71988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Faulkner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 31 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Willie Faulkner
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Lester
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory ..... Location UNIVERSITY MEDICAL SCHOOL AUG 13 1940

18 (a) Funeral director Commissioner of Health
(b) Address per H. A. Moore

19 (a) AUG 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar 5833

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1940, 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940, to 8-5 1940 and that I last saw h/ alive on 8-5 1940.

Immediate cause of death: Ruptured gastric ulcer & generalized peritonitis — Duration 1 week?
Due to Calculus in bladder ? ?
Due to Uremia
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Sutures
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Schlatt Jr. M. D.
Address Balto. City Hosp. Date signed 8/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 71989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 71989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md
(b) Street address 723 Magothy Ave
(c) Hospital or institution: 723 Fonge St
(d) Length of stay in hospital or inst. (yrs., mos., or days) Visit
(e) Length of stay in Baltimore (yrs., mos., or days) 3 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Nelson
(c) City or town Schuyler (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 39 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Elizabeth Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife William Johnson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 10 1877

8. AGE: Years 63 | Months 6 | Days | If less than one day ..... hr. ..... min.

9. Birthplace King William Co Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Ben Junkin

13. Birthplace King William Co Va

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant Virginia Thomas

(b) Address 723 Fonge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co Md

18 (a) Funeral director Isaac L. Brown & Son

(b) Address 1051 Montgomery St

19 (a) Registrar (b) Huntington Williams Registrar

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1940 to Aug 10 1940 and that I last saw her alive on Aug 10 1940

Immediate cause of death	Duration
Coronary thrombosis	
Due to Myocarditis	2 years
Due to	
Other Conditions Hypertension	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Watts

Address 5151 Arlington Ave Date signed 8/11/40 D.

F 71990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 71990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Gwynn
(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3401 Gwynn (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Quincy Edward Turner

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Kate T. Turner
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Dec-14-1859

8. AGE: Years 80 | Months 7 | Days 2827 | If less than one day — hr. — min.

9. Birthplace Upper Marlboro-Md. (Town, county, and state)
10. Usual Occupation retired farmer
11. Industry or business B & O R.R. Co

FATHER 12. Name Thos. J. Turner
13. Birthplace Maryland

MOTHER 14. Maiden Name Malvern Early
15. Birthplace Prince Georges Co. Md

16 (a) Informant Mrs. Kate T. Turner (wife)
(b) Address Edmondson Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-16-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville-Md.

18 (a) Funeral director Stewart Memorial Company
(b) Address 408 W. Mt. St.

19 (a) AUG 13 1940 (Date rec'd by registrar) (b) Herington Williamsport Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1933 to Aug 11 1940 and that I last saw him alive on Aug 8 1940

Immediate cause of death: Coronary Occlusion — Duration: 8 hrs.
Due to: ✓
Due to: ✓
Other Conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ✓
(b) Date of occurrence: ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury: ✓

23. Signature: Golden A. Pritchard
Address 1219 Dolphin Street Date signed 8/12/40

F 71991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2 Registered No. F 71991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Harvey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Harvey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann E. Frett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Frett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct - 24 - 1866

8. AGE: Years 74 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Stephens

13. Birthplace Maryland

MOTHER 14. Maiden Name Ann Brown

15. Birthplace Maryland

16 (a) Informant Mrs. Fleburger

(b) Address 623 Harvey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-14-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Fahey & Son

(b) Address 518 Light St.

19 (a) AUG 13 1940 Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Aug 11 1940, and that I last saw h[illegible] alive on Aug 11 1940.

	Duration
Immediate cause of death: Acute Myocarditis	3 days
Due to: Acute Bronchitis	12 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Mulde M.D.

Address 1279 Millburn Pl. Date signed 8/12/40

F 71992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 71992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3825 Hudson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Hudson St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Hayes

3 (b) If veteran, name war: 0
3 (c) Social Security Account No. Nc

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph B Hayes
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1857

8. AGE: Years 82 | Months 11 | Days | If less than one day: ..... hr. ..... min.

9. Birthplace Balto Md. (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Conrad Gerhard
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Stendal
(b) Address Wiglidee Ble. Grub Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore City

18 (a) Funeral director A. Howard Evans
(b) Address 1411 N. Charles St

AUG 14 1940 (Date rec'd by Registrar)

(b) Huntingtown Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1940, to 8/13 1940, and that I last saw h.. alive on 8/12 1940.

Immediate cause of death Chronic Myocarditis — Duration .....

Due to Uraemia — Duration .....

Due to Chronic arteriosclerosis — Duration .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature J. W. Gerhard M. D.
Address 634 S. Conkling Date signed 8/13/40

71993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 71993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN C DYER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-05-5178

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1904

8. AGE: Years: 36 | Months | Days | If less than one day: hr. min.

9. Birthplace: Danville, Va (Town, county, and state)

10. Usual Occupation: Foreman, steamship
11. Industry or business: Panama Pacific Line

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Mrs Rose Swanson
(b) Address: 715 S Broadway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 13 1940 (month) (day) (year)
(c) Cemetery or crematory: Lowell
Location: Danville Va

18 (a) Funeral director: Jethro
(b) Address: 1217 E Fayette St

19 AUG 14 1940 (b) Huntington Williams, M.D. (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 1 a. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of spinal cord	
Due to: Bullet wound of head	
Due to	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: homicide
(b) Date of occurrence: Aug 13, 1940
(c) Where did injury occur? Lombard and Eaton St. Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury: revolver bullet altered

23. Signature: J. J. Wollenweber M.D. Medical Examiner.
Date signed 8-13-40

VS 6

F 71994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 71994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Pressman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Pressman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannie E Stoffe

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife William A
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Aug 11 1868
8. AGE: Years 72 Months - Days 1 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Stoffe
13. Birthplace Ohio

MOTHER
14. Maiden Name Catherine Jones
15. Birthplace Md

16 (a) Informant Gertrude Oschenfeld
(b) Address Rockhurst Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Wilhelm Bros
(b) Address 319 N Paca St
19 (a) AUG 14 1940 (Date rec'd by registrar) (b) Interred in Wilhelm Lot Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1939, to Aug. 12 1940, and that I last saw h e alive on Aug. 11th 1940.

	Duration
Immediate cause of death –	
(a) Cerebral Rheumatic Heart disease	6 yrs.?
Due to – (b) Intestinal obstruction	
Due to	
Other Conditions –	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury –

23. Signature Emil L. Chamberlain M. D.
Address 4108 Liberty Hts. Date signed 8/12/40

F 71995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a F 71995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 E. FAIRMONT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 E. FAIRMONT AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: ANNA M. HALLAMEYER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: FRANK A. HALLAMEYER

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JULY 6 1868

8. AGE: Years 72 | Months 10 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name CHRISTOPHER AHMERIN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant CHRISTOPHER HALLAMEYER SON
(b) Address 2231 CECIL AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 14/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

AUG 14 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 10 1940 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 - 1940, to Aug 10, 1940 and that I last saw h[illegible] alive on Aug 10, 1940

Immediate cause of death
Cerebral hemorrhage — Duration: Aug 10 1940
Due to Cirrhosis Edema — Duration: 10 Days
Due to — Duration: ---?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pyon M.D.
Address 514 Dumay Lane Date signed Aug 12 1940

71996 57772 Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-3 F 71996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balt. City Hosp. 4940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 19 West West Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Irvin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4991

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Herbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1886

8. AGE: Years 54 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Machine

FATHER
12. Name Jessie Cartrell (d)
13. Birthplace Mt. Airy

MOTHER
14. Maiden Name Elizabeth Atchison (d)
15. Birthplace Mt. Airy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Annapolis Rd.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Bright St.

19 (a) (Signature of Registrar) Registrar

AUG 14 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1940, to 8-13 1940, and that I last saw her alive on 8-13 1940.

Immediate cause of death: Carcinoma of Uterus? & extension — Duration: 15 Mo. ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Gallagher M. D.
Address Balt. City Hosp. Date signed 8-13-40.

F 71997

Barnabe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

Registered No. F 71997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Barnabe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Vincent Barnabe

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 27 1908

8. AGE: Years 32 | Months 2 | Days 14 | If less than one day: hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benj. Tavarone
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Scalfo
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 407 Exeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Albert W. Pereguy
(b) Address 440 E. North Ave

19 AUG 14 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1940 to 8-11 1940 and that I last saw h-- alive on 8-11-40 19

	Duration
Immediate cause of death Respiratory Failure - Pulmonary Edema	
Due to Bacterial Pneumonia	Subacute
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.S. Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 8-11-40

Hunting for Relatives, Inc.

F 71998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B Registered No. F 71998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Wilson Ln
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Lifer

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Wilson Ln
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Feeney Fannie Feeney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Alexander Feeney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-2

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name William Coppage

13. Birthplace Md

14. Maiden Name Lydia Johnson

15. Birthplace Md

16 (a) Informant Fannie Feeney

(b) Address 1301 Brunt Ln

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1940 (month) (day) (year)

(c) Cemetery or crematory Meadhill Chapel Assn

Location Coppenville, Md.

18 (a) Funeral director Wm. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

(c) AUG 1 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12/40 19 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10/40 to 8/12/40, and that I last saw h[illegible] alive on 8/12/40.

Immediate cause of death Acute Dilatation of the Heart
Due to Obstruction of the Left Coronary Artery
Due to Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Operation: Never over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 8/13/40

F 71999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

F 71999

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 W 39th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 W 39th St.
(If rural give location)
13-7
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma M. Turner.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Edward F. Turner
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1894

8. AGE: Years 46 | Months | Days 6 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edward F. Turner
(b) Address 1015 W 39th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Ehrenwith & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) (Date received by registrar) (b) Registrar's No.

AUG 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Aug 13 1940, and that I last saw him alive on Aug 3 1940.

Immediate cause of death — Duration

Due to Chronic Myocarditis 14 yr.

Due to Chronic Nephritis 14 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature E. E. Richardson M. D.
Address 117 W. 25th Date signed Aug 14 1940

72000 JS 57582 F 72000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-D Registered No.

Every item of information should be carefully supplied. The WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Alston

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race B
6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-3-1921

8. AGE: Years 19 | Months 7 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Thomas Alston
13. Birthplace S. C.

MOTHER
14. Maiden Name Jane Waiotek
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12-1940 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21-1940 to 8-12-1940 and that I last saw h-- alive on 8-12-1940

Immediate cause of death: Coronary thrombosis angina
Acute Hepatitis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 10 days

Major findings:
Of operations
Of autopsy Acute Hepatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving A. Strauss M. D.
Address Bolton & Hoyt Date signed 8-13-40

Huntington Williams, M.D.

AUG 14 1940 Huntington Anneville, M.D.

Julia C West

72001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 72001

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Ruecker-t (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia C. West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th 1849

8. AGE: Years 91 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Wm M Henkel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dont know
15. Birthplace Balto

16 (a) Informant Wm L Gant
(b) Address 3208 Ruecker-t

17 (a) Greenmount (Burial, cremation, or removal) (b) Date thereof Aug 14th 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Greenmount Cem

18 (a) Funeral director Geo Schilling & Sons
(b) Address 1124-126 E Monument St

19 (a) Date received by registrar AUG 14 1940 (b) Signature of registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940 to Aug 4 1940 and that I last saw h.e.r. alive on Aug 11 1940.

Immediate cause of death	Duration
Toxemia	
Due to Generalized Peritonitis	
Due to Ruptured Appendix	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Abd. cavity filled w pus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Kunnamacher M. D.
Address Mercy Hospital Date signed 8/14/40

72002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148-B

F 72002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cora E. Marshall
(c) Hospital or institution 5301 Elsrode Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5301 Elsrode Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Estella Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles H. Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 1874

8. AGE: Years 65 | Months 11 | Days 910 | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Virgiurd M. Ward
13. Birthplace Baltimore

MOTHER
14. Maiden Name Virginia Lubarg
15. Birthplace Baltimore

16 (a) Informant Mrs. Grace
(b) Address 5406 Brandon Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Wm. S. Hays Galt
(b) Address 3539 Falls Road

19 (a) (Date received by registrar) Huntington Williams M.D.

AUG 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to Aug 12 1940; and that I last saw M. alive on Aug 12 1940.

	Duration
Immediate cause of death: Broncho pneumonia -	1½ days
Due to: Cancer of uterus (Cervix).	7 mos.
Due to: Generalized Metastasis.	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Cancer of Cervix - Bladder

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James E. White M.D.
Address 5214 Stanford Rd Date signed 8/13/40

E 72003

Eugene Havlin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. E 72003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Blair
(c) City or town Altoona
(If outside city or town limits, write RURAL and give town)
(d) Street No. Walnut ave - 4 ½ mi
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eugene Havlin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 30 1912

8. AGE: Years	Months	Days	If less than one day
27	10	13	..... hr. ..... min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Railroad

FATHER
12. Name H. F. Havlin
13. Birthplace Pa

MOTHER
14. Maiden Name Gertrude Ashman
15. Birthplace Pa

16 (a) Informant Leslie Ake
(b) Address Altoona Pa

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof Aug 14/40 (month) (day) (year)
(c) Cemetery or crematory Altoona
Location Altoona Pa

18 (a) Funeral director Fulton
(b) Address 1217 11th Ave

19 (a) [illegible] (Signature of local registrar) Huntington Williams, M.D. Registrar

AUG 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13- 1940, at 7:50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fractured 5th Cervical vertebra & Cord	
Due to injury.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-13-40
(c) Where did injury occur? Rock River Balto. Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Dived into shallow water

23. Signature Howard A. Mueller M.D.
Medical Examiner.
Date signed 8-14-40

F 72004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72004

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 - Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clarence R. Lokeman

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Edna Lokeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1896

8. AGE: Years	Months	Days	If less than one day
43 74	8	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Labr
11. Industry or business

FATHER 12. Name Robert Lokeman
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Ella Thomas
15. Birthplace Baltimore, Md

16 (a) Informant Edna Lokeman
(b) Address 711 N Calhoun St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 16, 194 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) AUG 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M. D. Address Provident Hospital

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12- 1940 at 11.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7-1940 to 8-12-1940 and that I last saw him alive on 8-12-1940

Immediate cause of death	Duration
Cerebral Hemorrhage	
with left side Hemiplegia	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. F. Mahoney, M. D.
Address Provident Hospital Date signed 8-12-

VS 3

F 72005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Ashbury Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Washington Bird or Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1857

8. AGE: Years	Months	Days	If less than one day
84	5	2	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William H. Bird

13. Birthplace Virginia

MOTHER 14. Maiden Name Lucy Robinson

15. Birthplace Virginia

16 (a) Informant Records Bur.

(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 15 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Willing

(b) Address 322 N. Schroeder St

19 (a) AUG 14 1940 (b) Huntington Willing (Registrar) M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12- 1940 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 1931 to 8-12- 1940 and that I last saw h alive on 8-12- 1940

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive CVD	?
Due to Gen. A-S	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-12-40

72006 59002 8D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B V

Registered No. F 72006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 1127 Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sherrill Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-1114

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1902

8. AGE: Years 38 | Months 5 4 | Days 24 4 | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Hisilpah
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosetta Wright
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 8/15/40 (month) (day) (year)
(c) Cemetery or crematory Hampton, Va
Location Robert L. Ground
18 (a) Funeral director 604 N. Carrollton Ave
(b) Address

19 Filed AUG 14 1940 (Date received) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13-40 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940, to 8-13 1940. and that I last saw h.. alive on 8-13 1940.

Immediate cause of death: Brain tumor - rt. frontal lobe — Duration 6 mo.

Due to: — Duration over

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Some

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Meaughlin M. D.
Address Balto City Hosp Date signed

72007 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 72007

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 W. Franklin St. 20 Ward) Registered No. 146-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Wagner

If U. S. Veteran specify WAR ... Social Security No. 220-05-5155

(a) Residence: No. 1916 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise A. W. Heineman

6. DATE OF BIRTH (month, day, year) Oct 8th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice Bakery

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Wagner

(Address) 1916 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug 16th 1940

19. UNDERTAKER Mrs. Whitehead & Son

(Address) 2503 Edmondson Ave

AUG 14 1940, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1940 to Aug 13 1940

Last saw h... alive on Aug 12 1940 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	about 30
Other contributory causes of importance: Carcinoma of Colon	3 mos. prior

Was an operation performed? Yes Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinically Was tissue examined? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. W. Thomas M.D. M. D.

(Address) 3136 Keyser Rd

VS 2

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 M

F 72008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Gault

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Daniel Gault
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1895

8. AGE: Years	Months	Days	If less than one day
44	7	20	hr. min.

9. Birthplace Spartansburg S. Carolina (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Daniel Gault
(b) Address 1211 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mrs. R. O. Elliott & Daughter
(b) Address 1129 E. Carolina St.

19 (a) Filed AUG 14 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1940 at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to Aug 12 1940 and that I last saw h alive on Aug 11 1940.

Immediate cause of death

Duration
April 12 1940

Due to Acute Cerebral Apoplexy

Due to Essential Hypertension about January 1940

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. F. Allen M. D.
Address 5 W. Saratoga St. Date signed Aug 14 1940

F 72009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0

F 72009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Brooks Lane, Esplanade Apartments.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. 1941
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEONARD A. GOLDHEIM.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 218-09-9579.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche S. Goldheim
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1883.

8. AGE: Years	Months	Days	If less than one day
56	9	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Merchant Tailor.
11. Industry or business

FATHER
12. Name Samuel Goldheim,
13. Birthplace Trenton, N.J.

MOTHER
14. Maiden Name Lizzie Cramer,
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Blanche S. Goldheim,
(b) Address Esplanade Apts.

17 (a) Burial (b) Date thereof 8/15/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom.
Location Baltimore, Md.

18 (a) Funeral director David Tomkin & Sons
(b) Address 1902 Eutaw Place.

19 AUG 14 1940 Huntington Williams M.D.
(Date received) (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13, 1940, at 6.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1940 to 8/13 1940, and that I last saw h[illegible] alive on 8/13 1940.

Immediate cause of death Coronary occlusion — Duration 36 days

Due to Coronary Sclerosis — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin F. Yeager M.D.
Address Esplanade Apts. Date signed 8/13/40

F 72010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 72010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BIOLA ROSENHEIM

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1883

8. AGE: Years	Months	Days	If less than one day
57	2	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Singing Teacher.
11. Industry or business

FATHER
12. Name Gustav Rosenheim,
13. Birthplace Germany.

MOTHER
14. Maiden Name Betsy Frank,
15. Birthplace Balto. Md.

16 (a) Informant Mr. J. Rosenheim,
(b) Address 1706 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/40. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harold Sonnabend & Son
(b) Address 1902 Eutaw Place.

19 (a) AUG 14 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13, 1940, at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from AUG. 1 1940, to AUG 13 1940, and that I last saw her alive on AUG 13 1940.

Immediate cause of death CARCINOMA OF BREAST WITH METASTASES TO PLEURA AND ABDOMINAL CAVITY. PLEURAL EFFUSION AND ASCITES. — Duration 1 year / Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations CARCINOMA Oct. 1939
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Hills M. D.
Address 18E. Eager St. Date signed 8/14/40

72011 14 N. East Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 72011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 S. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S. Highland Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Sangreiter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry S. Sangreiter
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 7- 1866

8. AGE: Years	Months	Days	If less than one day
73 74	9	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Henry Shanwolf
13. Birthplace Germany

MOTHER 14. Maiden Name Sunknown
15. Birthplace

16 (a) Informant Hannah Rosch
(b) Address 218 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2433-35 E. Oliver St.

AUG 14 1940

(Signature of registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1940 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to 8-14 1940 and that I last saw her alive on 8-14 1940.

Immediate cause of death: Myocardial degeneration — Duration

Due to: arteriosclerosis

Due to:

Other Conditions: Chronic nephritis Secondary anemia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Gould M. D.
Address 14 N. East Ave. Date signed 8-14-40

Queen

F 72012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓

Registered No. F 72012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Whatcoat Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Whatcoat Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 ✓

3 (a) FULL NAME John Queen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mable Queen
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan. 29 - 1895

8. AGE: Years	Months	Days	If less than one day
45	6	1615	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John Queen
13. Birthplace Maryland

MOTHER
14. Maiden Name Lockwood Floyd?
15. Birthplace Md.

16 (a) Informant Mable Queen
(b) Address 928 Whatcoat Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cold Co. Rd

18 (a) Funeral director Jas. Wm. Skinner
(b) Address 927 N. Broadway

19 AUG 14 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14-40 at 8 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 8-15-40

(over)

VS 6

VS 6

F 72013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. F 72013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians; please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Retreat Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) ~~City or town~~ 1611 Retreat Street
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VENIE VELKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frederick J. Velker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 23, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	20	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John J. Christ
13. Birthplace Unknown

MOTHER
14. Maiden Name Christina Kaulbfuss
15. Birthplace Unknown

16 (a) Informant Mrs. John J. Velker
(b) Address 1611 Retreat Street

17 (a) Burial (b) Date thereof 8/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 AUG 14 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13, 1940, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1940 to Aug 13 1940 and that I last saw her alive on Aug 13 1940.

Immediate cause of death Uraemia

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7 yrs
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin E. Yeager
Address The Plaza Date signed 8/13/40

F 72014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122a Registered No. F 72014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Wilmington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wheeler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1879

8. AGE: Years 61 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Howard County, Maryland
(Town, county, and state)

10. Usual Occupation Tower Leverman

11. Industry or business Penna. R. R.

FATHER 12. Name Howard L. V. Wheeler

13. Birthplace Maryland

MOTHER 14. Maiden Name Frances E. Shaw

15. Birthplace Maryland

16 (a) Informant Mr. Edwin Wheeler

(b) Address 903 Wilmington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Pa. Avenues

1940 AUG 14 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1940, at 8:03 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1940 to Aug 14 1940, and that I last saw h alive on Aug 14 1940

Immediate cause of death: Lobar pneumonia — Duration: 2 days

Due to: Operative procedure (Herniaplasty)

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Lobar pneumonia, Inguinal Hernia Left
Of autopsy: Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. S. Hartz M.D.

Address University Hosp. Date signed 8/14

M. D. F 1208-9

72015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 72015

CERTIFICATE OF DEATH 51-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Colehesne Rd St., 28-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Franklin Warner

(a) Residence: No. 4807 Colehesne Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Warner

6. DATE OF BIRTH (month, day, year) March 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

FATHER

13. NAME unknown Warner

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Grace Warner
(Address) 4807 Colehesne Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Aug 16/40. 19

19. UNDERTAKER Harry H. Whitlee
(Address) 4101 Edmondson Ave

20. FILED AUG 14 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14. 1940.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937 to August 14 1940

I last saw him alive on August 14 1940. Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Penis with abdominal metastases — Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation Resection of Penis Date of Feb 1937

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M Robinson M. D.

(Address) 214 N. Hilton St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr T Thomas
53 - Hofford Rd

BALTIMORE CITY HEALTH DEPARTMENT

F 72016

CERTIFICATE OF DEATH 92-D

Registered No. F 72016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 E Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary F. Beitzel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~of wife~~ Daniel Beitzel Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	16	hr. min.

9. Birthplace New York N. Y. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business own

FATHER
12. Name Albert Beiler
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Todalusch
15. Birthplace Germany

16 (a) Informant Anna Lou J Dodson
(b) Address 1725 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15th 40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park Cem
Location Frederick Rd Balto. Md.

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St.

19 (a) Filed AUG 14 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12th 1940, at 9.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to Aug 12 1940 and that I last saw h alive on Aug 12 1940.

Immediate cause of death

Due to Cardiorrhexis

Due to acute Bronchitis

Other Conditions Cardiosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

Duration
?
2 wks
24 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Thomas M. D.
Address 313 Hofford Rd Date signed Aug 13/40

VS 2

F 72017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 72017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 29 2 N Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 97
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 2 N Rosalie Ave 2782 (If [illegible] location) Glenmore Blvd
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GEORGE MUELLER

3 (b) If veteran, name war None
3 (c) Social Security Account No. 216-07-9470

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche Yost Bond

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 12/12/1872

8. AGE: Years 67 | Months 8 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Ft Wayne Ind (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Rayo Packing Co.

FATHER 12. Name John C. Mueller

13. Birthplace Germany

MOTHER 14. Maiden Name Marie (Boyt)

15. Birthplace Germany

16 (a) Informant Mrs. Blanche Yost Mueller

(b) Address 2782 - Glenmore Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto Co. Md

18 (a) Funeral director Geo. J. Puth Inc

(b) Address 1235 Hanford Ave

AUG 14 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 8:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions no — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 8-13-40

VS 6

F 72018

VS 6

72018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-a

F 72018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George's
(c) City or town Glendale, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 96 (If rural give location)
12-b
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Huber Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Louise Byrd
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1904

8. AGE: Years	Months	Days	If less than one day
36	7	6	hr. min.

9. Birthplace Waynesboro, Penna (Town, county, and state)
10. Usual Occupation Machinist Mate 1/c (RETIRED)
11. Industry or business U. S. Coast Guard

FATHER
12. Name Clarence Miller
13. Birthplace Waynesboro, Penna.

MOTHER
14. Maiden Name Mattie Huber
15. Birthplace Waynesboro, Penna.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 15-40 (month) (day), (year)
(c) Cemetery or crematory Arlington National Cem
Location Arlington, Virginia

18 (a) Funeral director Pott & B. M. Walter
(b) Address 2401 E. Baltimore St

19 (a) (Date received by registrar) (b) Registrar
AUG 13 1940 Huntington Hillsdale, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13, 1940, at 9:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to August 13 1940 and that I last saw him alive on August 13 1940.

Immediate cause of death	Duration
Cardiac Disease, coronary thrombosis	14 days
Due to Coronary arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S.Marine Hospital Date signed 8-14-40

72019

F 72019

72019 48249 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 72019

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Conway St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lotha James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Sep. Married

6 (b) Name of husband or wife Matthew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan ? 1893

8. AGE: Years 47 ? | Months 7 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Hammer
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 14 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Baltimore Md

18 (a) Funeral director E O Weber
(b) Address 1000 Brantley

1940 AUG 15 1940 (b) Huntingdon Pa
(Registrar's signature) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13-1940, at 12:30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11-1939, to 8-13-1940, and that I last saw h-er alive on 8-13-1940.

Immediate cause of death	Duration
Cerebral Thrombosis	?
Due to Hypertension CVD	?
Due to Cerebral arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Encephalomalacia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Murray Lakin M. D.
Address Balto City Hosp Date signed 8-14-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C F 72020 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 Westwood Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5.6

3 (a) FULL NAME Howard Shelly

3 (b) If veteran, name war

3 (c) Social Security Account No. 540-16-2507

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1913

8. AGE: Years	Months	Days	If less than one day
26	8	23	hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER
12. Name Howard Shelley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Sponsal
15. Birthplace Germany

16 (a) Informant Miss Anna Shelley
(b) Address 2836 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 1940 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location

18 (a) Funeral director L. Walter Mayo
(b) Address 619 N. Bouldin St

19 (a) (Signature of registrar) Huntington Williams M.D.

AUG 15 1940

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 5 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Embolism.	
Due to Rheumatic Cardio-Vascular	
Due to Disease	15 yrs.
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kilfoil M.D. Medical Examiner.
Date signed 8-14-40

72021
10360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 72021
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 S.POTOMAC ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 S.POTOMAC ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN A.EYDELLOTH

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 216-01-3978

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: IDA EYDELLOTH
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) MAY 30 1892

8. AGE: Years 48 | Months 2 | Days 14 13 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation COPPER SMITH
11. Industry or business BALTO.COPPER WORKS

FATHER
12. Name JOHN EYDELLOTH
13. Birthplace GERMANY

MOTHER
14. Maiden Name BARBARA LOEFFLER
15. Birthplace GERMANY

16 (a) Informant IDA EYDELLOTH (WIFE)
(b) Address 623 S.POTOMAC ST.

17 (a) BURIAL (b) Date thereof AUG.17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM
Location EASTERN AVE. RD.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S.WOLFE ST.

19 (a) AUG 15 1940 (Date received by Registrar) (b) [signature] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG.13 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1940 to Aug 13 1940, and that I last saw him alive on Aug 13 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Instant
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 2939 Eastern Ave Date signed 8/14/40.

Howard J. Malkus M. D.
Chief Medical Examiner

Chief Medical Examiner

F 72022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V186-a F 72022 Registered No.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write 'RURAL' and give town)
(d) Street No. 5506 Magnolia Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY RAUSCH (MARY RAUSCH)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife JOHN RAUSCH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 14/1858

8. AGE: Years 82 | Months 2 | Days 27,29 | If less than one day hr. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Etzel
13. Birthplace Switzerland

MOTHER
14. Maiden Name Appolonea Haufman
15. Birthplace Switzerland

16 (a) Informant Edward Neserke
(b) Address 5506 Magnolia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

AUG 15 1940 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1940, at 3a M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock, traumatic

Due to Fracture, 4th lumbar vertebrae

Due to

Other Conditions Fractures, multiple ribs (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 13, 1940
(c) Where did injury occur? 5506 Magnolia Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell 12 ft down from porch roof to ground

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-13-40

2023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 22023

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Stiles St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Raffaele Cavaliere

If U. S. Veteran specify WAR ...

(a) Residence: No. 915 Stiles St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Late Raffaele (Piene)

6. DATE OF BIRTH (month, day, year) July 20 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME David Cavalieri

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Cavalieri

(Address) 401 S. High St

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Holy Redeemer Date Aug 16 1940

19. UNDERTAKER Henry L Whitby

(Address) 400 Edmondson Ave

20. FILED AUG 15 1940 Hunting Town Maryland, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1940 to Aug 12, 1940

I last saw h~~im~~er alive on Aug 11 1940 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Other contributory causes of importance: Exhaustion	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Luigi S. DiStefano M. D.

(Address) 407 S. Exeter St

V-3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72024

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Puget St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Puget St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry J. Schuetheis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Blanche B. Van Dyke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1882

8. AGE: Years	Months	Days	If less than one day
58		15	hr. min.

9. Birthplace Bucks. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B. & O. R. R.

FATHER
12. Name Geo. Schuetheis
13. Birthplace Germany

MOTHER
14. Maiden Name Shappert
15. Birthplace Germany

16 (a) Informant Mrs. Blanche B. Schuetheis

(b) Address 2902 Puget St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wittle

(b) Address 4101 Edmondson Ave

19 (a) (b)

AUG 15 1940 Huntington White Registrar

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1940 to Aug. 12 1940 and that I last saw h[illegible] alive on August 12 1940.

Immediate cause of death Cerebral Hemmorhage — Duration 1 week

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Stumpf M. D.

Address 2301 Annapolis Rd Date signed August 12, 1940

F 72025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 743 South Ann
(c) Hospital or institution:
(d) Length of stay in hospital or inst., (yrs., mos., or days)
(e) Length of stay in Baltimore, (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 743 South Ann (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cinders Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ella Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Balto. Md

16 (a) Informant Hattie Washington
(b) Address 1621 W Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received) (b) (Registrar)
AUG 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1940 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to Aug 10 1940.
and that I last saw him alive on Aug 10 1940.

Immediate cause of death

Pulmonary TB — Duration 6 mos

Due to Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Cooley M. D.
Address 1701 E Eager Date signed 8/15/40

F 72026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 99 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Daffin (55373)

3 (b) If veteran, name war

3 (c) Social Security Account No. 225-01-5178

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edwinia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1881

8. AGE: Years	Months	Days	If less than one day
59	5	2	hr. min.

9. Birthplace Ala.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Edwin
13. Birthplace Ala.

MOTHER
14. Maiden Name Rebecca Corce
15. Birthplace Ala.

16 (a) Informant Hospital Records - B. C. H.
(b) Address Balto Md.

17 (a) Burial (b) Date thereof 8/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location A. G. Country Md

18 (a) Funeral director John J. Oakley & Sons
(b) Address 1918 Eight St.

19 (c) AUG 15 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13, 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1940, to Aug. 13, 1940, and that I last saw him alive on Aug. 6, 1940

Immediate cause of death Tuberculosis of Lungs — Duration March 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hospitals Date signed 8-14-40

F 72027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Hooper Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Hooper Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Emma V. Stansbury.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Henry M. Stansbury
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1851

8. AGE: Years	Months	Days	If less than one day
88	10	4	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm. Mc Kelvey
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Spinal
15. Birthplace Md.

16 (a) Informant Harry H Stansbury
(b) Address 3604 Hooper Ave.

17 (a) Burial (b) Date thereof 8/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore

18 (a) Funeral director Kenneth W Donovan
(b) Address 3615-17 Lakeland Ave.

AUG 15 1940 (b) Livingston Wilmington, N.C.
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 1940 to 8/14 1940, and that I last saw her alive on 8/15 1940

Immediate cause of death Coronary Thrombosis — Duration

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other Conditions Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence C. Post M. D.
Address 7105 York Road Date signed 8/15/40

F 72028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78a

F 72028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Curtis Bay) (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Hazel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT A SOBOLEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1908

8. AGE: Years	Months	Days	If less than one day
31	9	15	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Tidewater Oil Co

FATHER
12. Name John Sobolewski
13. Birthplace Poland

MOTHER
14. Maiden Name Aleksandra Mierski
15. Birthplace Poland

16 (a) Informant John Sobolewski
(b) Address 1628 Hazel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. Co.

18 (a) Funeral director W. L. Fialkowski
(b) Address 200 N. Eastern Ave Highland, Md.

19 (a) (b) (Date received by Registrar)

AUG 15 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940, at 7.R-M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death ~~Endocarditis~~ Endocarditis — Duration

Due to Poisoning, lead

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence August 9, 1940
(c) Where did injury occur? Pennington Ave, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury inhaled fumes of lead

23. Signature H. L. Wollamweber M.D. for Medical Examiner.

Date signed 8-17-40

F 72029 10564 BALTIMORE CITY HEALTH DEPARTMENT V117-a F 72029
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 W Lombard 1803
(If rural give location)
(e) If foreign born, how long in U. S. A.? U S. years

3 (a) FULL NAME Mrs Rachel Cowley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Oliver

6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) 12/2/75

8. AGE: Years 61 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Furnace Branch Md (Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lee Cowley
(b) Address 123 J Cleveland st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 16 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem. Co.
Location

18 (a) Funeral director Ambrose Inc
(b) Address 1017 W Cross st

19 (a) (Date received by reg.) AUG 15 1940 (Signature) Huntington Williams M.D. Registrar

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1940, to 8-14 1940 and that I last saw her alive on 8-14 1940

Immediate cause of death	Duration
Pulmonary Embolism	
Due to (Post operative (8 day) following Gastro-Enterostomy	
Due to	
Other Conditions Peptic Ulcer Ext. Pylorus Chronic & partial Obstruction	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Surgery Ulcer at Pylorus Partial Obstruction
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Satathus M. D.
Address St Joseph Hosp Date signed 8-14-40

VS 3

E 72030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. E 72030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1527 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFRED JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1926

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Helen Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 20 1905

8. AGE: Years 35 34 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Beverly Jones
13. Birthplace: Va.

MOTHER
14. Maiden Name: Ellen Ricks
15. Birthplace: Va.

16 (a) Informant: Nannie White
(b) Address: 1711 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 16 40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location:

18 (a) Funeral director: H. G. Nelson
(b) Address: 1303 Pennsylvania Ave

19 (a) (Deputy Registrar) (b) Hunting Park Ave MD

AUG 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 16 1940, at 12 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, pericardial cavity — Duration:
Due to: Stab wound of chest.
Due to:
Other Conditions: CAD
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: Aug 13, 1940
(c) Where did injury occur? 1711 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury: Ice pick

23. Signature: J. J. Wallenmaier M.D. Medical Examiner.
Date signed 8-17-40

AUG 25 1940

F 72031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-8

F 72031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4516 Garrison Blvd.
(c) Hospital or institution: Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Yrs 8 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Greenmount (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Parish Foster

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Eldridge M. Foster

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8 1850

8. AGE: Years 90 | Months 6 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Homemaker

11. Industry or business

FATHER
12. Name: James J. Parish
13. Birthplace: Balto, Md.

MOTHER
14. Maiden Name: Louisa Freeman
15. Birthplace: St. Marys Co, Md

16 (a) Informant: Mrs Howard Dowell
(b) Address: 3401 Greenmount Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Md

18 (a) Funeral director: Landon M. Brooks
(b) Address: Sparks, Md

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1940 at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1940 to 8/13 1940 and that I last saw h[er] alive on 8/13 1940

Immediate cause of death: Mitral-Regurgitation Arterio Sclerosis — Duration

Due to ✓ —

Due to ✓ —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature: Howard Dowell M. D.
Address 3902 Boonelands Date signed 8/16/40

AaCo. 5-31 2500

AACo. 3-31 2500

F 72032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 72032

CERTIFICATE OF DEATH 46-B

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. 2908 Brighton St. 16-7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. **FULL NAME** Mrs. Mary Green

(a) Residence: No. 2908 Brighton St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ephram L. Green

6. DATE OF BIRTH (month, day, year) March 10, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. **BIRTHPLACE** (city or town) (State or country) New York City N. Y.

FATHER

13. NAME Unknown

14. **BIRTHPLACE** (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. **BIRTHPLACE** (city or town) (State or country) Unknown

17. **INFORMANT** Mrs. Kate Thieberg
(Address) 2908 Brighton St

18. **BURIAL, CREMATION, OR REMOVAL**
Place [illegible] Date Aug. 17, 1940

19. **UNDERTAKER** Lemmy Byerly
(Address) 3005 W. Baltimore St.

20. **FILED** AUG 15 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1940 to August 14, 1940

I last saw he alive on August 14, 1940 death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - acute	Aug. 14/40
Pneumonia - hypostatic	Aug 12/40
Intestinal obstruction	Feb (?)
Carcinoma - gastric	6 mos

Other contributory causes of importance:
Arteriosclerosis
Cachexia, Acidosis

Name of operation ✓ Date of ....

What test confirmed diagnosis? ....Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ....

(Signed) Bismuth Leuson-Lambros, M. D.

(Address) 1224 Bloomingdale Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item of

72033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-F

Registered No. F 72033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Ellicott Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Ellicott Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

16-7

3 (a) FULL NAME: George Silberzahn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anne Leach
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 3, 1862

8. AGE: Years 78 | Months 4 | Days 10 | If less than one day -- hr. --- min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Express Business
11. Industry or business: Retired 8 years

FATHER
12. Name: Philip Silberzahn
13. Birthplace: Germany

MOTHER
14. Maiden Name: -------
15. Birthplace: Germany

16 (a) Informant: Mrs. Harry C. Becker
(b) Address: 2916 Ellicott Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location:

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) AUG 15 1940 (Date rec'd by registrar) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15th 1940 at 9:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1940 to Aug 13 1940, and that I last saw him alive on Aug 13 1940

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Arteriosclerosis
Due to:
Other Conditions: Prostatitis — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Chas D. Maguire M. D.
Address: 14 E. Franklin Date signed: 8/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 72034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 438 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 S. Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2065

3 (a) FULL NAME Ernest F. Greffen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Greffen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/1865

8. AGE: Years	Months	Days	If less than one day
71	8	2	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Henry Greffen
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Germany

16 (a) Informant Rose Greffen
(b) Address 438 S Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director C. F. B. Heppert & Son
(b) Address 1300 Eutaw Place

AUG 15 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1940 at 7.35 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to 8/14 1940 and that I last saw h/her alive on 19 40.

Immediate cause of death Hypertensive cardio vascular disease — Duration 6 years ago

Due to

Due to acute uremia — 2 days

Other Conditions 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2032 Wilkens Ave Date signed 8/15/40

VS 3

72035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 72035

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bath Broadway
(c) Hospital or institution Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Jane Alt. - North Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Miss Jeanette Griffith

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20 1884

8. AGE: Years	Months	Days	If less than one day
55	10	14	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Timothy Griffith
13. Birthplace New York State

MOTHER
14. Maiden Name Ruth Green
15. Birthplace New York

16 (a) Informant Mrs. H. Chapman

(b) Address 2213 Robyn Ave

17 (a) Cremation (b) Date thereof Aug. 16/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson & Co

(b) Address 214 E. Fayette

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

AUG 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 12 02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940, to August 15 1940, and that I last saw h er alive on Aug. 14 1940.

Immediate cause of death: Carcinoma of breast with metastasis to spine, pelvis, Duration: About 1 yr.

Due to: Carcinoma of breast.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Crampton M. D.

Address 6 W Mt. Date signed 8-16-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

10443 Stoudt

10443 Stoudt

F 72036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-3 Registered No. F 72036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 Gen Hosp Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 2 dy

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 W. DICKMAN St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma J Stoudt

3 (b) If veteran, name war W.
3 (c) Social Security Account No. NGB

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William O
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 19 1888

8. AGE: Years 51 | Months 3 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Pottstown Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Annette L Frantom
(b) Address Marley Creek Md

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Aug 16 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie Md

18 (a) Funeral director Wilson Bros
(b) Address 1317 E Fort Ave

19 (a) AUG 15 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940 to Aug 14 1940 and that I last saw h.. alive on Aug 14 1940.

Immediate cause of death Post Lumbago Shock — Duration 2 days
Due to Cirrhosis of Liver
Due to ..... — over
Other Conditions Duodenal ulcers
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy Cirrhosis of Liver

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Nelson D Rappelman M. D.
Address 6 Bath Gen Hosp Date signed 8/14

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

Registered No. F 72037

correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence A Cullen

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 218-01-1134

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 1899

8. AGE: Years 41 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman Retired

11. Industry or business

FATHER 12. Name Martin Cullen
13. Birthplace Md

MOTHER 14. Maiden Name Mary Dolan
15. Birthplace Baltimore Md

16 (a) Informant Julia C Cullen
(b) Address 513 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 40 (month) (day) (year)

(c) Cemetery or crematory U S National
Location Baltimore Md

18 (a) Funeral director Fullerton Corp
(b) Address 1210 E Fort Ave

19 (a) AUG 15 1940 (Date rec'd by Registrar) Huntington Wm Registrar, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939 to Aug 14 1940 and that I last saw h[illegible] alive on Aug [illegible] 1940

Immediate cause of death Coronary Occlusion — Duration Minutes

Due to

Due to Hypertension

Other Conditions Rheumatic C.V. Disease with Aortic Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Brim M. D.
Address 1761 E Mt Royal Ave Date signed Aug 15 40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Harden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Anton H. Imwald (Imwold)
3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 219-03-2233
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Thersa Imwald
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 24 1874
8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Painter (Self)
11. Industry or business

FATHER
12. Name: Henry Imwald
13. Birthplace: Germany

MOTHER
14. Maiden Name: Agnes Wilkins
15. Birthplace: Germany

16 (a) Informant: Charles H. Imwald
(b) Address: 4116 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) Date received: AUG 15 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14 1940, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 10 Mins
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Williams J. Helfrick M.D. Medical Examiner
Date signed 8-14-40

VS 6

VS 6

72039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

F 72039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3609 Ferndale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Ferndale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME William H Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary E Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1856

8. AGE: Years	Months	Days	If less than one day
83	10	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired Bricklayer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Meyer
15. Birthplace Unknown

16 (a) Informant Mrs Ethel Justice
(b) Address 3609 Ferndale Ave

17 (a) Burial (b) Date thereof 8-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Harry A. Arnscott
(b) Address 4202 Ridgewood Ave

19 (a) AUG 15 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 17 1940, and that I last saw him alive on Aug 14 1940.

Immediate cause of death	Duration
Pulmonary edema	6 hrs
Due to Arteriosclerotic Heart Disease	2
Due to Arteriosclerosis Generalized.	
Other Conditions Carcinoma of Bladder (Suspected)	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Ramsaur M.D.
M. D.
Address 3901 Gwynn Oak Ave Date signed 8/14/40

Blvd.

VS 8

VS 3

72040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 72040

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Foster Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Foster Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dena Nolte

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frederick Nolte

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17-1853

8. AGE: Years 87 | Months 1 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Henry Wilke
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Leo E Nolte
(b) Address Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16-40 (month) (day) (year)
(c) Cemetery or crematory Dunbar Cemetery
Location Baltimore

18 (a) Funeral director John Ellrich
(b) Address 2004 Orleans

19 (a) [illegible] Huntington Williams, M.D.

AUG 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 9 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938, to Aug 13 1940, and that I last saw h er alive on 19

Immediate cause of death
Chronic Myocarditis
Senile Changes.
Due to

Due to

Other Conditions Large Ventral Hernia ?
(Include pregnancy within 3 months of death)

Duration
1938 +

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify kind of place)
(e) Means of injury

23. Signature Leo E Lefevre M. D.
Address 422 S. Patterson Pk. Date signed 8/13/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 72041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Chesley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LINDA BELL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1940

8. AGE: Years | Month: 4 | Days: 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ralph Bell
13. Birthplace Ohio

MOTHER
14. Maiden Name Anna Eggenberger
15. Birthplace New York

16 (a) Informant Ralph Bell
(b) Address 3901 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Millersburg, Ohio

18 (a) Funeral director Lasagh Funeral Home
(b) Address 7401 Belair Road

19 (a) (Signature of registrar) Huntington Williams, M.D. Registrar

AUG 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 11:30 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Congenital heart disease — defect of interventricular septum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollamuebar M.D.
Medical Examiner.
Date signed 8-15-40

AUG 15 1940

F 72042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5506-Remmel Ave
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5506-Remmel Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Theresa A. Forthuber

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Emil G. Forthuber Sr
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 3/3/1866

8. AGE: Years	Months	Days	If less than one day
74	5	11	-hr. --min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? (Auer.)
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Arthur Forthuber
(b) Address 5506-Remmel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17th1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Av. & Rose St.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 AUG 15 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Aug 14 1940, and that I last saw h-er alive on Aug 13 1940

Immediate cause of death Cerebral Hemorrhage — Duration 1 mo
Due to Ch. Hypertension Arteriosclerosis
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4610 Belair Rd. Date signed Aug 14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3 ✓ Registered No. F 72043

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426-E.Oliver Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1426-E.Oliver Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. 469 Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Anna Hart

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James W. Hart

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 11/15/1880

8. AGE: Years 59 | Months 8 | Days 29 | If less than one day: --- hr. --- min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: Patrick Clancy
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine O'Malley
15. Birthplace: Ireland.

16 (a) Informant: James W. Hart
(b) Address: 1426-E.Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md.

18 (a) Funeral director: George J. Wirth, Sr. & Jr.
(b) Address: 1735-Harford Ave.

19 AUG 15 1940 (Date filed by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14 1940, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Aug. 14 1940, and that I last saw him alive on Aug. 14 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: Not Stated

Due to: Terminal Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benj. L. Hayden, M.D.
Address: 3114 Hartford Road Date signed: 8/15/40

72044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 72044

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Normal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roberta Strickland

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Robert Strickland

13. Birthplace Georgia

MOTHER 14. Maiden Name Sydney Carpenter

15. Birthplace Virginia

16 (a) Informant Robert Strickland

(b) Address 1633 Normal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilhym Co

(b) Address 1217 E Pratt St

19 (a) (Date received by Registrar) (b) Registrar

AUG 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8/9/1940, to 8/15 1940, and that I last saw her alive on 8/14 1940.

Immediate cause of death	Duration
Sub dural	6 d
Sub arachnoidal hemorrhage	6 d
Due to Birth injury.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Knox Finley M. D.

Address St. Joseph's Hospital Date signed 8/15/40

VS 5

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. 72045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

1541

3 (a) FULL NAME Charles Fossett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Martha Fossett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1873

8. AGE: Years	Months	Days	If less than one day
67	3		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Fossett
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Gardy
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Auburn.

18 (a) Funeral director A. S. Nelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by Registrar) AUG 16 1940 (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14- 1940, at 12 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4- 1935 to 8-14-1940 and that I last saw h~~e~~ alive on 8-14- 1940

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to: Hypertension CVD Gen. A-5. — ?
Due to: — ?
Other Conditions: — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopn. A-5.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hoffheimer M. D.
Address Balto City Hosp. Date signed 8-15-40

C 13052

C 12052

72046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 72046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 Laurens St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-2

3 (a) FULL NAME BESSIE BUTLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife William Butler

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1901

8. AGE: Years 38 39 | Months 11 9 | Days 31 | If less than one day ..... hr. ..... min.

9. Birthplace Charlotte, N.C. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business own home

FATHER
12. Name James Coby
13. Birthplace with Cardina

MOTHER
14. Maiden Name mary - ?
15. Birthplace north Carolina

16 (a) Informant William Butler - husband
(b) Address above address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Aug 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 Schroeder St

19 AUG 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 3 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration .....

Due to Hypertension .....

Due to .....

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. T. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 8-13-40

VS 6

72047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

B 72047 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Garrison Blvd. 1538
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry ~~Harrison~~ D. Eidman

3 (b) If veteran, name war: *****

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht.	Married

6 (b) Name of husband or wife: Elizabeth S. Eidman
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Jan. 24, 1867

8. AGE: Years	Months	Days	If less than one day
72	6	21	..... hr. ..... min.

9. Birthplace: City (Town, county, and state)
10. Usual Occupation: Feed & Grain Dealer
11. Industry or business: "

FATHER
12. Name: Daniel Eidman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Elizabeth S. Eidman
(b) Address: 2304 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director: Robert S. Little
(b) Address: 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937, to Aug 15 1940, and that I last saw h. in alive on August 1940.

Immediate cause of death: Cardiac failure — Duration: 6 days

Due to: arteriosclerotic cardio-vascular dis. — 5 years

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Paul E. Cardiner M. D.
Address: 2311 Garrison Blvd Date signed: 8-11-40

F 72048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

of WOLKOF F 72048

46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4001 Derby Manor Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Derby Manor Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irvin E. Walker or Wolkof

3 (b) If veteran, name war —

3 (c) Social Security Account No. 055-09-5721

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6. 1903

8. AGE: Years	Months	Days	If less than one day
37	6	9	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business

FATHER
12. Name Edward Walker
13. Birthplace Vienna

MOTHER
14. Maiden Name Rose Sichlesing
15. Birthplace Vienna

16 (a) Informant Edward Walker
(b) Address 4001 Derby Manor Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/40 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew Cmet
Location Blair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date received by registrar) (b) Huntington Md.

AUG 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940, to Aug 15 1940, and that I last saw him alive on Aug 14 1940.

Immediate cause of death	Duration
generalized Carcinomatosis	
Due to Primary adeno Carcinoma Stomach	4 mos?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations generalized Carcinomatosis primary ? Stomach - metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Levin M. D.
Address 2341 Eutaw Pl Date signed Aug 15 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72049

Evelyn Shapiro

F 72049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Eutaw place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn Shapiro

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b). Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
23	—		hr. min.

9. Birthplace Wilmington N. C. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Isidor Shapiro
13. Birthplace Russia

MOTHER 14. Maiden Name Rose Abelowitz
15. Birthplace Russia

16 (a) Informant Mrs Henrietta S. Stein
(b) Address 1312 Eutaw pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location 3600 E Balto st

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) Date received by registrar AUG 16 1940 (b) Registered Huntington Hillcrest

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1940, at 7 39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Aug 14 1940, and that I last saw h. alive on Aug 14 1940.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	7 mos
Due to	
Due to	
Other Conditions Rheumatic Heart Disease	4 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subac. Bact Endoc

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S Harts
Address University Hosp Date signed Aug 14/40

vs :

F 72050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72050

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

2. FULL NAME Saul D. Yakowitz

If U. S. Veteran specify WAR.....

(a) Residence: No. 2124 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hyman Yakowitz

14. BIRTHPLACE (city or town) (State or country): Roumania

MOTHER

15. MAIDEN NAME: Tauba Felzenberg

16. BIRTHPLACE (city or town) (State or country): Roumania

17. INFORMANT: M. Yakowitz
(Address) 2124 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Altscher Mt Carmel Cem. Date: Aug 16, 1940

19. UNDERTAKER: Sol Weinstein & Bros
(Address) 1124-26 W. North ave

20. FILED: August 16, 1940 Registrar.

AUG 16 1940.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1940 to August 15, 1940

I last saw h.. alive on 1.15 A.M. August 15, 1940. Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Congenital anomaly or Post Operative Adhesions	Aug 12
Other contributory causes of importance: Peripheral Vascular Collapse	Aug 15
Bi-Lateral Bronchio-Pneumonia	Aug 15

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) L. J. Markson M. D.

(Address) Sinai Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72051

HEALTH DEPARTMENT—CITY OF BALTIMORE

72051

CERTIFICATE OF DEATH

V/31-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 S Lakewood ave St., 23 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franciszka Brocka

If U. S. Veteran specify WAR

(a) Residence: No. 636 S Lakewood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walenty Brocka

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Michell

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Frances Kwolek

(Address) 636 S Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Aug 17, 19 40

19. UNDERTAKER: John J Duda

(Address) 3429 Hudson st

20. FILED 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15-1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to Aug 15 1940

I last saw h. alive on Aug 15 1940 Death is said to have occurred on the date stated above, at 12:50 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Other contributory causes of importance: Chronic Myocarditis Hypertension	1931

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Engelbrecht M. D.

(Address) 1802 Eastern Ave

Information should be carefully supplied. All items should be answered. If unknown, state so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-B

F 72052 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Alto Road
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Alto Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 9

3 (a) FULL NAME ANNA LOUISA SUMMERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel A. Summers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1850

8. AGE: Years	Months	Days	If less than one day
90	6	3	hr. min.

9. Birthplace Trappe, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles H. Ross
13. Birthplace Maryland

MOTHER
14. Maiden Name Bullen
15. Birthplace

16 (a) Informant Mrs. Charles D. Summers,
(b) Address 4010 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory Springhill
Location Easton, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Name of registrar) (b) H. [illegible] Williams M.D.

AUG 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15, 1940, at 2 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1940 to Aug. 15 1940, and that I last saw h[illegible] alive on Aug. 13 1940.

Immediate cause of death	Duration
Chr. Nephritis	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 700 N. Fulton Ave. Date signed 8/17/40

F 72053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a F 72053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. North Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Johnston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1886

8. AGE: Years: 54 | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Johnston
13. Birthplace Va.

MOTHER
14. Maiden Name Katie Goodwin
15. Birthplace Va.

16 (a) Informant Rev. A. Kyrsteen
(b) Address 1 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, (month) (day) (year)
(c) Cemetery or crematory St Paul's
Location Redwood & Fremont

18 (a) Funeral director John O. Mitchell Son
(b) Address 1901 Eutaw Place

19 (a) (Local registrar) (b) Hunting for Williams M.D.

AUG 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940, to Aug 14 1940, and that I last saw h[illegible] alive on Aug 14 1940.

Immediate cause of death	Duration
Carcinoma of oesophagus	16 mos?
Due to	
Due to	
Other Conditions Oesophagus-bronchial fistula (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 8-17-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 72054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G

F 72054

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County U.S.A.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 835 Hamil Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas B Ball

3 (b) If veteran, name war	3 (c) Social Security Account No.
	217-03-9048

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
male	colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Lancaster Va. (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name Horace Ball
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie Carter
15. Birthplace Va

16. (a) Informant James Ball
(b) Address 2624 N. Durham St

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-19-40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 16 1940 Huntingtown Hillandale, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940 at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 - 1940, to 8-14 1940, and that I last saw h.. alive on 8-14 1940.

Immediate cause of death	Duration
I Hemia	
Due to 1) Uraemia extravasation into subcut. tissues	
Due to 2) Perineal Abscess	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Urethra Stricture
Extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Phillips M. D.
Address 514 Linden Ave. Date signed 8-15-40

Please write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

72055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-2 Registered No. E 72055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4907 Roland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

F41

3 (a) FULL NAME George H. Strott (George Henry Strott)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2255

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary C. Strott
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 21, 1890

8. AGE: Years	Months	Days	If less than one day
50 49	1	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Real Estate Salesman
11. Industry or business

MOTHER / FATHER
12. Name John Charles Strott
13. Birthplace Baltimore, Md.
14. Maiden Name Marie Elizabeth Reus
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary C. Strott
(b) Address 4907 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director D. F. Amoss & Son
(b) Address 1005 W. Baltimore St.

19 (a) AUG 16 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 19 40 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 19 40 to Aug 14 19 40 and that I last saw h[illegible]ive on Aug 14 19 40

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hrs
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Hartz
Address Univ Hosp Date signed 8/15/40

72056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72056

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital Monument & Belair Rd St. 453 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jessie Lebowitz

(a) Residence: No. 1700 N. Bentalou St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Lebowitz

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jacob Telsfeld
14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Jolie Stoller
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Joseph Lebowitz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bayard St. Woodlawn 8/16/40

19. UNDERTAKER Jos. Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED AUG 16 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14 1940

22. I HEREBY CERTIFY, That I attended deceased from July 11 1940 to August 14 1940

I last saw her alive on August 14 1940 Death is said to have occurred on the date stated above, at 10:30 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia collapse	
Cardiac failure	
Perforation of intestinal tract	
	over
Contributory causes of importance	

Was an operation performed? Yes Date of July 29, 1940

For what disease or injury? Possible perforated peptic ulcer

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Haberer Taubin M. D.
(Address) Sinai Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72057

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospt St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Witkin

If U. S. Veteran specify WAR

(a) Residence: No. 4405 Pall Mall Pl. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Julius

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wrenlon Mill Rd. Date 8/16/40

19. UNDERTAKER Jos. L. Levy Inc.

(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar.

AUG 16 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 19 40 to Aug 15 19 40

I last saw h.e.d. alive on Aug 15 19 40 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Carcinoma of pleura, pericardium, vertebrae, mesenteric glands & iliac (primary in breast); dysentery, pancreal	
Other contributory causes of importance 20 min	
arteriosclerotic cardio-vascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse N. Bowden M. D.

(Address) Sinai Hospital

AUG 16 1940

F 72058

F 72058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 72058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 Thomas Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 Thomas Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME ISAAC FISHER

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 87 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name —
13. Birthplace Russia

MOTHER 14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Abraham Fisher
(b) Address 1646 Thomas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-40 (month) (day) (year)
(c) Cemetery or crematory Chesterfield
Location Phila. Pa.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1424 Baltimore St. Huntington Maryland, M.D.

19 (a) (State cause by registrar) (b) Registrar

AUG 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-40 19... at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1940, to 8/16 1940, and that I last saw him alive on 8/16 1940.

Immediate cause of death

Senility

Due to

Due to

Other Conditions Terminal Bronchio-Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
—
1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Hallin M. D.
Address 837 W. Northern Date signed 8/16/40

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important. Information not necessarily supplied.

F 72059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72059

Registered No.

Entry items of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3619 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3619 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM J. LOVETT

3 (b) If veteran, name war: Spanish-American

3 (c) Social Security Account No. 212-09-7044

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary E. Lovett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Cane Maker

11. Industry or business Retired 3 yrs

FATHER
12. Name Joseph Lovett
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary O'Donovan
15. Birthplace Maryland

16 (a) Informant Mrs. Lynwood Lovett
(b) Address 3619 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1940 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Harford Rd. Hunting Towers Hillsdale, Md.

19 AUG 16 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease.	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 8-14-40

F 72060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a F 72060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., moe., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Haw Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

22 W

3 (a) FULL NAME Elizabeth Selby

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1940

8. AGE: Years | Months: 7 | Days: 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name James Selby
13. Birthplace Maryland

MOTHER — 14. Maiden Name Dorothy Choppin
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 8-15-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location B.C.H.

18 (a) Funeral director
(b) Address

19 AUG 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 13 1940, to Aug. 14 1940, and that I last saw her alive on Aug 14 1940.

Immediate cause of death Acidosis
Pyelitis — Duration 10 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Abscess of left kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma Lakin M. D.
Address Balto City Hosp. Date signed 8-15-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

F 72061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Arlington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Bertha Ida Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Moses Waters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1876

8. AGE: Years 54 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace St. Mary Co Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER
12. Name Jackson
13. Birthplace St. Mary Co Md.

MOTHER
14. Maiden Name unknown
15. Birthplace Md.

16 (a) Informant Henry J. Waters
(b) Address 702 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director C. C. Hedges
(b) Address 2101 McCulloh St
(b) Huntington Williams, M.D. Registrar

AUG 16 1940 (Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940, to 8-13 1940, and that I last saw h.e.r. alive on 8-13 1940.

Immediate cause of death: Intestinal Obstruction — Duration: 6 days

Due to: Volvulus of small intestine

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Volvulus of small intestine
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis McCullough M. D.
Address University Hosp Date signed 8-14-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 72062

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 W. Biddle St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philander Reese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alice B Reese

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1883

8. AGE: Years	Months	Days	If less than one day
56	7	1413	hr. min.

9. Birthplace Brookgreen, So Carolina (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business 114 W Biddle St.

FATHER
12. Name William J Reese
13. Birthplace So. Carolina

MOTHER
14. Maiden Name Nancy Days
15. Birthplace So Carolina

16 (a) Informant Alice B Reese
(b) Address 114 W Biddle St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director A. G. Goldsborough
(b) Address 2101 McCulloh St

19 (a) [illegible] (b) Huntingtown, Williamsport, Md.

AUG 16 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 12 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hour.
Due to Diabetis and Arteriosclerosis	4 yrs.
Due to	
Other Conditions Chronic Pulmonary Tuberculosis	2 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Hebbert M.D. Medical Examiner
Date signed 8/14/40

72063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baelo Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Dale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Shipper

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Joseph E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1903

8. AGE: Years	Months	Days	If less than one day
36	11	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Hyson
13. Birthplace Balto

MOTHER
14. Maiden Name Alice O Everhart
15. Birthplace Balto

16 (a) Informant Joseph E Shipper
(b) Address Glen Dale Ave Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem Cemetery
Location Glen Burnie Md

18 (a) Funeral director Williams M Marack
(b) Address 715 Light St

19 (a) (Patient's or Family Physician) (b) Huntington Williams M.D. Registrar

AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940 at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to Aug 15 1940, and that I last saw h alive on Aug 15 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: Hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson D Lancelman M. D.
Address So. Balto Gen Hosp Date signed 8/25

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72064

Please write the causes of death clearly and legibly. Physicians: please write in all spaces where information is available. Do not use abbreviations. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Homewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Karl Breitung

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1865

8. AGE: Years 75 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace German
(Town, county, and state)

10. Usual Occupation Retired Tanner

11. Industry or business

FATHER
12. Name Joseph Breitung
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Helferich
15. Birthplace Germany

16 (a) Informant Frank Breitung
(b) Address 2834 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Woerle & Sons Inc
(b) Address 1301 E. Eager St.

19 (a) AUG 16 1940 (b) Huntington Williams, M.D. Address

AUG 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 5:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8, 1940, to Aug. 15 1940, and that I last saw him alive on Aug. 15 1940.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Arterio-sclerotic condition	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul H. Carroll M. D.
Address Mercy Hospital Date signed 8/15/40

72065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

154

F 72065
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sneed, Baby Girl (A)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: Newborn | Months | Days: 1 | If less than one day: 6 hr. min.

9. Birthplace: Westminster, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace Va?

MOTHER
14. Maiden Name: Marie Sneed
15. Birthplace Ohio

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: UNIVERSITY MEDICAL SCHOOL AUG 16 1940 Commissioner of Health

18 (a) Funeral director: Per M. A. Hoop
(b) Address

19 (a) AUG 16 1940 Huntington Williams M.D. Registrar 583

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1940 to August 12 1940, and that I last saw h[er] alive on August 12 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 8-13-40

VS 8

72066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 72066
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Four days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Snead, Baby Girl "(B)".
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: Newborn | Months | Days | If less than one day: 18 hr. min.
9. Birthplace Westminster, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace Va.

MOTHER
14. Maiden Name Marie Snead.
15. Birthplace Ohio.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 16 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) AUG 16 1940 Huntington Williams, M.D. Registrar

5858

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1940, at 7:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1940, to August 12 1940, and that I last saw her alive on August 12 1940.

Immediate cause of death: Prematurity — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: L. Frank Thompson M. D.
Address Univ. Hospital Date signed 8-13-40

72068 3728 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 22067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W. Preston Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lonnie King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1890

8. AGE: Years 49 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph K. Lockard
(b) Address 3647 E. Chase St. Balto.

19 (a) AUG 16 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15- 1940, at 3 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11- 1939, to 8-15- 1940, and that I last saw h. alive on 8-15- 1940.

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Cerebral Thrombosis — ?
Due to: Hypertension & CVD — ?
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-16-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 72068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 72068

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. Typewriter supplies type

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1750 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Whit Wilkerson 216-10-5720

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1892

8. AGE: Years	Months	Days	If less than one day
48	0	5	hr. min.

9. Birthplace Charlotte City, Virginia (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER 12. Name James Wilkerson.
13. Birthplace Dinwoodie City, Va.

MOTHER 14. Maiden Name Adeline Daniel
15. Birthplace Charlotte City, Va.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

AUG 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1940, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1940 to Aug. 13 1940, and that I last saw h im alive on Aug. 13 1940.

Immediate cause of death	Duration
Uremia, chronic	7 days
Due to Cardiac disease, cardio-renal-vascular	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Uremia, chronic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Adams M. D.
Address US Marine Hospital Date signed 8-14-40

AUG 16 1940

F 72069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 72069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W Lee St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS WRIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1928

8. AGE: Years 11 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Florida (Tallahassee) (Town, county, and state)

10. Usual Occupation boy

11. Industry or business

FATHER 12. Name Ferdenal Wright

13. Birthplace Ga

MOTHER 14. Maiden Name Ernie M Brown

15. Birthplace Florida

16 (a) Informant Ernie M Brown

(b) Address 626 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A. Co Md

18 (a) Funeral director David L. Brown & Son

(b) Address 1048 W Montgomery St

AUG 16 1940 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940 at 1:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 14, 1940
(c) Where did injury occur? Hudson at York St + Baltimore Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? — (Specify type of place)
(e) Means of injury drowned while swimming

23. Signature T. T. Wollenweber M.D. Asst Medical Examiner.

Date signed 8-14-40

If correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be correctly supplied.

VS 6

72070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B Registered No. F 72070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Ramsay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Emma Kraft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a). Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 10, 1938

8. AGE: Years 2yrs | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Edward Kraft
13. Birthplace Md

MOTHER
14. Maiden Name Janina Ewing
15. Birthplace Md

16 (a) Informant Elizabeth Kraft
(b) Address 702 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Thos. Cowan Son
(b) Address 29 Hollins St

19 AUG 16 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-40 19..., at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14-40 19..., to 8-15-40 19..., and that I last saw h.er alive on 8-15-40 19....

Immediate cause of death Meningitis (Influenza) — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature S. Martin Rhode M. D.
Address University Hosp. Date signed 8-15-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72071 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 49-a F 72071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Dennison St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leda V. Wittingstein

If U. S. Veteran specify WAR

(a) Residence: No. 711 Dennison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Wittingstein

6. DATE OF BIRTH (month, day, year) Dec 10 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Upton Brashears

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Adams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Milton Wittingstein

(Address) 711 Dennison St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date 8/19/40

19. UNDERTAKER Edward S. MacNabb

(Address) Catonsville Md

Huntington Williams, Mgr.

20. FILED AUG 16 1940 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1939 to Aug 15, 1940

I last saw h.e.r alive on Aug 14, 1940. Death is said to have occurred on the date stated above, at 5 30 P.m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma - left ovary — Date of onset July 1939

Other contributory causes of importance:

Was an operation performed? — Date of Oct. 4 39

For what disease or injury? Tumor of Ovary

Name of operation Laparotomy

What test confirmed diagnosis? P.E. + Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

72072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-W

Registered No. F 72072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5104 Whitelford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Clarence Mays

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widowed

6 (b) Name of husband or wife Mollie E. (nee Nidle)
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1868

8. AGE: Years	Months	Days	If less than one day
71	10	11	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Master of Arms
11. Industry or business U. S. Naval Academy

FATHER
12. Name Emory Mays
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Martha McClintock
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Kirby Lynch
(b) Address Sparks Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1940 (month) (day) (year)
(c) Cemetery or crematory Wesleyan Methodist
Location Wisaberg, Balto Co. Md.

18 (a) Funeral director Sanders & Brooks
(b) Address Sparks, Md

19 (a) AUG 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1940, at 12 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from about May 1938, to August 16 1940, and that I last saw him alive on August 16 1940.

Immediate cause of death	Duration
Massive collapse of lung	
Due to fracture ribs with subcutaneous emphysema.	12 days
Due to fall from horse	
Other Conditions Aortic and mitral insufficiency (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident contributory
(b) Date of occurrence August 4, 1940
(c) Where did injury occur? Near Baltimore (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, or public place? public place (road) (Specify type of place) While at work? No
(e) Means of injury Fall while riding a horse
23. Signature Randall R. Smith, Jr. M. D.
Address 1014 St Paul Street. Date signed 8/16/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

(over)

F 72073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-P Registered No. F 72073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 N.Port St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N.Port St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A.Henneman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Elizabeth Henneman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.22-1862

8. AGE: Years	Months	Days	If less than one day
77	10	24 23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business

FATHER
12. Name Frank Henneman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Fell
15. Birthplace Balto. Md.

16 (a) Informant Catherine Miller
(b) Address 401 N.Port St.

17 (a) Burial (b) Date thereof Aug.17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

19 AUG 16 1940 Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1940, at 6:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940, to Aug 15 1940, and that I last saw h[illegible] alive on Aug 13 1940

	Duration
I hold as cause of death Uraemia Cardiosclerosis	One Year
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Reichard M. D.
Address 528 W. Fayette Date signed 8/16/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

72074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No. F 72074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bond

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation County Worker
11. Industry or business

FATHER 12. Name Ross Bond
13. Birthplace Balto. Co. Md

MOTHER 14. Maiden Name Mary J. McDonald
15. Birthplace Md

16 (a) Informant P. MacClenny
(b) Address White Stag Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location White Stag
18 (a) Funeral director P. MacClenny
(b) Address White Stag Md

19 AUG 17 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1940, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940, to Aug 16 1940, and that I last saw him alive on Aug 16 1940.

Immediate cause of death — Cerebral hemorrhage	Duration
Due to — Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Satterfield M. D.
Address St Jos. Hosp Date signed 8-16-40

VS 3

Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 72025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2435 W Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 165

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 W Lafayette Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 73 years

3 (a) FULL NAME Nina Hamilton 25

3 (b) If veteran, name war: None

3 (c) Social Security Account No.:

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles F. Hamilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1-6-1867

8. AGE: Years 73 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace: New York (Town, county, and state)

10. Usual Occupation: Nurses Wife

11. Industry or business:

FATHER
12. Name: John Cheney
13. Birthplace: New York

MOTHER
14. Maiden Name: Caroline Cheney
15. Birthplace: New York

16 (a) Informant: Carline Burlew
(b) Address 1223 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Western Cemetery

18 (a) Funeral director: Albert L. Wilk Jr.
(b) Address 1606 N Chester St Filed at Huntington Woodlawn, Md.

19 AUG 17 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1940, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940 to Aug 16 1940, and that I last saw her alive on Aug 16 1940.

Immediate cause of death: Acute Cardiac dilatation — Cerebral haemorrhage (right) — Duration: 12 hr 1 hr

Due to: Chronic myocarditis c hypertension.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A Palar M. D.
Address 4 N. Fulton Date signed Aug 16/40

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—1-39—M. & T.—250 Blks.

F 72076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 72076

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1042 Greenmount Ave (ST.) 10-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louis Irving Mitchell

(a) RESIDENCE No. 1042 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 7-28-1878

7 AGE: Years 62 | Months 0 | Days 17 18 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Plumber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Not employed

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George R. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Stubbles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Geo. M. J. Mitchell

(Address) 1042 Greenmount Ave

AUG 17 1940

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15, 1940

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1940, to Aug 15, 1940, that I last saw him alive on Aug 13, 1940, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. MacMunday M. D.

19 (Address) 1110 Greenmount Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 8-19 1940

20 UNDERTAKER: Albert L. Hilty Jr

ADDRESS: 1606 N. Chester St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 72077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72077

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 N. Eden Street, Balto. Md.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr. 40min.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N. Eden Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry T. LANGLEY 220-09-5998

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Howe Langley

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): May 21, 1890

8. AGE: Years 50 | Months 2 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Produce Business

11. Industry or business: Produce Market

FATHER
12. Name: Walter Langley
13. Birthplace: Norfolk, Virginia

MOTHER
14. Maiden Name: Carrie Keeley
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-U.S.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-40 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Handley
(b) Address 578 W. Biddle St

19 (a) AUG 17 1940 (b) Huntingtown Williams, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14, 1940, at 6:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940, to Aug. 14, 1940 and that I last saw h. im alive on Aug. 14, 1940.

Immediate cause of death	Duration
Congestive heart failure	Unknown
Due to Hypertensive heart disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address U.S. Marine Hospital, Baltimore, Md. Date signed 8/15/40

F 72028

Baltimore, Md.

VS 3

F 72078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-E

F 72078
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Argyle Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3446

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9 1908

8. AGE: Years 31 | Months 9 | Days 45 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

MOTHER FATHER

12. Name Walton Harrison

13. Birthplace S. C.

14. Maiden Name Annie Williams

15. Birthplace Md

16 (a) Informant Mrs Mary Sheppard

(b) Address 1101 Fairfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Feuerstein

(b) Address 578 W. Biddle St.

AUG 17 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14-40 19..., at 4.05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration 1hr

Due to Syphilitic aortitis,

Due to Syphilitic Cardio-Vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams D. Kelbaugh M.D.
Medical Examiner

Date signed 8-14-40

Amended

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

72079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 Registered No. F 72079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milken & Caton Aves.
(c) Hospital or institution:
St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mr. Frank Cowden

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Louisa Cowden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1865

8. AGE: Years 75 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace N. Y.
(Town, county and state)

10. Usual Occupation Clerk
11. Industry or business U.S. Govt.

FATHER
12. Name Robert Cowden
13. Birthplace unknown

MOTHER
14. Maiden Name L. Dangerfield
15. Birthplace unknown

16 (a) Informant Louisa Cowden
(b) Address Laurel Md.

17 (a) Burial (b) Date thereof 8-19-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Capital Memorial Park
Location Laurel Md

18 (a) Funeral director Wm. T. Marshall
(b) Address Laurel Md

AUG 17 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1940, at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1940 to 8-17 1940 and that I last saw him alive on 8-17 1940.

Immediate cause of death Lobar pneumonia - Left
Bronchopneumonia - right — Duration

Due to

Due to

Other Conditions Congestive Heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Marshall M.D.
Address St Agnes Hosp Date signed 8/17/40

VS 8

10393
72080 10439 BALTIMORE CITY HEALTH DEPARTMENT 49-a Registered No. F 72080
10440
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 133 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Bertha Auld Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1879

8. AGE: Years 61 | Months 2 | Days 21/30 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Ludwig Fischer
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Miller
15. Birthplace Germany.

16 (a) Informant Deceased.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore, Md.
Funeral director Dunward & Covington
Address 21 W. 25th St.

19 (a) (Date received by registrar) (b) Huntington Williams Hall

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16, 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940, to Aug. 16 1940, and that I last saw her alive on Aug. 16 1940.

Immediate cause of death: Carcinoma of ovaries — Duration: several months
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of Operations: Probable carcinoma of ovaries — months
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence S. Cannon, M.D.
Address Md. General Hospital Date signed 8/16/40

the causes of death clearly and legibly. Physicians: please write the

F 72081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Brunswick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Mrs. Bertha Fischer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Ludwig Fischer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1852

8. AGE: Years 88 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Miller
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant St. Agnes' Hospt.
(b) Address

17 (a) Burial (b) Date thereof 8/17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.

18 Funeral director Dunnigan & Covington
(b) 21 W. 26th St.

19 (a) 1940 (b) Huntington Williamsport
(Date rec'd by registrar)

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-40 1940, at 6:53 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1940 to 8-15 1940, and that I last saw her alive on 8-14 1940.

Immediate cause of death: Bilateral Broncho-Pneumonia — Duration: 1 wk

Due to

Due to

Other Conditions: Arteriosclerotic Cardio-vascular
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Parks M. D.
Address Haynes Date signed 8-15

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F-72082

F 72082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Harlem
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr.

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Harlem av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Randolph

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Julia Randolph
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) — 1902

8. AGE: Years 38 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Chemical Co.

FATHER
12. Name John Randolph
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Annie Cobb
15. Birthplace N. Carolina

16 (a) Informant Julia Randolph
(b) Address 1114 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17th 4 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director E O Wilson
(b) Address 1600 Brantley ave

19 Huntington Williams, M.D. Registrar
Date rec'd by reg. (LEA)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1940, at 6 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940, to Aug 14 1940, and that I last saw him alive on Aug 14 1940.

Immediate cause of death Pneumonia (Lobar) — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trawick M. D.
Address 1111 N Gay St Date signed 8/16/40

correct and especially important. Physicians: please write the causes of death clearly and legibly.

F 72083 998GRD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90-E F 72083 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as explicitly as necessary. Typewriter supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yrs.10mo.18das.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Peach Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Taylor

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married-separated
6 (b) Name of husband or wife: Ann
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-29-1876
8. AGE: Years 63 | Months 7 | Days 15 | If less than one day hr. min.
9. Birthplace Charles City Co., Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Va.

MOTHER
14. Maiden Name Sally Anderson
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto Md.
18 (a) Funeral director Walter B. Sprigg
(b) Address 138 W. Hamburg St
19 AUG 17 1940 (Date rec'd by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14-1940 at 8 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9-26-1932 to 8-14-1940 and that I last saw h[illegible] alive on 8-14-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Syphilitic C V D	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Syphilitic C V D

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 8-16-40

72084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72084

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Hollins Ferry Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Hollins Ferry Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Annie Nichols Bolden

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femal	White	Married

6 (b) Name of husband ~~or wife~~ Robt. H. Bolden
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1864

8. AGE: Years	Months	Days	If less than one day
75	7	14	..... hr. ..... min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Chas. E. Merson
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Annie Beauchamp
15. Birthplace Balto Md.

16 (a) Informant Mrs. H. L. Wheeler
(b) Address 2910 Hollins Ferry Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location

18 (a) Funeral director Edward Toulson
(b) Address 2 [illegible] Ward Blvd

19 AUG 17 1940 (Date rec'd by registrar) (Signature of registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 Aug 1940, at 5.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 Dec 1939 to 15 Aug 1940, and that I last saw h[illegible] alive on 15 Aug 1940.

Immediate cause of death	Duration
Myocarditis Ch.	5 yrs
Due to undetermined	
Myocardial Insuffcency	1 week
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lawrence Wheeler M. D.
Address 2910 Hollins Ferry Date signed 15 Aug 40

VS 3

F 72085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1929 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma F. Hammer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Mr. Howell D. Hammer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1869

8. AGE: Years	Months	Days	If less than one day
70	8	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Hutton
15. Birthplace Md

16 (a) Informant Mr. Howell D. Hammer
(b) Address 1929 Edmondson Ave

17 (a) Burial (b) Date thereof Aug. 17/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wirtzler
(b) Address 401 Edmondson Ave.

AUG 17 1940
(Registrar's stamp)

Registered by Huntington Williams Myers

VS-1

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to August 14 40, and that I last saw h alive on August 9 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio Sclerosis	
Due to	
Other Conditions Coronary attack 7/15/40	

(Include pregnancy within 3 months of death)

Major findings:
Of operations \
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen E. Shey
Address 3803 Edmondson Ave Date signed 8/15/40 M. D.

Physicians: please write the causes of death clearly and legibly. Cause, age is especially important. Information should be carefully supplied.

72086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V181

Registered No. F 72086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Beechwood Rd & Fisher Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Sparrows Point Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Hess

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-09-2340

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1907

8. AGE: Years 33 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Blast Furnace Operator

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Wm Hess
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Daugherty
15. Birthplace

16 (a) Informant Md. General Hospital
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 19-40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN ROAD

18 (a) Funeral director Lilley & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) AUG 17 1940 (b) Received by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940 at 8 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection & Autopsy and that said deceased came
(Autopsy or Inquiry)
to Loss death on the day stated above.

Immediate cause of death: Toxemia — Duration

Due to: 1st, 2nd, 3rd Burns

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-7-40
(c) Where did injury occur? Sparrow Point Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Industrial (Specify type of place) While at work? Yes
(e) Means of injury Hot metal from Blast Furnace

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 8-17-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 72087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bauer (57594)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-7738

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Veronica
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) March 1, 1905

8. AGE: Years	Months	Days	If less than one day
35	5	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Office Work
11. Industry or business

FATHER
12. Name Joseph (D) Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Vogel (D)
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Tilly & Zeiler
(b) Address 405 S. Wolfe St.

19 (a) Filed AUG 17 1940 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1940, at 9:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1940 to Aug. 15, 1940 and that I last saw him alive on Aug. 15, 1940

Immediate cause of death Tuberculosis of lungs — Duration June 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Edelson M. D.
Address Baltol City Hospitals Date signed 8-16-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

37756 72088 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Morris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Joseph (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name George Bland (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Parthena Hill (d)
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto City

18 (a) Funeral director Mrs. George E. Holland
(b) Address 1631 Druid Hill Ave

19 (a) AUG 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1940, to 8/16 1940, and that I last saw h er alive on 8/16 1940.

Immediate cause of death Arteriosclerotic gangrene of leg — Duration 7 mo.
Due to Diabetes mellitus — ?
Due to
Other Conditions Arteriosclerosis — ?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto City Hosp Date signed 8-16-40

72089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

Registered No. 72089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street Address 1443 506 Robert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-3691

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-16-1880

8. AGE: Years 59 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace: Balto. County (Town, county, and state)

10. Usual Occupation: Waiter

11. Industry or business

FATHER
12. Name: Leonard Isaac Tucker
13. Birthplace: Balto Co. Md

MOTHER
14. Maiden Name: Emma ?
15. Birthplace: Balto. Co. Md

16 (a) Informant: Edith Tucker
(b) Address: 506 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-40 (month) (day) (year)
(c) Cemetery or crematory: St. Lukes Cem.
Location: Reisterstown, Md.

18 (a) Funeral director: Mgr. Geo. H. Holland
(b) Address: 1644 Druid Hill Ave.

19 (a) AUG 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1940 to 8-14-1940, and that I last saw h[illegible] alive on 8-14 1940

	Duration
Immediate cause of death: Diabetic acidosis	5 days
Due to: Diabetes mellitus	8 yrs
Due to:	
Other Conditions: Carbuncle of neck. Intermittent Hypertension C.V.D. (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller, M. D.
Address University Hospital Date signed 8-14-40

F3 3208
F3 72090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72090

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 dy
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County.....
(c) City or town Carlisle
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 W South St
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Clarence F Carver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-84

8. AGE: Years 56 | Months 3 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Stephen Carver
13. Birthplace Pa

MOTHER
14. Maiden Name Clara Johnson
15. Birthplace Pa

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (b) Date thereof Aug 20 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Carlisle Pa
Location

18 (a) Funeral director John G. Miller
(b) Address 230 W Lee St Huntingdon Pa

19 (Date received by registrar) AUG 17 1940

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 6 55A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940 to Aug 17 1940 and that I last saw h. alive on Aug 17 1940

	Duration
Immediate cause of death: Retroperitoneal Abscess	1 month
Due to: Pancreatitis	? 1 month
Due to:	
Other Conditions: Fecal Fistula (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Retroperitoneal Abscess
Of autopsy: "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature A. F. Jones Jr. M. D.
Address The Johns Hopkins Hospital Date signed 8-17

72091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 72091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Gough Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maciej Romecki

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2289

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Romecki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1883

8. AGE: Years	Months	Days	If less than one day
57	7	4	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

MOTHER / FATHER

12. Name Wawrzyn Romecki

13. Birthplace Poland

14. Maiden Name Katarzyna

15. Birthplace Poland

16 (a) Informant Mrs Mary Romecki (Wife)

(b) Address 2027 Gough Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore County

18 (a) Funeral director John M Weber

Address 401 S. Chester Street

19 (a) AUG 17 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to Aug 15 1940, and that I last saw him alive on 19

Immediate cause of death Exhaustion 3 wks Duration

Carcinoma of Stomach 10 mths.

Due to

Due to

Other Conditions Carcinoma of Lung Secondary.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Amelia E Link M. D.

Address 2211 Lake Date signed 8/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10490

F 72092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-B

F 72092 Registered No.

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1854

8. AGE: Years	Months	Days	If less than one day
86	4	5	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John H. Green
13. Birthplace Md

MOTHER
14. Maiden Name Sarah M- ?
15. Birthplace Md

16 (a) Informant Geo. Green
(b) Address Randallstown Md

17 (a) Burial (b) Date thereof Aug 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Lawn Cem
Location Randallstown Md.

18 (a) Funeral director J. Harry Weaver
(b) Address Lyndenville Md.

19 (d) 1940 (Date) Filed by registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1940 to 8/17 1940 and that I last saw h. i. alive on 8/17 1940.

Immediate cause of death Intestinal Obstruction

Due to ?

Due to

Other Conditions Arteriosclerotic Cardio-Vascular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Harry Weaver M. D.
Address United Hosp. Date signed 8/19/40
Balto. Md

F 72093

72093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 72093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dawson Street
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 Mosher Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME James Henry Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Martha Johnson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 1844

8. AGE: Years 95 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Harford County, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name not known

13. Birthplace —

MOTHER 14. Maiden Name not known

15. Birthplace —

16 (a) Informant Dr. Howard Johnson

(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19-40 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location Fallston Md

18 (a) Funeral director E. Clinton Thomas

(b) Address Jarrettsville Md

AUG 18 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17, 1940, at 8:17 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13-1940, to 8-17-1940, and that I last saw h alive on 8-17-1940.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to Hypertension cardio-vascular-renal disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard E. Carr, M. D.

Address 515 Mosher St Date signed 8-12-40

F 72094

Kall

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72094

Registered No.

1. PLACE OF DEATH: 820 Warner st
(a) Baltimore City, Maryland
(b) Street address 820 Warner st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED: 820 Warner st
(a) State (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Warner St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Tall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elsie Hall | 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59				

9. Birthplace St Mary County (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name Lewis Campbell
13. Birthplace St Mary Co.

MOTHER
14. Maiden Name Lottie Campbell
15. Birthplace St Mary Co.

16 (a) Informant Susie Greene
(b) Address 821 Warner st

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Aug 18 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co

18 (a) Funeral director Walter D Rawlings
(b) Address 139 W Hamburg st

19 (a) (Signature of registrar) Huntington Williams M. D.

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940 W T M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 15 1940, and that I last saw him alive on Aug 15 1940.

Immediate cause of death: B Embolism Pulmonary

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: 15 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Pelletier M. D.
Address 1717 Pine Date signed 8/17/40

F

Fill in all items if possible. Information supplied must be sufficient to determine the causes of death clearly and legibly. Physicians: please write the

F 72095

72095
LD 58226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 146-G Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 S. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yr. years

3 (a) FULL NAME John Mastrocola (Giovanni B. Mastrocola)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married (Sep.)

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1863

8. AGE: Years	Months	Days	If less than one day
76	7	24 25	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation none Laborer
11. Industry or business Retired

FATHER
12. Name Nicholas (d) Mastrocola
13. Birthplace Italy

MOTHER
14. Maiden Name Margaret (d) De Gabriel
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-40 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Baltimore, Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

19 AUG 18 1940 (Date rec'd by registrar) (Signature of registrar) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 1940, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1940, to 8/16 1940 and that I last saw him alive on 8/15 1940.

Immediate cause of death	Duration
Carcinoma head of pancreas	?
c	
Due to	
Due to	
Other Conditions Arteriosclerosis	?
Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma head of pancreas
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fehlert Jr. M.D.
Address 1 E. Pleasant St. Baltimore Md. Date signed 8/16/40

VS 3

F 72096 12075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1634 Registered No. F 72096

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2532 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Wendland

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie Wendland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1873

8. AGE: Years 66 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Tobacco Cutter

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Katie Wendland
(b) Address 2532 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 40 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Baltimore Co Md

18 (a) Funeral director Wilhelm Cook
(b) Address 1217 N Paul St

19 (a) (Signature of Registrar) (b) Huntington Williams, M.D. Registrar

AUG 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning
Due to: Illuminating gas.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8/15/40
(c) Where did injury occur? 2532 E. Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Gas burner of kitchen stove

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 9/15/40

1293 F 72097

AUG 18 1940

12093

F 72097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 72097 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-1

3 (a) FULL NAME William H. BROWN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 219-03-6876

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hattie Woodland
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Apr. 5-1883

8. AGE: Years 57 | Months 4 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business Keeping Own Store

FATHER
12. Name John Brown
13. Birthplace England

MOTHER
14. Maiden Name Margaret Fitzpatrick
15. Birthplace England

16 (a) Informant Father Brown
(b) Address 1726 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore MD

18 (a) Funeral director W. M. Ford
(b) Address 1219 E Fayette St

AUG 18 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 1940, at 1.45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Coronary Occlusion	3 wks.
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Kelpius M.D. Medical Examiner
Date signed 8/19/40

VS 6

38407 72098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 72098 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Lake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Gardner

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 1048

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-77

8. AGE: Years 62 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Boat Builder
11. Industry or business

FATHER
12. Name Wm. Gardner
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Ashley
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19/40 (month) (day) (year)
(c) Cemetery or crematory Lenard
Location Woodlawn Md

18 (a) Funeral director Wilson Co
(b) Address 1217 E Baltimore St

19 (a) AUG 19 1940 (Date received by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 19 , at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1940 to Aug 15 1940 and that I last saw him alive on Aug 15 1940

Immediate cause of death Uraemia — Duration ?

Due to Carcinoma of Urinary bladder

Due to

Other Conditions Hydronephrosis & chronic prostatitis, anuria stop

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Carcinoma of Urinary bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl E. Buckland M. D.
Address John Hopkins Hosp. Date signed 8-17-40

Fill in the causes of death clearly and legibly. Physicians: please write the cause of death in such a manner that it can be easily copied.

72099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 244 S. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Joseph Ustazewska

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-2560

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, ? 1882

8. AGE: Years	Months	Days	If less than one day
58	5		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mr Stanley Jakubowski
(b) Address 429 S. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary cem
Location Balto., County

18 (a) Funeral director John M Welby
(b) Address 401 S. Chester, Ave

19 (a) AUG 18 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940, to Aug 16 1940, and that I last saw him alive on Aug 16 1940

Immediate cause of death Cerebral Hemorrhage. — Duration 3 days.

Due to Hypertension or

Due to [redacted]

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Meade Joseph E. Schmuck M. D.
Address Mercy Hospital Date signed 8/16/40

F 72100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 72100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto General Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 N. Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Pines

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Amanda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1862

8. AGE: Years 78 | Months — | Days — | If less than one day: hr. min.

9. Birthplace: Balto., Md
(Town, county, and state)

10. Usual Occupation: Watchmaker

11. Industry or business

FATHER
12. Name: Isaac Pines
13. Birthplace: Poland

MOTHER
14. Maiden Name: Rebecca Bernstein
15. Birthplace: Poland

16 (a) Informant: Mrs. Fred. M. Cobenzer
(b) Address: 1732 N. Bentalou st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 18/40 (month) (day) (year)

(c) Cemetery or crematory: Balto Hebrew Cem
Location: Blair Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-26 W. North ave

AUG 18 1940

(Date received) (Registrar) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-16- 1940, at 2:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1940, to 8-16 1940, and that I last saw h- alive on 8-16 1940.

Immediate cause of death: Carcinoma of Colon

Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Annular Carcinoma of Splenic flexure of Colon.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Samuel Wallenstein M.D. M. D.

Address: 1118 St. Date signed: 8-16-40

F 72100½

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 F Registered No. F 72100½

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3340 Piedmont Av
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Pixler

Birth # F14266

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/13/40

8. AGE: Years | Months | Days: 3 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Harry Pixler
13. Birthplace ? W. Va

MOTHER
14. Maiden Name Marcella Caser
15. Birthplace Ohio

16 (a) Informant Mrs. Marcella Pixler
(b) Address 3340 Piedmont Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory Location By authorization of parents, body was disposed of by hospital

18 (a) Funeral director.....
(b) Address.....

MAR 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16/40 19 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13/ 1940 to 8/16 1940 and that I last saw him alive on 8/16 1940

Immediate cause of death: Congenital Malformation of Heart — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: —
of autopsy Congenital malformation of Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature William P. Templeton M. D.
Address Maryland Gen'l Hosp Date signed 3/7/41
Chief Resident

VS-3

F 72101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 72101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1232 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Adams
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Susan Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July. 1858

8. AGE: Years	Months	Days	If less than one day
62	1		hr. min.

9. Birthplace N. J.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Lillian ?
15. Birthplace unknown

16 (a) Informant Mrs. Ida Brown
(b) Address 1232 W. Lanvale St

17 (a) Burial (b) Date thereof Aug 18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bath Co Md
Location Isaac Adams Cemetery

18 (a) Funeral director Robt. H. Williams
(b) Address 1515 Mosher St

AUG 18 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1940, to 8-14 1940 and that I last saw h. alive on 8-12 1940

Immediate cause of death Hypertensive cardio-vascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Lovell M. D.

Address 1500 E. Madison St Date signed 8-15-40

F 72102

HEALTH DEPARTMENT—CITY OF BALTIMORE 72102

CERTIFICATE OF DEATH

46-B

Registered No. 15513

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Jacobson

(a) Residence: No. 2515 Quantico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 8/18/40

19. UNDERTAKER Jos. Sonz Inc
(Address) 1639 E. Balto St.

20. FILED AUG 19 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1940, to August 18, 1940, that I last saw h[illegible] alive on August 17, 1940. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
[illegible]	
Bronchopneumonia (Terminal)	
Carcinoma of Stomach	
Metastatic Carcinoma to [illegible]	

Other contributory causes of importance:

Was an operation performed? Yes Date of July 3/1940

For what disease or injury? Cancer of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Kaplan M. D.
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72103

LB 56158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72103

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days 2 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Della Randall

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/8/1890

8. AGE: Years 49 | Months 11 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Ho. W.

11. Industry or business

MOTHER | FATHER

12. Name William Patterson (d)

13. Birthplace Va.

14. Maiden Name Rhoda Billops (d)

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-18-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Mr. Winans

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Belvedere St.

19 (a) AUG 18 1940 (Date received by local registrar) (b) Hunting Town Hill, Anne Arundel Co., Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1940 at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1940 to 8-14 1940 and that I last saw h[illegible] alive on 8-14 1940.

Immediate cause of death: Pul. Tbc.

Duration: 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.

Address Balt. City Hosp. Date signed 8-15-40

Write the causes of death clearly and legibly. Physicians, please write the

F 72104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 72104 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2114 orleans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 orleans (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret grimm

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John J. grimm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17. 1871

8. AGE: Years 69 | Months 7 | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Cochran
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant John J. grimm
(b) Address 2114 E. Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Frederick

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (a) (Date received by registrar) Registrar

AUG. 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8 1940 to Aug. 17 1940 and that I last saw h. alive on Aug. 17 1940

Immediate cause of death: Hypostatic Lobar Pneumonia — Duration: 2 days
Due to: Carcinoma Large intestine (Colon) — 1 yr.
Due to:
Other Conditions: Chronic Nephritis — 14 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Faerbacher M. D.
Address 1802 Eastern Ave Date signed 8/17/40

Please write the causes of death clearly and legibly. Physicians: please write age as especially important. The

72105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 72105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Meers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name William ?
13. Birthplace

MOTHER
14. Maiden Name Margaret White
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1940 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cross
Location Baltimore
18 (a) Funeral director Rida Weidefeld
(b) Address 914 Greenmount Ave
(c) Filed AUG 18 1940 (Registrar) Hunter Jr. Williams, M.D. Registrar

V3 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1940 at 5a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940 to Aug 17 1940 and that I last saw h. alive on Aug 17 40

Immediate cause of death	Duration
Acute dilatation of Heart	None
Due to	
Due to Chronic Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: - Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. F. Dyker M. D.
Address 928 E. North Ave Date signed 8/17/40

2106

HEALTH DEPARTMENT—CITY OF BALTIMORE

72106

CERTIFICATE OF DEATH

131-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Argyle Ave St., 17th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lena Pratt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1119 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Pratt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

17. INFORMANT Ada Pratt

(Address) 1119 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8-19 19 40

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill ave.

20. FILED AUG 18 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 15 , 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5 1940 to Aug 15 1940

I last saw h[illegible] alive on Aug 14 1940 Death is said to have occurred on the date stated above, at 1 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	about 1940
Chr. Interstitial Nephritis	5 yrs

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Urinary T.P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) G. McKay M. D.

(Address) 1126 Druid Hill

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1783 F 72107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of I. West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Cranston Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John O. Brown, Sr

3 (b) If veteran, name war Spanish American | 3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Jane McVane Brown
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 3, 1881

8. AGE: Years 59 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Chicago, Illinois (Town, county, and state)

10. Usual Occupation Government Officer
11. Industry or business Federal Government

FATHER
12. Name John O. Brown
13. Birthplace Chicago, Ill

MOTHER
14. Maiden Name Unknown
15. Birthplace Chicago, Ill.

16 (a) Informant George W. Brown
(b) Address 3912 Cranston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Arlington, Virginia

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W North Ave

19 (a) Approved for burial (Registrar) (b) Receiving Order No. (Registrar)

AUG 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1940 at 10 50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to Carbon monoxide poisoning (Automobile exhaust)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/16/40
(c) Where did injury occur? 3912 Cranston Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage — Home While at work? No
(Specify type of place)
(e) Means of injury Gas poisoning — exhaust from car

23. Signature W. B. Anderson M.D. Medical Examiner.
Date signed 8/16/40

Vs 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F

72108 58095 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 72108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 A Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anthony Pasturlina

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0997

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	17	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Cooper

11. Industry or business

FATHER 12. Name Vance

13. Birthplace Italy

MOTHER 14. Maiden Name Scerra?

15. Birthplace Italy

16 (a) Informant Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/40 (month) (day) (year)

(c) Cemetery or crematory Laurel Heart Cem. Location Laurel Hall Rd - Md.

18 (a) Funeral director John J. Ludwig & Sons (b) Address 1131 E. Fayette St.

19 (a) (Signature of Registrar) (b) Registrar

AUG 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7- 1940 at 6 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6- 1940 to 8-7- 1940 and that I last saw h~~er~~ alive on 8-7- 1940

Immediate cause of death Cardiac failure — Duration P

Due to Hypertensive CVD — Duration ?

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac failure

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewey Richter M.D.

Address Balto City Hosp. Date signed 8-17-40

F 72109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Bolton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Bolton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN DOBIE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Dobie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1860

8. AGE: Years 80 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Tillicoutrie, Scotland
(Town, county, and state)

10. Usual Occupation Retired Grocerer

11. Industry or business

FATHER
12. Name James Dobie
13. Birthplace Scotland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Mary G. Steinmann
(b) Address 2002 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

AUG 18 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1940 at 5.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Aug. 17, 1940 and that I last saw him alive on 8/14 1940

Immediate cause of death Cerebral Hemorrhage — Duration 4 mos.

Due to Arteriosclerosis — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Finks M. D.
Address 724 W. North Ave. Date signed 8/17/40

VS 3

F 72110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 72110
Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) (Louise)

2. USUAL RESIDENCE OF DEASED:
(a) State Va. (b) County
(c) City or town Fredericksburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Lee Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS ALICE GREEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Frank N. Green
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Aug 6th 1914

8. AGE: Years 26 | Months | Days 12 | If less than one day: hr. min.

9. Birthplace Woodford, Va.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles S. Samuels
13. Birthplace Unknown

MOTHER
14. Maiden Name Louise Fields
15. Birthplace Unknown

16 (a) Informant Mrs. Frank N. Green
(b) Address 716 Lee Ave Fredericksburg Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20, 40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem
Location Fredericksburg Va

18 (a) Funeral director Wm J. Lickner & Sons
(b) Address North D. [illegible] Fredericksburg, Va.

AUG 18 1940
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1940, at 5:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death: Septicemia	
Due to: Endocarditis, acute bacterial, source undetermined	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 8-18-40

VS 6

F 72111 10441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

Registered No.

F 72111

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 3622 Reisterstown Rd
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3622 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Celia Mechanick

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Louis Mechanick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Nachum Mainlis
13. Birthplace Russia

MOTHER
14. Maiden Name Grussia Preis
15. Birthplace Russia

16 (a) Informant Louis Mechanick
(b) Address 3622 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hampton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at 6.30 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1940, to Aug 17 1940, and that I last saw h[illegible] alive on Aug 17 1940.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of uterus	8 yrs
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. Kadin M. D.
Address 2306 Eutaw Pl Date signed 8-18-40

72112 HEALTH DEPARTMENT—CITY OF BALTIMORE 72112

CERTIFICATE OF DEATH 13 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Morris Kessel

If U. S. Veteran specify WAR

(a) Residence: No. 4307 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Yetta Kessel

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Barrel Kessel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Meyer Kessel

(Address) 3411 Pork Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herring Run Date Aug 19. 1940

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1124-26 W North ave

20. FILED 19

AUG 19 1940 Harry [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 8/18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1940 to 8/18, 1940

I last saw him alive on 8/18, 1940 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumonia	8/17

Other contributory causes of importance

Intestinal Hemorrhage	8/15

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Ward Jr. M. D.

(Address) Sinai Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should OCCUPATION is very important. See instructions on back of certificate.

F 72113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

F 72113 Registered No.

Print entries in ink. Write causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Delmar apts 31st & Calvert
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Helen T. James

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife John T. James
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/25/1871

8. AGE: Years	Months	Days	If less than one day
68	7	21	16 hr. — min.

9. Birthplace Lynchburg Va.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Mangan
13. Birthplace Lynchburg Ireland

MOTHER
14. Maiden Name Johanna Hurley
15. Birthplace Ireland

16 (a) Informant John T. James
(b) Address 208 - Turnbridge

17 (a) Burial (b) Date thereof 8/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Baltimore Md

18 (a) Funeral director Geo. D. Rutherford
(b) Address 725 Harford Ave

Filed AUG 19 1940 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1940, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1940, to Aug 16 1940 and that I last saw h[illegible] alive on Aug 16 1940.

Immediate cause of death Carcinoma Thrombosis — Duration

Due to arteriosclerotic C-V disease

Due to

Other Conditions Fracture of neck of left femur.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 16, 1940
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] (Specify type of place) While at work? (out of bed)
(e) Means of injury Fell on floor while getting

23. Signature Joseph Edwin Schenthal M. D.
Address Mercy Hospital Date signed 8/16/40

Harold D. Rowden M. D.

F 72114

Biesecker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 72114 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3438 Hickory ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3438 Hickory ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3436 Baltimore Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Biesecker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Sep Divorced

6 (b) Name of husband or wife Aaron J. Biesecker

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 22, 1885

8. AGE: Years	Months	Days	If less than one day
55.	3	26	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel G. Pearre

13. Birthplace md

MOTHER 14. Maiden Name Margaret E. Slemmer.

15. Birthplace md.

16 (a) Informant Richard Blaine

(b) Address 3438 Hickory Ave

17 (a) Burial (b) Date thereof Aug 21 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Roland Ave.

18 (a) Funeral director Clements & Donovan

(b) Address 3425-7 Gaheart Ave

AUG 19 1940 (b) Huntingtown, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition as to same thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquisition as to same find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 8-18-40

VS 6

VS 6

F 72115

3809763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a Registered No. F 72115

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4320 E Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George (Mai) = MAY
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-64

8. AGE: Years 75 | Months 7 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Fred Mai
13. Birthplace Germany

MOTHER
14. Maiden Name Amanda Avral
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

19 (a) [illegible] (b) [illegible] Registrar

AUG 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940, to Aug 17 1940, and that I last saw him alive on Aug 17 1940.

Immediate cause of death	Duration
Post-Operative Shock and Tracheal Obstruction,	6 hrs.
Due to Partial Carcinoma Oesophagus	6 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Oesophageal Obstruction + Extension
Of autopsy Samens Of.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Sturgis Jr
Address Johns Hopkins Hosp Date signed 8/17/40

Write the causes of death clearly and legibly.

F 72116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 72116

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 E. Lombard st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 26-8

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 E. Lombard st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Ann Diamond

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James A. Diamond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1-1874

8. AGE: Years 66 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name — Kraft
13. Birthplace Unkown

MOTHER
14. Maiden Name Ellan Rohling
15. Birthplace Unkown

16 (a) Informant James A. Diamond
(b) Address 3405 E. Lombard st

17 (a) Burial (b) Date thereof 8 (month) 19 (day) 40 (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Philip Herrington
(b) Address 2024 Eutaw St

19 (a) (b)
(Date rec'd by registrar)

AUG-19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to 8/15 1940, and that I last saw her alive on 8/15 1940.

Immediate cause of death: Arteriosclerotic Cardio Vascular and myocardial degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Goodman

Address 3400 E Baltimore Date signed 8/16/40 D.

Penalty for making false statement, or for concealing the facts, is fine or imprisonment, or both, in the discretion of the court. (Act of 1927, Chapter 538, Section 6.)

Fill in all items, if unknown, say so. Be sure to state the causes of death clearly and legibly.

F 72117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72117

CERTIFICATE OF DEATH

48-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 E. Baltimore St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME META ERNESTINE HORSTMEIER

If U. S. Veteran specify WAR

(a) Residence: No. 2904 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Sept. 30. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Pub. Schools

10. Date deceased last worked at this occupation (month and year) Oct. 1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Horstmeier

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Haefner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Ella Horstmeier (Sister)

(Address) 2904 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Aug. 19. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC. Eug. J. Sander

(Address) NORTH AVE. & BROADWAY

AUG 19 1940 Thurston Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16. 1940

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1940, to August 15th, 1940

I last saw her alive on August 15th, 1940. Death is said to have occurred on the date stated above, at 12.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	2½ years.
Other contributory causes of importance:	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Occurs Dept.

What test confirmed diagnosis? Presumed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - , 19

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify -

(Signed) Wm. Conrad Bode M. D.

(Address) 1900 Maryland Ave.

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

Stein

F 72118 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 49-a F 72118

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 23-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mary Stein — If U. S. Veteran specify WAR .....

(a) Residence: No. 116 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Ellis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER — 13. NAME Samuel Heyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER — 15. MAIDEN NAME Pearl

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 8/19/40

19. UNDERTAKER Park Lawn Inc.
(Address) 1439 E. Pratt St.

20. FILED AUG 19 1940 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1940, to August 18, 1940

I last saw h. alive on August 18, 1940 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonary edema	4 hrs
Cardiac Failure	1 hr
Carcinoma of Salpinx + ovary	1
	1

Other contributory causes of importance

Was an operation performed? Yes Date of August 15, 1940

For what disease or injury? Mass in pelvis

Name of operation Bilateral salpingo-oophorectomy

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. J. Merkin M. D.

(Address) Sinai Hosp.

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72119 10409

Peays

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 72119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Ellsworth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester Peays

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace Leakesville N. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Eddie Peays
13. Birthplace N C

MOTHER
14. Maiden Name Pamer Steele
15. Birthplace [illegible] Va

16 (a) Informant Mrs Jones
(b) Address 1613 Ellsworth St

17 (a) Burial (b) Date thereof 8/19/40 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1442 E. Preston St

19 (a) (Registrar) Huntington Williams M.D.

AUG 19 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940 at 9:13 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/15/40
(c) Where did injury occur? 1330 Ellsworth St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury .32 cal. bullet wound chest
23. Signature [illegible] M.D. Medical Examiner.
Date signed 8/16/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

VS 6

F 72120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72120 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 16 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Rising Sun (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME David Parke Connelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr - 1939

8. AGE: Years	Months	Days	If less than one day
1	16		hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Connelley
13. Birthplace N.C.

MOTHER
14. Maiden Name Pearl Estes
15. Birthplace N.C.

16 (a) Informant John Connelley
(b) Address Rising Sun.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1940 (month) (day) (year)
(c) Cemetery or crematory Brookview Cem
Location Rising Sun, Cecil Co.

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun Md.

19 (a) ..... (Date received by registrar) (b) Huntingtown Williamsport, Md

AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18-40 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17-40 19..., to 8-18-40 19..., and that I last saw h[illegible] alive on 8-18-40 19....

Immediate cause of death Lobar pneumonia — Duration

Due to ..... —

Due to ..... —

Other Conditions ..... —

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Martin Rhode, M. D.
Address University Hosp Date signed 8-18-40

72121 58124 1H

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 72121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 S Schroeder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Jacob John Schadegg

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-07-8931

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Bridgett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1877

8. AGE: Years 63 | Months - | Days 14 | If less than one day hr. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation Stitcher

11. Industry or business

FATHER
12. Name Conrad
13. Birthplace Switzerland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

19 (a) (Signature of registrar) Hilleary M.D. Registrar

AUG 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1940 to 8-18 1940 and that I last saw h[illegible] alive on 8-10 1940

Immediate cause of death
Asthenosclerotic heart disease
Pulmonal embolism - left leg.
Due to Gangrene left leg.

Duration
?
12 d.
12 d.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M.D.
Address Balt. City Hosp. Date signed 8/18/40

Be sure the causes of death clearly and legibly. The

3820 90 F 72122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 - G Registered No. F 72122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: 10-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
741 (d) Street No. 141 Eberling st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horace Dover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1903

8. AGE: Years 37 39 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Cowpens S. C. (Town, county, and state)

10. Usual Occupation Lunch Room Owner

11. Industry or business

FATHER 12. Name William Dover
13. Birthplace S. C.

MOTHER 14. Maiden Name Corry ?
15. Birthplace S. C.

16. (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-1940 (month) (day) (year)

(c) Cemetery or crematory Cowpens S. C.
Location Gaffney S. C.

18 (a) Funeral director Byron Dominick & Knight
(b) Address 1218 McElderry St

19 (a) Aug 19 1940 (b) Thursday (Registrar) Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940 at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1940 to Aug 16 1940 and that I last saw h alive on Aug 16 1940.

Immediate cause of death, Subdural abscess and empyema, septicaemia — Duration 1 week?

Due to Bronchiectasis, lung abscess — 6 mo?

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Major findings: Of operations Bronchiectasis, lung abscess, empyema
Of autopsy subdural abscess

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Sperry b
Address Johns Hopkins Hosp signed 8/16/40 M.D.

F 72123

VS 3

F 72123

F 72123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 943-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 Jackson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Jackson (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

24 H

3 (a) FULL NAME Lucy B Seymour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas H Seymour 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 14, 1866

8. AGE: Years 75 | Months | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name ——— Benton

13. Birthplace Md

MOTHER 14. Maiden Name Mary A Vansant

15. Birthplace Md

16 (a) Informant James V Seymour

(b) Address Frederick Road Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1940 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Md

Location

18 (a) Funeral director A. Howard Ellis

(b) Address [redacted] Charles St

AUG 19 1940 (Date rec'd by Registrar) (b) Hunter Jones Miller Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17, 1940, at 11:59 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1939, to Aug 17 1940, that I last saw her alive on Aug 15 1940.

	Duration
Immediate cause of death: Chronic Myocardial Degeneration	3 yrs.
Due to: Generalized arteriosclerosis	5 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Fockler M. D.

Address 7078 Fort Ave Date signed Aug 16 1940

Please write the causes of death clearly and legibly. Physicians: please write as especially important. Please write as carefully supplied.

72124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-B

F 72124
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Arleta Holt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe.

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Holt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1895

8. AGE: Years 45 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Longdale, Alleghany Co., Va.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Gordon Payne
13. Birthplace Crockland Co., Va.

MOTHER
14. Maiden Name Mary E. Poindexter
15. Birthplace Alleghany Co., Va.

16 (a) Informant Florence Payne
(b) Address 504 Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Balto, Co.

18 (a) Funeral director J. Preston Lurkey
(b) Address 519 Mosher St.

(a) Date received AUG 19 1940 (Registrar) (b) Registered Aug 21

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1940, at 4.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4- 1940 to 8-17- 1940 and that I last saw her alive on 8-17- 1940.

Immediate cause of death Hypertensive Heart Disease. — Duration

Due to Cardiac Hyp. — Duration

Due to + Mitral Insufficiency — Duration ?

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 8/17/40

72125 Town ST 44 Bk 6869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160-a

F 72125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Gilmor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Infant

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Gilmor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Gilpin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1940

8. AGE: Years | Months | Days. 2 3 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Douglas K Gilpin
13. Birthplace Balto Md

MOTHER 14. Maiden Name Caroline Baxter
15. Birthplace Balto

16 (a) Informant Douglas K Gilpin
(b) Address 411 N. Gilmor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto

18 (a) Funeral director Wm Lewis
(b) Address 1217 St Paul St

19 (a) Date received Aug 19 1940 (b) Signature for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Birth 19, to date 19, and that I last saw him alive on Aug 17 1940

Immediate cause of death Intracranial hemorrhage — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Joseph Eskelson M. D.
Address 6207 Harford Rd Date signed Aug 19 1940

Please answer all questions, making additions where necessary, and write the causes of death clearly and legibly.

Hunting for Williams Md.

F 72126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 72126

CERTIFICATE OF DEATH ✓ 77-E

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Kennedy

If U. S. Veteran specify WAR.

(a) Residence: No. 1437 Mt. Royal Ave. Ward. S.S.# 215-03-8581

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Johnnie E. Kennedy

6. DATE OF BIRTH (month, day, year) Oct 2 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Peter Kennedy

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Ellwood

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Frank Kennedy

(Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Date Aug 20 1940

19. UNDERTAKER William Cook

(Address) 1219 St. Paul St

19. FILED Aug 19 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1940 to Aug 17 1940

I last saw him alive on Aug 17 1940 Death is said to have occurred on the date stated above, at 1.32 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of interval
Pulmonary edema	1 day
Acute cardiac dilatation	3 days
	over
Other contributory causes of importance	9 months
V.D. insufficiency	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer Willen M. D.

(Address) Sinai Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

BALTIMORE CITY HEALTH DEPARTMENT F 72127

F 72127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-F 72127 Registered No.

Write age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2602 Dumpont
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Dumpont
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

253

3 (a) FULL NAME John A. Travis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1899

8. AGE: Years	Months	Days	If less than one day
41	2	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation unemployed.
11. Industry or business

FATHER	12. Name Stephen Travis
	13. Birthplace Baltimore
MOTHER	14. Maiden Name Mary Gray
	15. Birthplace Baltimore

16 (a) Informant Helen J. Travis
(b) Address 2606 Dumpont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Joseph A. Lively
(b) Address 400 N Mount Street

19 (a) AUG 19 1940 (Registrar) (b) Hunter J. White Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940 at 1330 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 17 1940, and that I last saw h[illegible] alive on Aug 16 1940.

	Duration
Immediate cause of death Bronchopneumonia	7 days
Due to	
Due to	
Other Conditions Chronic Asthma	6 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond J. Glaser M. D.
Address 2708 Baltimore Boulevard Date signed Aug 19 40

F 72128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 72128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Walbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ella Arthur (Ella Mabel Arthur)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215- 16- 5804

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hugh H. Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Oct. 22 1885~~ Feb. 25 1887

8. AGE: Years 53 54 | Months 5 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business Home & Hospital

FATHER 12. Name Charles Moore

13. Birthplace Virginia

MOTHER 14. Maiden Name Minnie Kirelene

15. Birthplace Virginia

16 (a) Informant Hary Archer (husband)

(b) Address Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville Md

18 (a) Funeral director William J. Tickner & Sons

(b) Address North & Pennsylvania Aves

19 (a) ____ (Date rec'd by registrar) (b) Interment or Removal Williams Md (Registrar)

Aug 19 1940.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to Aug. 18 1940, and that I last saw h[illegible] alive on Aug 18 1940.

Immediate cause of death: Respiratory failure — Duration: ____

Due to: Cerebral Hemorrhage — Duration: 3 days.

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: Not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature [illegible]

Address Mercy Hospital Date signed 8-18-40 M. D.

(OVER)

The causes of death clearly and legibly.

(OVER)

F 72129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 72129 Registered No.

Please write the information asked for in ink. Be careful to write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland [illegible]
(b) Street address 1814 W Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J BUNCH

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	col	widower

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 [illegible]

8. AGE: Years	Months	Days	If less than one day
69	-	21	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jordan Bunch
13. Birthplace N C

MOTHER
14. Maiden Name Mariah Burke
15. Birthplace N C

16 (a) Informant Ella Williams
(b) Address 1811 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Arbutus Md

18 (a) Funeral director Mc Katie R Williams
(b) Address 329 N Schroeder St

19 (a) [illegible] (b) [illegible] Interring Co. Williams Mort.

AUG 16 1940
AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940 at 11:P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day.
Due to Arteriosclerotic Cardio-	
Due to Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Helbert M.D.
Date signed 8-17-40 Medical Examiner.

F 72130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 72130 Registered No.

Please write the causes of death clearly and legibly. Physicians: please [illegible] is especially important. Please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Garrison Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1554

3 (a) FULL NAME Elizabeth Crusey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17, 1850

8. AGE: Years	Months	Days	If less than one day
90	-	-	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Crusey
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Rachel Richardson
15. Birthplace United States

16 (a) Informant Mrs J. Frank Fox
(b) Address 2704 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E M Duncan
(b) Address 2005 W. Baltimore St.

19 (a) (Date filed by registrar) (b) [illegible] Registrar

AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at 12.45

21. I certify that death occurred on the date above stated; that I attended deceased from July 6th 1940 to Aug 17th 1940. and that I last saw her alive on Aug 17th 1940.

Immediate cause of death Heart Failure

Due to Acute Bronchitis, Bronchial Pneumonia, Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 3 - 7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J E Poulton M. D.
Address 3909 Garrison Blvd Date signed

10531

3849 72131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 72131 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 48 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 E. Fayette
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Percy G. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 7-10-1892

8. AGE: Years	Months	Days	If less than one day
48	1	8	____ hr. ____ min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Md

MOTHER
14. Maiden Name Lucretia Warmsley
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 8/20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End of North Avenue

18 (a) Funeral director C. W. Mears & Son
(b) Address 805 N. Calvert Street

AUG 19 1940 (Huntington Williams, M.D.)
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at 2.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1940, to Aug 18 1940, and that I last saw him alive on Aug 18 1940

Immediate cause of death: POST-OPERATIVE SHOCK — Duration: 24 hrs

Due to: BILE PERITONITIS — Duration: few hrs

Due to: COMMON BILE DUCT AND PANCREATIC DUCT OBSTRUCTION, PARTIAL — Duration: ?

Other Conditions: ABSCESS IN PANCREAS

(Include pregnancy within 3 months of death)

Major findings:
Of operation: INDURATED PANCREAS DILATED COMMON BILE DUCT
Of autopsy: STRICTURE BILE DUCT ABSCESS PANCREAS

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. STURGIS, M.D.
Address Johns Hopkins Hosp. Date signed 8/18/40

Write the causes of death clearly and legibly.

VS 3

Canody.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72132 Registered No. 108

F 72132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 W. 20th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W 20th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E Canody
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Margaret Canody
6 (c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) June 23 1884
8. AGE: Years 56 Months 1 Days 24 If less than one day hr. min.
9. Birthplace James Cty Co. Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thadious Canady
13. Birthplace James City Co Va.

MOTHER
14. Maiden Name Margarett Jackson.
15. Birthplace James City Co Va.

16 (a) Informant Mary Canady Daughter
(b) Address 109 W 20th St.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/19/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Autburn Cemetery
Location Westport Md.
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.
19 (a) (b) Huntington Williams Baltimore Md.

AUG 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 7 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940, to Aug 17, 1940 and that I last saw h[illegible] alive on Aug 16 1940

	Duration
Immediate cause of death Clot Dilitation of the Heart (DILITATION)	
Due to Lobar Pneumonia	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Mavis Adams M. D.
Address 312 E. 23rd St. Date signed 8-17-40

72133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 72133

Registered No.

PRESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Riggs Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Riggs Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1611

3 (a) FULL NAME Magdelene B. Gibbs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John H. Gibbs

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1878

8. AGE: Years 61 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Greenland, W.VA. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name August Schuerholtz
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Keys
15. Birthplace Baltimore, Md.

16 (a) Informant John H. Gibbs
(b) Address 2922 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Chadwick & Pyle
(b) Address 1200 W. Lombard, St

AUG 19 1940

(a) Date received by Registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17th, 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1, 1939 to August 17, 1940, and that I last saw h-r alive on August 16, 40

Immediate cause of death	Duration
Carcinomatosis (Spine, skull, long bones, etc.)	10 mo.
Due to Original site of tumor	
Due to mets discovered —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lurleen E. Stacy, M. D.
Address 3803 Edmondson Ave Date signed Aug 17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3629 4th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 4th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Clarke Kellogg

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora M. Kellogg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15 1855

8. AGE: Years 54 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Brooklyn New York (Town, county, and state)

10. Usual Occupation Restaurant Business

11. Industry or business Restaurant Self

FATHER
12. Name Charles Dunn
13. Birthplace Scotland

MOTHER
14. Maiden Name Alice Kellogg
15. Birthplace Brooklyn

16 (a) Informant Mrs Cora M. Kellogg
(b) Address 3629 4th St Brooklyn

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 19 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md

18 (a) Funeral director Albert W Seruggs
(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1936, to Aug 16 1940, and that I last saw him alive on Aug 15 1940.

	Duration
Immediate cause of death: Acute Cardiac failure	3 days
Due to: Pulmonary t.b. c.	2 years
Due to:	
Other Conditions: Potts disease of Spine	6 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M.D.
Address 506 E. North Ave Date signed 8/19/40

AUG 19 1940

F 72135 HEALTH DEPARTMENT—CITY OF BALTIMORE F 72135

CERTIFICATE OF DEATH 761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSPITAL St. 2401 Ward) 10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME VIRGINIA PEDVIN

If U. S. Veteran specify WAR

(a) Residence: No. 333 S CLINTON St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN T. PEDVIN

6. DATE OF BIRTH (month, day, year) JUNE 29-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	1	27/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

FATHER

13. NAME THOMAS HAYDEN

14. BIRTHPLACE (city or town) (State or country) VA.

MOTHER

15. MAIDEN NAME HESTER WHITE

16. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

17. INFORMANT HARRY PEDVIN (SON)

(Address) 333 S. CLINTON ST.

18. BURIAL, CREMATION, OR REMOVAL

Place MOUNT CARMEL Date AUG. 20 1940

19. UNDERTAKER Lillet Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED AUG 19 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19th 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15 1940 to Aug 17 1940

I last saw h.e.r. alive on July 17 1940 Death is said to have occurred on the date stated above, at 8.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
HEART FAILURE	2 WEEKS
GENERALIZED ARTERIOSCLEROSIS	1910
CARDIOVASCULAR RENAL DIS.	

Other contributory causes of importance:

DIABETES.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edgar F Bernuth M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

72136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 72136

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the ...ery and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2018~~
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary J. Sterling

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1884

8. AGE: Years 56 | Months 5 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Wm. Sterling
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Balto. Md.

16 (a) Informant Miss Grace Sterling (niece)
(b) Address 2018 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) AUG 19 1940 (b) (Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 13 1940, to Aug 17 1940, and that I last saw h[illegible] alive on Aug. 17 1940.

Immediate cause of death: Post-Op. Broncho Pneumonia — Duration 4 days
Due to Operation for strangulated hernia — 4 days
Due to —
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operation Aperture in inguinal canal
Of autopsy Broncho pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp. Date signed 8/17/40

VS:

16 F 72137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Jasper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married (sep.)

6 (b) Name of husband or wife Annie Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	7	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Car Cleaner
11. Industry or business

FATHER
12. Name Benjamin Green
13. Birthplace Virginia

MOTHER
14. Maiden Name Patience Lynch
15. Birthplace ?

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 AUG 19 1940 (b) Huntington Williamsport, Md.
(Local registrar) (Date registered)

5841

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10- 1940, at 10 P.M 15

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10- 1939 to 8-10- 1940 and that I last saw h alive on 8-10- 1940

Immediate cause of death	Duration
Cardiac failure	?
Due to A-S. Ms. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waghelstein
Address Balto City Hosp Date signed 8-14-40 M. D.

F 72138 | 57668 Bi

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aveme
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 ? George St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Mattie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1884

8. AGE: Years	Months	Days	If less than one day
55	11	13 14	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Martha Lemmons
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL AUG 19 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 AUG 19 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

5840

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13- 1940, at 5 A.M. 25

21. I certify that death occurred on the date above stated; that I attended deceased from 7-23- 1940, to 8-13- 1940, and that I last saw him alive on 8-13- 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7
Due to Hypertension CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mullen Lafetra M.D.
Address Balto City Hosp. Date signed 8-17-40

72139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C Registered No. 72139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 90days
(e) Length of stay in Baltimore (yrs., mos., or days) 90 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore Co.
(c) City or town Curtis Creek
(If outside city or town limits, write RURAL and give town)
(d) Street No. 765 Hillwood Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Jack Carman LeBon (I5266I)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-40

8. AGE: Years | Months: 2 | Days: 2829 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Jack Demar
13. Birthplace

MOTHER
14. Maiden Name Pearl Eichelberger
15. Birthplace Maryland

16 (a) Informant Mrs. Pearl LeBon
(b) Address Hillwood Drive

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location [redacted] AUG 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) AUG 19 1940 Huntington Williams M.D. 3843

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7- 1940, to 8-5- 1940, and that I last saw h..... alive on..... 19.....

Immediate cause of death Pulmanary Edema — Duration

Due to.....

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Johns Whitridge Jr. M. D.
Address Johns Hopkins Hosp. Date signed 8/7/40

F 72140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72140 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 Byrd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Byrd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis K. Reeley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Helen Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17 1867

8. AGE: Years	Months	Days	If less than one day
73	4	30	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Press Operator

11. Industry or business

FATHER
12. Name John Reeley
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Mrs. Hull
(b) Address 1721 Byrd St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location A. G. Catonsville, Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 131 S. Eutaw St.

19 (a) Date received (Registrar) AUG 19 1940 (b) Hunter Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Aug 16 1940, and that I last saw him alive on Aug 16 1940

Immediate cause of death Coronary Thrombosis — Duration —
Myocardial Infarction —
Due to Arteriosclerosis —
Due to Senility —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M. D.
Address 102 E. Fort Ave Date signed 8/19/40

72141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B 7-72141

Registered No. E 72141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Where exact age is especially important, write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Dotter

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Divorced

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1859

8. AGE: Years 80 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Keeper

11. Industry or business Rooming House

FATHER — 12. Name John Dotter
13. Birthplace Germany

MOTHER — 14. Maiden Name Anna Velcker
15. Birthplace Germany

16 (a) Informant Mrs A. K. Briad
(b) Address 1930 Cecil Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Cem
Location

18 (a) Funeral director William Cook
(b) Address 1817 St. Paul St

19 AUG 19 1940 (Date rec'd by registrar) (b) Huntington Wilson, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1940 to Aug 17 1940, and that I last saw h~~e~~r alive on Aug 17 1940.

	Duration
Immediate cause of death: Cardiac Insufficiency	
Due to: Arteriosclerosis	
Due to:	
Other Conditions: Lacerated Fracture	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Egan M. D.
Address 1161 E Mulb Date signed 8/19/40

VS 8

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1164-C Registered No. F 72142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ERATH JANE JONES HARTMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	ns.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Warren B. Hartman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1881

8. AGE: Years	Months	Days	If less than one day
58	9	4	hr. min.

9. Birthplace Lime Ridge, Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name John D. Jones
13. Birthplace Bloomsburg Pa

MOTHER
14. Maiden Name Suzanne R. Jamison
15. Birthplace Lime Ridge, Pa

16 (a) Informant W B. Hartman
(b) Address 3304 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21/40 (month) (day) (year)
(c) Cemetery or crematory Forest
Location Lime Ridge Pa

18 (a) Funeral director Tilhorn (Col)
(b) Address 1217 E Fort Ave

19 (a) Registrar (b) Huntington Williams, M.D.

AUG 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 40, at P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Intestinal obstruction	
Due to swallowing of safety pin	
Due to suicide	
Other Conditions Involutional melancholia (Include pregnancy within 3 months of death)	

Major findings:
Of operations safety pin in large intestinal stasis
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April, 1940
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury swallowed safety pin

23. Signature H L Wollgemuth M.D.
Medical Examiner.
Date signed 8-18-40

72143

F 72143

AUG 19 1940

72143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72143

Registered No. 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. High St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KENNETH SPRANIS

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1935

8. AGE: Years 4 5 | Months 11 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business "

FATHER: 12. Name Henry Spranis
13. Birthplace Russia

MOTHER: 14. Maiden Name Ursella Genulis
15. Birthplace Russia

16 (a) Informant Mr. Henry Spranis
(b) Address 120 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/40 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Loudon Park

18 (a) Funeral director J. J. Neumann & Son
(b) Address 32 S. Broadway

19 (Date rec'd by registrar) Aug 19 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at 5.35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence August 17, 1940
(c) Where did injury occur? Hutton's Pier Patapsco (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Bldg (Specify type of place) While at work? Playing on Outboard
(e) Means of injury Drowning fell overboard

23. Signature J. J. Wollenweber M.D. Medical Examiner.
Date signed 8-17-40

THE MORGUE — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct cause of death clearly and legibly, especially important.

72144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72144 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5200 Cuthbert Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Cuthbert Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Rose Burrell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife Ellis B. Burrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1867

8. AGE: Years 73 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Campbellford Ont. Canada (Town, county, and state)

10. Usual Occupation Married.

11. Industry or business

FATHER
12. Name Dr. Irvin Bogart.
13. Birthplace Canada.

MOTHER
14. Maiden Name Rose Randal.
15. Birthplace Canada.

16 (a) Informant Mrs. Wm. Dexter.
(b) Address 5200 Cuthbert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk. Cem.
Location Balto. Md.

18 (a) Funeral director Lowing Bros
(b) Address 5005 Pk Heights Ave.

AUG 19 1940 Huntingtn Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1940, at 8.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 19 , to Aug. 19 1940. and that I last saw her alive on Aug. 18 1940.

Immediate cause of death — Duration

Cerebral Hemorrhage — 6 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R K Dexter

Address 707 W Rose Date signed 8/19/40

72145 LB 58389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-F Registered No. F 72145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hr. 45 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Half Moon Alley nr. Forrest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Foster Streeter

3 (b) If veteran, name war: Yes
3 (c) Social Security Account No. 218-09-1709
4. Sex: Male
5. Color or race: Color
6 (a) Single, married, widowed, or divorced: Married (sep.)
6 (b) Name of husband or wife: Estella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/29/1896
8. AGE: Years 44 | Months 1 | Days 17 | If less than one day hr. min.
9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Hampton (d)
13. Birthplace N. C.

MOTHER
14. Maiden Name Jane Evans (d)
15. Birthplace N. C.

16 (a) Informant N. C. No Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Brough Cem. Location Chicago, So Carolina
18 (a) Funeral director Rufus Williams
(b) Address 15 15 12 Eldorado St Huntington Williamsport, Md.
19 AUG 19 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940, at 4 45 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8-15- 1940 to 8-16- 1940, and that I last saw h[er] alive on 8-16- 1940.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Syphilis 1st Dis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address Baltimore City Hosp Date signed 8-19-40

V8 3

F 72146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B

Registered No. F 72146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Nancy Evans Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Shenandoah Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Geo Evans

13. Birthplace Shenandoah Va

MOTHER 14. Maiden Name Nellie Hathaway

15. Birthplace Shenandoah Va

16 (a) Informant Mary Johnson

(b) Address 131 E. N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Md

18 (a) Funeral director Ralph Williams

(b) Address 1615 N. Eldersley St

19 (a) AUG 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19-1940 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14-1940 to 8-19 1940 and that I last saw h~~er~~ alive on 8-19-1940

Immediate cause of death	Duration
Hypertensive Heart Disease	?
Due to Mitral Insufficiency?	
Due to ? Stenosis	
Other Conditions Pulmonary Congestion (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Malone M. D.

Address Provident Hospital Date signed 8/19/40

VS 3

VS 3

Hospital

E 72147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 X

Registered No. 72147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. Chapel Gate Lane
(c) Hospital or institution: Pine Crest Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 51 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Moss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary B. Moss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1863

8. AGE: Years 77 | Months 2 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Anne Arundel County, Md. (Town, county, and state)

10. Usual Occupation: Retired Judge of

11. Industry or business: Anne Arundel County, Md.

FATHER
12. Name: James C. Moss
13. Birthplace: Anne Arundel County, Md.

MOTHER
14. Maiden Name: Adaline Melhorn
15. Birthplace: Anne Arundel County, Md

16 (a) Informant: Mrs. Mary B. Moss
(b) Address: Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Hacketts Point, Md.

18 (a) Funeral director: [signature]
(b) Address: 1005 N. Baltimore St.

19 (a) AUG 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940, to Aug. 19 1940; and that I last saw him alive on Aug. 19 1940.

Immediate cause of death: Senility. Arterio-Sclerosis. — Duration: 2 yrs. 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [signature] M. D.

Address 610 Frederick Ave, Catonsville, Md. Date signed

72148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No. F 72148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 E 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 E 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Atkinson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia McGeeney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1872

8. AGE: Years	Months	Days	If less than one day
68	5	27	hr. min.

9. Birthplace Carolina Co. Maryland (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Builder

FATHER
12. Name Edwin E. Atkinson
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Kelley
15. Birthplace Unknown

16 (a) Informant Mrs Edwin Atkinson
(b) Address 405 Roselank Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 / 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Mary M. Wheatfield
(b) Address 521 E 22nd St

19 AUG 19 1940 (Date received by registrar) (b) Huntington Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-1940, at 8 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1940, to 8-16 1940, and that I last saw h alive on 8-16-1940.

Immediate cause of death	Duration
Coronary thrombosis	2 wks.
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. B. Sybert M. D.
Address 2862 Harford Ave Date signed 8-17-40

72149

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security Acct—None

CERTIFICATE OF DEATH

F 72149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Mr. Joseph Hejl

If U. S. Veteran specify WAR

(a) Residence: No. 210 N. Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Hejl

6. DATE OF BIRTH (month, day, year) Jan 1, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8 7	17 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Hejl

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Antonie Janecek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Josephine Hejl

(Address) 210 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8-20-40 19

19. UNDERTAKER Frank Brachbar

(Address) 1906 Baltimore

AUG 19 1940

Filed Washington Witness

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1940 to August 17, 1940

I last saw HE alive on August 17, 1940 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset 0ct 39

Avitaminosis

Pneumonia

Anemia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edgar A. Berman M. D.

(Address) Sinai Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore 57 yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N Gilmor Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Carter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15-1882

8. AGE: Years	Months	Days	If less than one day
57	9	2	hr. min.

9. Birthplace Bridgetown Va (Town, county, and state)
10. Usual Occupation Hustler for self
11. Industry or business

FATHER
12. Name George Badger
13. Birthplace Bridgetown Va

MOTHER
14. Maiden Name Carrie Carter
15. Birthplace Bridgetown Va

16 (a) Informant Mrs Effie Wege sister
(b) Address 409 N Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 22-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport

18 (a) Funeral director Dept A Lively
(b) Address 409 N Mount Street

19 (a) AUG 19 1940 for Wilmer M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1940, at 1045 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1940, to 8-17 1940, and that I last saw h[illegible] alive on 8-17 1940.

Immediate cause of death	Duration
Subdiaphragmatic Abscess	
Due to Perforated Appendicitis	
Due to	
Other Conditions Chr-Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L Zahn M. D.
Address Franklin Sq. Hosp. Date signed 8-19-40

F 72151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 72151
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hebrew Aged Home
(c) Hospital or institution: Hebrew Home for Aged Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 years
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Israel C Caplan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Wife.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER 12. Name Benkus Victor Caplan
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Rubin Caplan
(b) Address 1627 N Appleton St

17 (a) Burial (b) Date thereof Aug 20/40
(Burial, cremation, or removal) (month), (day), (year)
(c) Cemetery or crematory Holmes Herring Memorial Cemetery
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124 W North ave Baltimore, Md.

AUG 20 1940
(Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940 at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 19 to Aug 18 1940, and that I last saw him alive on Aug 18 1940.

Immediate cause of death: Broncho pneumonia — Duration 8/12/40
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Levindale Date signed 8/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72152 23457 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B

Registered No. E 72152

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Binney Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary King

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Fred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 1, 1865

8. AGE: Years	Months	Days	If less than one day
74	9	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Price (d)
13. Birthplace Balto.

MOTHER
14. Maiden Name Irene Randall (d)
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 10th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover St.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.

AUG 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1940, at 9:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1940 to 8-17 1940, and that I last saw h[illegible] alive on 8-17 1940

Immediate cause of death: High intestinal obstruction — Duration: 5 days
Due to
Due to
Other Condition: Gen. arteris sclerosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M.D.
Address Balto. City Hosp. Date signed 8/18/40

VS 3

72153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-A F 72153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 W Barre ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W Barre St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME John. Solder

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-3738

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Victoria.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Tailor.

11. Industry or business

FATHER
12. Name Joseph Solden
13. Birthplace Md.

MOTHER
14. Maiden Name Unknow.
15. Birthplace Md.

16 (a) Informant Victoria. Solder.
(b) Address 707 W Barre, ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kramakos
(b) Address 602 Washington Blvd

19 (a) AUG 20 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 19 1940 at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 15 1940 to AUG 19 1940, and that I last saw him alive on AUG 18 1940

Immediate cause of death HYPERNEPHROMA

Duration 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Milan M. D.

Address 682 Washington Blvd Date signed 8-19-40

10501

F 72154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 Registered No. F 72154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 S Ellwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma E Heiser

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife John Heiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1873

8. AGE: Years	Months	Days	If less than one day
67	11	25	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Christopher Quadty
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Severn
15. Birthplace Md

16 (a) Informant John Heiser
(b) Address 518 S Ellwood Ave

17 (a) Burial (b) Date thereof Aug 21 1940 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Balto

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) AUG 20 1940 (b) Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939, to Aug 17 1940, and that I last saw h[illegible] alive on 8-17 1940.

Immediate cause of death: metastatic carcinoma of lung. — Duration

Due to: Carcinoma of left breast. — Duration

Due to: — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J J Ford M. D.
Address 14 N Eutaw Date signed 8-17-40

72155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D F 72155
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Maryland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Hyman Glatt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Gertrude
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1892

8. AGE: Years 47 58 | Months 8 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocery store
11. Industry or business self

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Gertrude Glatt
(b) Address 1807 Moreland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North ave

19 (a) ____ (b) ____ (Signature of Registrar)

AUG 20 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19, 1940, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15, 1940, to Aug 19 1940 and that I last saw h[illegible] alive on Aug 19 1940

Immediate cause of death: Cardiac failure — Duration: ____
Due to: Abdominal carcinomatosis — 3 mons.
Due to: ____ — over
Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard E. Blumenthal
Address W. B. G. H. Date signed M. 8 D. 19/42

F 72156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 72156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Robb St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Robb St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-1

3 (a) FULL NAME John T. Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8702

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Theresa I. Milske
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1872

8. AGE: Years	Months	Days	If less than one day
68	6	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Retired

FATHER
12. Name John Gordon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Norton
15. Birthplace Ireland

16 (a) Informant Miss Mary Gordon
(b) Address 2600 Robb Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, /40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date received by registrar) (b) Registrar

AUG 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 10.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to Aug 19 1940, and that I last saw h— alive on Aug 19 1940.

Immediate cause of death
Hypostatic Pneumonia, Cardio-Vascular disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krause M. D.
Address Med. Arts Bldg Balto Date signed Aug 20 40

Dr. Krause Med Arts Bldg

F 72153

F 72157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 148-B

F 72157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delia K or Mary E. Stafford

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Michael Stafford
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 58 | Months | Days | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business

FATHER
12. Name: John Curtis
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine Cain
15. Birthplace: Ireland

16 (a) Informant: Miss Catherine Doyle
(b) Address: 339 E. 27th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem
Location: Balto. Md

18 (a) Funeral director: Rita Wiedefeld
(b) Address: 114 Greenmount Ave

19 (a) AUG 20 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1940 to August 19 1940, and that I last saw her alive on August 19 1940.

Immediate cause of death: Carcinoma of Uterus — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Eugene S. Blume M. D.
Address: 606 E. Preston Date signed

VS 8

72158 HEALTH DEPARTMENT—CITY OF BALTIMORE F 72158

CERTIFICATE OF DEATH S.S.# 218-09-0060

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Northway Drive St. 1-594-a Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BENJAMIN HOWARD NUMBERS If U.S. Veteran specify WAR

(a) Residence: No. 3134 Northway Drive St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie M. Numbers

6. DATE OF BIRTH (month, day, year) Sept. 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland.

FATHER

13. NAME Benjamin Numbers

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

MOTHER

15. MAIDEN NAME Katherine Holland

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

17. INFORMANT Mr. Jesse M. Numbers
(Address) 403 Lyman Avenue

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Memorial Date 8/22/40 19

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pa. Avenues.

AUG 20 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/40 19

22. I HEREBY CERTIFY, That I attended deceased from August 12 1940 to August 19 1940

I last saw him alive on August 18 1940 Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary thrombosis	8 hrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Watson M. D.

(Address) 403 Hilford Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 72159 1049, BALTIMORE CITY HEALTH DEPARTMENT F 72159
CERTIFICATE OF DEATH 93-D
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caldhouse & Fayette sts
(c) Hospital or Institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4213 Connecticut ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME August Lotz

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia D Lotz
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 10-1865

8. AGE: Years 75 | Months 0 | Days 8 | If less than one day ——— hr. ——— min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business —

FATHER
12. Name Unknown Lotz
13. Birthplace Unknown

MOTHER
14. Maiden Name Hartman
15. Birthplace Germany

16 (a) Informant Mrs. Sophia Lotz
(b) Address 4213 Connecticut ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick ave

18 (a) Funeral director Geo L Beyer Jr
(b) Address 1512 Hollins St

AUG 20 1940 (Date rec'd by registrar) (b) ——— Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1940 to 8-18 1940, and that I last saw h[illegible] alive on 8-18 1940.

Immediate cause of death: Cardiac Failure — Duration: 1 day
Due to Arteriosclerotic Heart Disease
Due to Prostatic Hypertrophy
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Daniel L Zahn M. D.
Address Franklin Sq Hosp Date signed 8-18-40

VS 3

F 72160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-cF 72160 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDMOND EDWARD VAN METER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-01-1514

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 6/1906

8. AGE: Years	Months	Days	If less than one day
33	11	13	hr. min.

9. Birthplace BALTO. MD (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business SHOPERS GUIDE

FATHER
12. Name JOHN VAN METER
13. Birthplace MARTINSBURG W. VA.

MOTHER
14. Maiden Name ANNA OBRIEN
15. Birthplace BALTO. MD.

16 (a) Informant MARY WINCHESTER SISTER
(b) Address 230 S. Broadway

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 22/40 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD RD

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Wolfe St Baltimore, Md.

19 (a) AUG 20 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 11 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to Crushing & left side of face & Shock	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug 19, 1940 7/4
(c) Where did injury occur? Edenton Chowan Co. N.C. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? —
(e) Means of injury struck by truck while crossing street

23. Signature Chas. H. L. Wollenweber M.D. Medical Examiner.

Date signed 8-19-40

VS 6

VS 6

F 72161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

F 72161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 S. MADERIA ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. MADERIA ST. 1956
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH REYNOLDS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 25 1860

8. AGE: Years 80 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation STOVE STORE

11. Industry or business FOR SELF.

FATHER
12. Name GEORGE REYNOLDS
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE HERMAN
15. Birthplace GERMANY

16 (a) Informant PAULINE HARTMAN
(b) Address 4 N. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 21/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 AUG 20 1940 (Date received by local registrar) Stanley F. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION AM

20. DATE OF DEATH AUG. 19 1940 at 2/5 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1940 to 8/19 1940
and that I last saw him alive on 8/17 1940
Immediate cause of death Cardiac failure. Duration 5 days
Interval 10 yrs.
Due to
Due to
Other Conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. C. Marsden. M. D.
Address 3425 Earl Ave. Date signed 8/20/40

F 72162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72162 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. LEXINGTON ST
(c) Hospital or institution: AGED WOMEN'S & AGED MEN'S HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15YRS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. LEXINGTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Kirkham WILLIAM KIRKHAM

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	M	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) JAN. 15-1859

8. AGE: Years	Months	Days	If less than one day
81 80	7	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED LABORER
11. Industry or business

FATHER
12. Name WILLIAM KIRKHAM
13. Birthplace INGLAND

MOTHER
14. Maiden Name WINIFRED KIRSHSHAW
15. Birthplace IRELAND

16 (a) Informant JOHN A. KIRKHAM (BROTHER)
(b) Address 2501 ½ EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 21-40 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL CEM.
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) AUG 20 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 19 40, at 11:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/27 19 , to 8/18/40 19 , and that I last saw him alive on 8/17/40 19 .

Immediate cause of death	Duration
Myocarditis, chronic.	
Senility.	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edwin B. Jarrett M.D.
Address 1115 St. Paul St., Date signed 8/19/40

City.

F 72163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72163
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] 5-1
(c) Hospital or institution:
Sydenham Hosp.,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Edythe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: B

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1940

8. AGE: Years | Months: 1 | Days: 26d | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Minnie Howard
15. Birthplace Baltimore County, Md.

16 (a) Informant
(b) Address

17 (a) Cremation (b) Date thereof 8/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Hosp.

18 (a) Funeral director
(b) Address

19 AUG 20 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1940, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940, to Aug 14 1940, and that I last saw him alive on 8/14 1940.

	Duration
Immediate cause of death Pneumonia	4 days
Due to Pertussis	3 wks
Due to	
Other Conditions Diarrhea	10 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp. Date signed 8/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72164 / 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 W. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 W. Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S., if alien? years

3 (a) FULL NAME Mary J. Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Wm. Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1878

8. AGE: Years 61 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER
12. Name Joseph Gray
13. Birthplace Md
14. Maiden Name Margaret Brooks
15. Birthplace Md

16 (a) Informant Wm. Butler
(b) Address 518 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location W. N. Co. Md.

18 (a) Funeral director Mrs. Frances A. Kemsley
(b) Address 578 W. Biddle St.

19 (a) AUG 20 1940 (b) Registrar for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1940 19 , at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17/40 19 , to 8/17/40 19 , and that I last saw h.r alive on 8/17 19 40

Immediate cause of death	Duration
Myocardial Rt. failure	10 Min.
Hemiplegia	15 Min.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Louis Lamy M. D.
Address 1100 Druid Hill Ave. Date signed 8/19/40

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Information furnished on this certificate is especially important.

F 72165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72165

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 CLARKSON St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET MURRAY

If U.S. Veteran specify WAR

(a) Residence: No. 1742 CLARKSON St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Murray

6. DATE OF BIRTH (month, day, year) Feb. 26, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jas. Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Milmoe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Murray
(Address) 1742 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date aug 23 1940

19. UNDERTAKER Margaret L. Flynn
(Address) 422 Light St.

VS AUG 20 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 19, 1940.

22. I HEREBY CERTIFY That I attended deceased from SEPTEMBER 3 1939 to AUGUST 19 1940

I last saw her alive on AUGUST 19 1940 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	
Chronic Nephritis	
Diabetes Mellitus	Nov 1939

Other contributory causes of importance:

Uremia	aug 18 1940

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Physical + Laboratory Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 72166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 S. Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Stroh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Matilda Stroh
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 1874

8. AGE: Years: 66 Months: Days: If less than one day: hr. min.

9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Caretaker
11. Industry or business: Store

FATHER
12. Name: Stroh
13. Birthplace: ✓

MOTHER
14. Maiden Name: Laura G. Little
15. Birthplace: ✓

16 (a) Informant: Louis Stroh
(b) Address: 1436 Woodall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St

19 (a) AUG 20 1940 (Delivered) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1940, at 2.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1940, to August 15 1940, and that I last saw h[illegible] alive on August 15 1940:

Immediate cause of death: Bronchopneumonia — Duration: 3 wks.
Due to:
Due to:
Other Conditions: Diabetes mellitus. Generalized arteriosclerosis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Osteoarthritis, rt knee
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Aaron Bernstein, M.D.
Address: South Balto Gen'l Hosp. Date signed 8/22/40

VS 3

F 72161 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1366 Stockton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lula Young

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-03-2301

4. Sex F
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? 1895

8. AGE: Years 45 yrs, ? | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Hand in Laundry
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director George C. Kelson
(b) Address 1303 Presstman St. Balto.

19 (a) Filed by (Date) AUG 20 1940 (b) Registrar .....

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18- 1940, at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14- 1940, to 8-18- 1940, and that I last saw h.. alive on 8-18-1940.

Immediate cause of death	Duration
(a) Bronchopneumonia	2 days
Cerebral Thrombosis	9 days
Due to: Hypertensive CVD	?
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [illegible]
Address Balto City Hosp. Date signed 8-19-40 M.D.

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√13-B F 72168

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1101 Eastern Clonney St. 16-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence (if city or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Webster Barney Jr. — If U. S. Veteran specify WAR

(a) Residence: No. 1101 Eastern Clonney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Barney.

6. DATE OF BIRTH (month, day, year) 9/18/1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	13 Dys	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Waiter.

10. Date deceased last worked at this occupation (month and year) 1939 — 11. Total time (years) spent in this occupation 3 0 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Barney.

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Mable Barney (Address) 824 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/22 1940

19. UNDERTAKER Les. G. Kelson (Address) 1303 Pleasant St

20. FILED ..... 19.... Registrar.

AUG 20 1940. Huntington Millsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th 1940 to Aug 19th 1940

I last saw him alive on 8/19, 1940. Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance are as follows:

	Interval between onset and death
Miliary Tuberculosis	Unknown

Other contributory causes of importance: Tuberculous Infection ?

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Postmortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jos. L. Byrne M. D.

(Address) 522 N. Arlington Ave

INFORMATION SHOULD BE GIVEN EXACTLY. PHYSICIANS and others should be careful to see that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it OCCUPATION is very important. See instructions on back of certificate.

72169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72169
131-40 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 Allendale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give both)
(d) Street No. 116 Allendale St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary - Anna STEIN

3 (b) If veteran, name war ✓ 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife John F. Stein

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4 1867

8. AGE: Years 73 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business

FATHER 12. Name George Dunkler

13. Birthplace Germany

MOTHER 14. Maiden Name V.

15. Birthplace

16 (a) Informant Joseph Stein

(b) Address 6016 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Fred. Road Balto Md

18 (a) Funeral director John Ortwein Hill & Sons

(b) Address 1900 Eutaw Place

19 AUG 20 1940 (Date rec'd by Registrar) (b) Remington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940 at 9 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death Coronary Occlusion	1/2 hour
Due to	
Due to Hypertension & Cardio Vascular Renal Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Selbach M.D. (Medical Examiner)
Date signed 8/19/40

VS 6

F 72170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Smallwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Griffin (58421)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ruth Hess Griffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1908

8. AGE: Years 31 | Months 11 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William L. Griffin
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Lewin
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20/40 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Edmondson Ave Balto Md

18 (a) Funeral director John W Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) AUG 20 1940 (Registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18, 1940, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16, 1940, to Aug. 18, 1940, that I last saw him alive on Aug. 18, 1940

	Duration
Immediate cause of death: Tuberculosis of lungs	17 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hospitals Date signed 8-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Any unusual or complicating conditions should be reported, as accuracy and correct age is especially important.

F 72171

VS 3

F 72171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 72171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street-address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 E. Madison Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mc Kinley Mickle

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arizona Mickle

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Apr. 24-1906

8. AGE: Years 34 | Months 3 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Appomattox Co. Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name Bertha Jones
15. Birthplace Virginia

16 (a) Informant Arizona Mickle
(b) Address 1508 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/1940 (month) (day) (year)
(c) Cemetery or crematory Shipped
Location Pamplin Va

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date received by registrar) (b) Registrar

AUG 20 1940 VS

Huntington Williams, Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940, at 11:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to:

Due to: Multiple Lacerations

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-18-40
(c) Where did injury occur? Balto. (City or town) Co. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No - N. Point Road
(e) Means of injury Was driving bus car, Struck Telephone Pole

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 8/19/40

54206--ru bb

F 72172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 72172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo11das.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-1855

8. AGE: Years	Months	Days	If less than one day
85	2	10	hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation Worker
11. Industry or business

FATHER
12. Name John Moore
13. Birthplace Vermont

MOTHER
14. Maiden Name Mary Woods
15. Birthplace Ohio

16 (a) Informant Bureau Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery
Location

UNIVERSITY MEDICAL SCHOOL AUG 20 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 AUG 20 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14- 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1940 to 8-14- 1940 and that I last saw h. alive on 8-14- 1940.

Immediate cause of death Cardiac Failure — Duration ?
Due to Arterio Sclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel Lebenstein M. D.
Address Balto City Hosp. Date signed 8-15-40

VS 3

5844

...correct are especially important. Physicians: please write the causes of death clearly and legibly.

F 72173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 72173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Orchard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Walker (56488)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1922

8. AGE: Years 17 | Months 8 | Days 19 20 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Emmitt Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Nannie Goodrich
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address AUG 20 1940 Per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Residence M.D.

VS 3

D 5845

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1940, at 7:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11, 1940, to Aug. 11, 1940 and that I last saw h[illegible] alive on Aug. 11, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: June 1940 May 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Anatomical post (Incomplete)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 8/12/40

If DEATH OCCURRED IN A HOSPITAL, WITHIN TWENTY-FOUR HOURS after admission, or if DEATH WAS DUE TO VIOLENCE, an inquest may be necessary. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72174

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2127 N Calvert St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harry Whitney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wife Verna.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 12 1889

8. AGE: Years 51 | Months May | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Ice Business

11. Industry or business Self

FATHER
12. Name Joseph Whitney
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Lyle Whitney
15. Birthplace in Maryland

16 (a) Informant Mrs Verna Whitney

(b) Address 2127 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)

(c) Cemetery or crematory Oak Hill Cem.

Location

18 (a) Funeral director Albert W. Peregoy

(b) Address 440 East North Ave

19 AUG 20 1940 (Date received by Registrar) (Signature) Thurlow Tom Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-16 1940 to 8-19 1940, and that I last saw h[illegible] alive on 8-19 1940

Immediate cause of death Arteriosclerosis & Hypertension Heart

Due to Simple Cerebral Hemorrhage

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Daniel F. Jacobs M. D.

Address Franklin Sq. Hosp. Date signed 8-19-40

72175

F 72175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 9

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Ann St
(c) Hospital or institution: Home
(d) Length of stay in hospital or [illegible] (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S Ann St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard F. Sudnicki (Szucknicki)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19-1940

8. AGE: Years | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Balto
(City, town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Adam
13. Birthplace Balto

MOTHER
14. Maiden Name Jennie Aleksalza
15. Birthplace Balto

16 (a) Informant Adam Szucknicki
(b) Address 809 S. Ann St

17 (a) Burial (b) Date thereof aug 21-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location

18 (a) Funeral director Wm. J. Fullerowski
(b) Address 2007 Eastern Ave

19 (a) AUG 20 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1940, at 6:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1940, to Aug. 20 1940 and that I last saw [illegible] alive on Aug. 19 1940.

Immediate cause of death: Strangulation — Duration acute

Due to Whooping Cough — Duration 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Jenkins M. D.
Address 1007 E. Baltimore — Date signed Aug 20/40

F 72176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 72176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 W. Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Irvin Beckwith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Baby.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1939.

8. AGE: Years	Months	Days	If less than one day
9/10		19	..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Irwin Foster.
13. Birthplace Balto Md.
14. Maiden Name Evangeline Beckwith
15. Birthplace Asheville N.C.

16 (a) Informant Evangeline Beckwith
(b) Address 631 W Lee St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8 / 20 / 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery.
Location Lansdowne Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) AUG 20 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19-1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10-1940 to 8-19-1940 and that I last saw him alive on 8-19-1940.

Immediate cause of death	Duration
Acute Gastro Intestinal Indigestion (Summer Diarrhea)	9 days
Due to (Unspecified)	
Due to	
Other Conditions Evacuations + dehydration - (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. T. Maloney M. D.
Address Provident Hospital Date signed 8/20/40

correct age is especially important: Physicians: please write the causes of death clearly and legibly.

72177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 72177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Holt st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernon Jory

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gladys Jory
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 21, 1898
8. AGE: Years 41 | Months 7 | Days 28 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman Such since 1925
11. Industry or business Stand. Oil of N. J.

FATHER
12. Name James Jory
13. Birthplace Md.

MOTHER
14. Maiden Name Maude Gilbert
15. Birthplace Va.

16 (a) Informant records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto City

18 (a) Funeral director A. Howard & Sons
(b) Address 1400-02 S Charles St

19 (a) AUG 20 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19 1940, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1940 to 8/19 1940 and that I last saw him alive on 8/19 1940

Immediate cause of death: Post-operative uremia — Duration: 10 days

Due to: Bilateral pulmonary Tuberculosis — 5 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Balto. City Hosp. Date signed 8/19/40

FRIENDS WHO KNOW FACTS, WHICH UNDERTAKER MAY NOT KNOW, SHOULD SEE THAT CERTIFICATE IS CORRECTLY FILLED OUT. Undertaker will write only such information as informant may supply. Please write the causes of death clearly and legibly. correct age is especially important. Physicians; please w

F 72178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 168

Registered No. F 72178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm S. Cullum

3 (b) If veteran, name war: World War -
3 (c) Social Security Account No. 216-03-0264

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Effie L. Cullum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 1885

8. AGE: Years 55 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace: Balto. Md (Town, county, and state)
10. Usual Occupation: Machinists Helper
11. Industry or business: New Air Brake Co

FATHER
12. Name: Alonzo Cullum
13. Birthplace: Md

MOTHER
14. Maiden Name: Belle Kenny
15. Birthplace: Md

16 (a) Informant: Effie L. Cullum
(b) Address: 523 S. Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1940 (month) (day) (year)
(c) Cemetery or crematory: Bald Mahand
Location: Bald Eagle

18 (a) Funeral director: C. Howard Evans
(b) Address: 1402 or S. Broadway

19 AUG 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19- 1940, at 6:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: 8-16-40
(c) Where did injury occur? Balto. (City or town) Md (County) (State)
616 Hanover
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Forcibly knocked to pavement

23. Signature: Howard J. Madden M.D.
Medical Examiner.
Date signed 8-19-40

VS 6

Thrown out of Tavern

F 72179 X F 72179

F 72179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo11da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo11da

2. USUAL RESIDENCE OF DECEASED:
(a) State Del. (b) County Delaware
(c) City or town Lewes
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Seldon Nelson Gibble

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gertrude Olivia Lynch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1. 1860

8. AGE: Years 80 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Beaufort, North Carolina
(Town, county, and state)

10. Usual Occupation Captain SS PELICAN

11. Industry or business

FATHER
12. Name George F. Gibble
13. Birthplace Beaufort, N. C.

MOTHER
14. Maiden Name ?
15. Birthplace Beaufort, N. C.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23/1940 (month) (day) (year)
(c) Cemetery or crematory
Location Lewes Del

18 (a) Funeral director Harry H. Truscott
Address 1st & Edgewood Ave.

19 (a) AUG 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20, 1940, at 4:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1940 to Aug. 20, 1940 and that I last saw him alive on Aug. 20, 1940

Immediate cause of death Bronchopneumonia
Duration ?

Due to Due to pyelonephritis
Duration ?

Due to prostatic obstruction 4 yrs.
Duration 4 yrs.

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Suprapubic cystotomy; Removal of stone; Prostatectomy, suprapubic; Suture of laceration
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman L. Skinner per Packenham
Address U.S.Marine Hospital Date signed 8/20/40
Baltimore, Maryland.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 72180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 E. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Tabachman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-40

8. AGE: Years	Months	Days	If less than one day
			1 hr. 21 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Morris Tabickman
13. Birthplace — Canada

MOTHER
14. Maiden Name Wanda Gietka
15. Birthplace Wakefield, Massachusetts

16 (a) Informant Wanda Tabickman
(b) Address 1235 Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) AUG 21 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/20 1940 to 8/20 1940 and that I last saw her alive on 8/20 1940

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis R. Soloway, M.D.
Address Sinai Hospital Date signed 8/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where information cannot be obtained, so state. Be sure to give correct age in each case. Underline the causes of death clearly and legibly. Physicians: please write the cause of death in terms which convey definite information as to the disease which caused death, and not in terms of symptoms or conditions resulting from disease. Operations should be mentioned only when performed to prolong life, not when performed merely for the disease which caused death. Violent deaths should be reported promptly to the Coroner. Causes of death which may be the result of either natural causes or violence should be reported to the Coroner. Deaths from any unusual or suspicious cause should be reported to the Coroner. Causes of death which may be the result of either natural causes or violence should be reported to the Coroner. Deaths from any unusual or suspicious cause should be reported to the Coroner.

F 72181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Homestead St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Sykes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George Sykes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1865

8. AGE: Years	Months	Days	If less than one day
75	4	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Pick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Julia
15. Birthplace Baltimore

16 (a) Informant records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director John Lloyd
(b) Address 2008 Orleans St.

19 (a) (Date received by registrar) (b) H. [illegible] (Registrar)

AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1940 at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1940, to 8-19 1940 and that I last saw her alive on 8-19 1940.

Immediate cause of death: Gen. Arterio Sclerosis — Duration: 2 Days
Due to: Intertrochanteric fracture, Right femur
Due to:
Other Conditions: Diabetes Mellitus 4 yrs — 3 mos
Operation (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 7/18/40
(c) Where did injury occur? 1425 Homestead St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell on floor
23. Signature Henry L. Rydon
Address [illegible] Date signed 8-19-40

W. K. Stockenpot, M.D. Asst. Medical Examiner, per [illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72182 1051²

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 72182 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 336 S. Fulton ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 336 S. Fulton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

94

3 (a) FULL NAME William D. McClelland

3 (b) If veteran, name war — none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 12-1884

8. AGE: Years	Months	Days	If less than one day
56	7	6	..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business R.R. Shops.

FATHER
12. Name Dennis W. McClelland
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Carey
15. Birthplace Md

16 (a) Informant Miss Katie Carey.
(b) Address 25 N. Abington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick ave

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 512 Hollins St

19 (a) ..... (Date rec'd by registrar) Hattie Williams, Registrar
AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Aug 18 1940, and that I last saw h— alive on Aug 17 1940

Immediate cause of death	Duration
Coronary Embolism	1 hr
Due to Coronary Disease	10 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature James H. Cumberland M.D.
Address 771 Madison Ave Date signed 8/21/40

72183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72183
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits write RURAL and give town)
(d) Street No. 2205 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Seibel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 19 - 1870

8. AGE: Years 70 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Balt. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Dukehart
13. Birthplace Ind.

MOTHER
14. Maiden Name Dorothy Brown
15. Birthplace Ind.

16 (a) Informant Miss Seibel
(b) Address 2205 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 - 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John A. Hogan
(b) Address 300 E. Balto. St.

19 (a) (Date received by local registrar) (b) [illegible] Williams M.D.
(Signature)
AUG 21 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19- 1940 at 89. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940 to Aug 19 1940 and that I last saw h[illegible] alive on Aug 19 1940.

Immediate cause of death — Duration
Chronic Pulmonary Tuberculosis — Past Years
Due to
Due to
Other Conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis J. Ayd M.D.
Address 2005 E. Monument St Date signed Aug 20/40 M. D.

correct age is especially important. Physicians: please write the

F 72184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B Registered No.

F 72184

Type or write in ink. Fill all items correctly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bolognia ave Baltimore
(c) Hospital or institution: Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3636 E. 35th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton Lewis Simpson

3 (b) If veteran, name war ~ | 3 (c) Social Security Account No. ~

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Eliza Simpson | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 17 1862

8. AGE: Years 78 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name don't know
13. Birthplace Md

MOTHER 14. Maiden Name don't know
15. Birthplace Md

16 (a) Informant Mrs. Lynn Gross
(b) Address 600 Reedy ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location W. Fayette ave
18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore St.
19 (a) 8-21 1940 (Date rec'd by registrar) (b) Filed by City Hospitals

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19 19 , at 89 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1940 to 8/19 1940, and that I last saw him alive on 8/19 1940.

Immediate cause of death	Duration
Myocardial Degeneration	5 days
Due to Mitral Regurgitation	3 years
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Miller
Address 1701 N Broadway Date signed 8/20/40 (M. D.)

F 72185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 568 Gold Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 568 Gold Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Nolan

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-16-9957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Lucinda Nolan
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Jan. 1897

8. AGE: Years	Months	Days	If less than one day
43	7		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Nolan
13. Birthplace Maryland

MOTHER
14. Maiden Name Lavilla Smith
15. Birthplace Maryland

16 (a) Informant Lucinda Nolan
(b) Address 568 Gold St.

17 (a) Mt Calvary (Burial, cremation, or removal) (b) Date thereof Aug. 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cedar Hill

18 (a) Funeral director J. R. Brooks
(b) Address 1463 N. Carey St.

19 (a) (Name and address of registrar) (b) Hunting & Williams M.D. Registrar

AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1940, at 5 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Advanced Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 8-17-40

Coroner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 21 1940

72186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 72186 Registered No.

Please write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Somerset Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years.

3 (a) FULL NAME Henry J. Bremer Sr.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Mrs. Henry J. Bremer Sr.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 19, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	1	..... hr. ..... min.

9. Birthplace Philadelphia, Penna.
(Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Mr. Joseph A. Bremer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lilla B. Bremer
15. Birthplace Maryland

16 (a) Informant Henry J. Bremer Jr.
(b) Address 306 E. 32nd St.

17 (a) Burial (b) Date thereof 8-23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn Md

18 (a) Funeral director John Ontiveros Sons
(b) Address 1900 Eastern Place

19 (a) Waiting for Williams M.D. (Date received by registrar) Registrar

AUG 23 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1940, at 9:49 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7, 1940, to Aug 20 1940 and that I last saw him alive on Aug 20 1940

Immediate cause of death Pneumonia — Duration 6 days
Post-operative
Due to
Carcinoma of Colon (resected) — 8 days
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Colon (Resected)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address Union Memorial Hosp. Date signed 8/22/40

F 72187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 72187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4503 Maine Ave.
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Always.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4503 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edijabeth Candora Haslup.

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	married

6 (b) Name of husband or wife Edgar H. Haslup
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 31-1864

8. AGE: Years	Months	Days	If less than one day
76	32	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business At Home

FATHER
12. Name William Phillips
13. Birthplace England

MOTHER
14. Maiden Name Jane Shorter
15. Birthplace Maryland

16 (a) Informant Miss Norma Haslup
(b) Address 4503 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Rd.

18 (a) Funeral director Chas. J. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar for William H. [illegible]

AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19 1940 at 7:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1939 to Aug. 19 1940 and that I last saw h.. alive on Aug. 19 1940

Immediate cause of death	Duration
(a) Chronic Myocarditis	1937
Due to (b) Arteriosclerosis	1937
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature Paul E. Brown
Address 1663 N. Monroe St. Date signed 8/19/40

FORM OF CERTIFICATE APPROVED BY THE BOARD OF HEALTH. Use typewriter or indelible pencil. Make no erasures. Do not write above the line. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Lyttleton Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Lyttleton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Crockett

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-5744

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Margaret A. Meiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1873

8. AGE: Years 66 | Months 8 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William H. Crockett
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Posey
15. Birthplace Md.

16 (a) Informant Marion E. Crockett
(b) Address 6208 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-40 (month) (day) (year)
(c) Cemetery Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS F 1540

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20th 1940, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17th 1940 to Aug 25 1940 and that I last saw h. alive on Aug 20 1940.

Immediate cause of death: Coronary Occlusion — Duration 1 Day

Due to: Arteriosclerosis

Due to:

Other Conditions: Dextrocardia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 3045 W. North Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72189

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a F 72189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 Linden Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Virginia Meginnis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John R. Meginnis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 8, 1860

8. AGE: Years 80 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A. Ziegler
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan A. Clemenceau
15. Birthplace Maryland

16 (a) Informant Mr. Harry Z. Meginnis
(b) Address 1930 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues

AUG 21 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1940, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14th 1940, to Aug 19th 1940, and that I last saw h[illegible] alive on Aug 19th 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Paraplegia	6 days
Due to Metastasis of Ca. of Cervix to Bladder & Pelvic Bones.	2½ years

Other Conditions Carcinoma of Cervix Uteri
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Langston L. Lewis M.D.
Address 1938 Linden Ave Date signed 8/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72190 52888-LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6/61

F 72190 Registered No.

F 72190

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 1612 N. Oliver St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 yrs. years

3 (a) FULL NAME Susan Staup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellis Staup

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1883

8. AGE: Years: about 56 | Months: 10 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel Wilson
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Isabelle Ewing
15. Birthplace: Ireland

16 (a) Informant: Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location F Kenwood Rd

18 (a) Funeral director Kirkum & Dufour & Lord
(b) Address York & Pennsylvania Ave

19 (a) (Date received by registrar) Hunter Lord Williams M.D.

AUG 21 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/20 1940, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26/40 1940 to 8/20 1940 and that I last saw her alive on 8/19 1940

	Duration
Immediate cause of death: Arteriosclerotic gangrene left foot	1 mo.
Due to: Diabetes mellitus	?
Due to	
Other Conditions: Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations 8/19/40 - Low thigh amputation right.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 8/20/40

F 72191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

X F 72191

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just arrived 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Randallstown, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert W. COX

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Janet Dennis
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 16, 1873

8. AGE: Years 66 | Months 10 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Statesville, Tennessee (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business:

FATHER
12. Name: Abie A. Cox
13. Birthplace: Statesville, Tennessee

MOTHER
14. Maiden Name: Emma Ewing
15. Birthplace: Statesville, Tennessee

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-40 (month) (day) (year)
(c) Cemetery or crematory: National
Location: Balto

18 (a) Funeral director: [illegible] Stenton
(b) Address: [illegible] Belair Rd

19 (a) (Date rec'd by registrar) AUG 22 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20, 1940, at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8, 1940, to Aug. 20, 1940, and that I last saw him alive on Aug. 20, 1940.

Immediate cause of death	Duration
Heart failure	15 days
Due to Myocardial degeneration	Unknown
Due to Coronary thrombosis	15 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]

Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed 8/20/40 M. D.

Space for write the causes of death clearly and legibly. Physicians: please write

72192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-cF 72192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Carline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Ellsworth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 1

3 (a) FULL NAME CLEVELAND WATKINS

X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1930

8. AGE: Years	Months	Days	If less than one day
10	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pat Watkins
13. Birthplace Va.

MOTHER
14. Maiden Name Ethel Fields
15. Birthplace Va.

16 (a) Informant Pat Watkins
(b) Address 1608 Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location G. G. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 W. Carlin St.

AUG 21 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 2: P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to Aug 19 1940, and that I last saw him alive on Aug 19 1940

Immediate cause of death	Duration
Lung Abscesses	
Emboli to Brain	
Due to Tonsillectomy	5-16-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp. Date signed 8-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 72193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Ellsworth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Fields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Pat Watkins
(b) Address 1608 Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location G. G. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 W. Carlin St.

AUG 21 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 2: P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to Aug 19 1940, and that I last saw him alive on Aug 19 1940

Immediate cause of death	Duration
Lung Abscesses	
Emboli to Brain	
Due to Tonsillectomy	5-16-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp. Date signed 8-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72193

F 72193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-4 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hammond Run, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Katie Mayers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife John Mayers
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1900

8. AGE: Years	Months	Days	If less than one day
40	1	16	hr. min.

9. Birthplace Hammond Run, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Caroline Mayers
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John Mayers
(b) Address Hammond Run Md.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Aug 21 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Mrs. M. A. Elliott & Young
(b) Address 1129 N. Carolina St.

19 (a) Aug 21 1940 (Date rec'd by registrar) (b) Huntington Hattiesburg Miss.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1940, to 8-19 1940, and that I last saw her alive on 8/19 1940.

Immediate cause of death	Duration
Peritonitis	
Due to Umbilical hernia (Incarcerated)	
Due to	
Other Conditions Obesity, Hypertension, T.V.D. (Include pregnancy within 3 months of death)	

Major findings:
Of operation Incarcerated Umbilical hernia.
Of autopsy (?) Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Henry Stone M. D.
Address Univ. Hosp. Date signed 8-19-40

VS 3

F 72194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. Geo.
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. 4926 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma Daisey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1902

8. AGE: Years 37 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home.

FATHER
12. Name Frederick Mack
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Wm. Daisey
(b) Address Bowie, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-21-40 (month) (day) (year)

(c) Cemetery or crematory
Location Hyattsville, Md.

18 (a) Funeral director H. Gaglis Sons
(b) Address Hyattsville, Md.

19 (a) AUG 21 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1940, to Aug 21 1940, and that I last saw h[illegible] alive on Aug 21 1940

Immediate cause of death Pleural effusion, acting as a tamponade.

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pulmonary tuberculosis.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Martin Rhode M. D.

Address University Hosp. Date signed 8-21-40

F 72195
3845-04

La. 4321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

99

F 72195
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Scotland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olga Grove

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jere D. Grove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-30-00

8. AGE: Years	Months	Days	If less than one day
40	6	20	hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Milton Brandt
13. Birthplace Penn

MOTHER
14. Maiden Name Eliz. Highland
15. Birthplace Penn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 8/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Norland's
Location Franklin Co. Pa.

18 (a) Funeral director William J. Tickner & Son
(b) Address North & Pa. Ave.

19 (a) AUG 2 1940 (b) Huntingtor Williams M.D.
(Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940 at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1940 to Aug 20 1940, and that I last saw her alive on Aug 20 1940.

Immediate cause of death	Duration
Procaine sensitivity	15 minutes
Due to	
Due to	
Other Conditions Raynaud's disease and Scleroderma (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harris B. Shumacker Jr. M.D.
Address Johns Hopkins Hospital Date signed 8-21-40

Howard D. Haskins, M.D.
Chief Medical Examiner

F 72196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72196 Registered No.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 Eastern Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Katherine Stelmaszak

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Vincent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 1870

8. AGE: Years	Months	Days	If less than one day
70 69	11		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Walter Stelmaszak (Son)
(b) Address 2517 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-40 (month) (day) (year)
(c) Cemetery or crematory St, Stanislaus
Location Baltimore, Md.,

18 (a) Funeral director Gease & Weber
(b) Address 705 S. Ann Street

19 (a) Aug 21 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20TH 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1940 to Aug. 20 1940 and that I last saw h[illegible] alive on Aug. 20, 1940.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	
Due to —	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Stelmaszak

Address 2079 Eastern Ave Date signed 8/20/40

F 72197

F 72197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 72197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 S. Bentalou Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) -60-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 536 S. Bentalou Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? -60- years

20-5

3 (a) FULL NAME MRS ROSINA W. TREFFINGER

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John B. Treffinger
6 (c) If alive, give age: D. years

7. Birth date of deceased (mo., day, yr.): Nov. 13. 1853

8. AGE: Years 86 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife at
11. Industry or business: Home

FATHER
12. Name: Frederick Winas
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Charles Treffinger
(b) Address: 608 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore City

18 (a) Funeral director: F. B. Tippett & Son
(b) Address: Hunting Town Maryland

AUG 21 1940 (b) (Registered by Registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH August 19/40 19, at 5:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 19 40 to Aug 19 1940, and that I last saw her alive on Aug 19 19 40

Immediate cause of death: Coronary Thrombosis — Duration: 1 day ago
Due to: arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address Wilkens Ave. Date signed 8/21/40

Dr. Ben. Miller

VS 3

VS 3 Dr. Ben. Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

72198 72198

CERTIFICATE OF DEATH √131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 W Moreland St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elizabeth Chamberlain

(a) Residence: No. 539 W Moreland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	married

5a. If married, widowed, or divorced (or) WIFE of Wm Chamberlain

6. DATE OF BIRTH (month, day, year) Oct 31, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Hatch

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agnes Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Furlong

(Address) 539 W Moreland St

18. BURIAL, CREMATION, OR REMOVAL

Place West Moreland Co Va Date Aug 25 1940

19. UNDERTAKER Hugh H. Welton

(Address) 1203 Eastern Ave

20. FILED AUG 21 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 20 1940 to Aug 20 1940

That saw h W alive on Aug 20 1940 Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension - Cardiac 4 yrs
Duration Renal Disease

Was an operation performed? N Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M Evelyn M. D.

(Address) 805 N Fremont Ave

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 72199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 72199

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 S. Balto. St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Louis Discovitz (Siscovick)

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-18-1207

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation News Stand
11. Industry or business

FATHER
12. Name Jacob Siscovitz
13. Birthplace Russia

MOTHER
14. Maiden Name Liskow
15. Birthplace Russia

16 (a) Informant Mrs. Siscovick
(b) Address 1429 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21-40 (month) (day) (year)
(c) Cemetery or crematory
Location Southern Ave

18 (a) Funeral director Jack Segal Inc
(b) Address 1429 E Balto St

19 (a) Date received AUG 21 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20- 1940, at 3:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon and from the evidence obtained by said Autopsy, Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 8-21-40

F 72200 | 105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-C

F 72200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Darley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME EDWARD P. VILLEZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1897

8. AGE: Years 43 | Months 35 | Days 1 | If less than one day hr. min. 1

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer at Baltimore

11. Industry or business City park Board

FATHER
12. Name Edward Villez
13. Birthplace France

MOTHER
14. Maiden Name Mary Connelly
15. Birthplace Ireland

16 (a) Informant (Brother) Alexander Villez

(b) Address 1413 Cliftview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Taylor Ave East of Hayward

18 (a) Funeral director Elmer W. Conklin Son

(b) Address 924 E. Eager St. City

Aug 21 1940 (Date received by registrar) Hunting for Williams M.D. (Registrar)

VS. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1940, at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Fracture, mandible 1st to 6th ribs bilateral	
Due to Crushing of chest.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 12, 1940
(c) Where did injury occur? Hillsdale Ave & California Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? No (Specify type of place)
(e) Means of injury Fell off moving truck
23. Signature H. L. Williams M.D. Asst Medical Examiner.
Date signed 8-16-40 (adv)

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS. 6

F 72201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo17da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore --Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 1103 Route 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) FULL NAME Robert T. JARRETT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-07-3728

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Audrey Keller
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) August 11, 1896

8. AGE: Years 44 | Months 42 | Days 0 | If less than one day ..... hr. ..... min. | 9

9. Birthplace Thomasville, North Carolina
(Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Bethlehem Steel

FATHER
12. Name Charles W. Jarrett
13. Birthplace Stokes County, N. C.

MOTHER
14. Maiden Name Augusta V. Page,
15. Birthplace Stokes County, N. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-40 (month) (day) (year)
(c) Cemetery or crematory Mowland Park
Location Dayton Ave.

18 (a) Funeral director Thos. F. Connelly
(b) Address Essex, Md.

19 AUG 21 1940 (b) Huntingdon Avenue M.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1940, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1940, to Aug. 20, 1940, and that I last saw him alive on Aug. 20, 1940

Immediate cause of death	Duration
Myocardial degeneration	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 8/20/40

F 72202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A

Registered No. F 72202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME STEPHEN LYNCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jennie ?

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1883

8. AGE: Years 57 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation retired

11. Industry or business none

FATHER
12. Name Stephen Lynch
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lenhausen
15. Birthplace

16 (a) Informant Mrs. Evelyn Weber (daughter)
(b) Address 2933 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Annapolis Blvd

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St

19 (a) Huntington Williams, M.D. (Date received by registrar) Registrar

AUG 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 5:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ^ find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular bilateral	
Due to Heart disease, aortic valvular, stenosis	
Due to	
Other Conditions nil	

(Include pregnancy within 3 months of death)

Major findings:
Of operations na
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed Aug 21 1940

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 21 1940

F 72203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1442 Eastern Ave (If rural give location)
(e) If foreign born; how long in U. S. A.? years

3

3 (a) FULL NAME Andrew Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Mail

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Dont no

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not None
13. Birthplace " "

MOTHER
14. Maiden Name Not None
15. Birthplace " "

16 (a) Informant Zeora Monroe
(b) Address 230 Brown Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E Roy C Wilson
(b) Address 1600 Brentlayan.

AUG 21 1940 (c) Huntington Williams M.D. Registrar
(Date rec'd by registr)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940 at 10 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration 3 hrs.

Due to Arteriosclerotic Cardio

Due to Vascular disease

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Stephen M.D. Medical Examiner.

Date signed 8/19/40

correct age is especially important. Physicians: please write the

VS 6

72204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

Registered No. 72204

1. PLACE OF DEATH: (a) Baltimore City, Maryland — Jenkins Memorial Hospl
(b) Street address 1000 Eaton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst., (yrs., mos., or days) 55 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Days

2. USUAL RESIDENCE OF DECEASED: St Josephs Monastery
(a) State — (b) County
(c) City or town Brentwood D. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. ------- (If rural give location)
(e) If foreign born, how long in U. S. A.? About 50 years

3 (a) FULL NAME Rev. James Hickey
3 (b) If veteran, name of war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) -------
8. AGE: Years 70 | Months --- | Days --- | If less than one day - hr. -- min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Roman Catholic Priest
11. Industry or business -------

FATHER
12. Name Thomas Hickey
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McGrath
15. Birthplace Ireland

16 (a) Informant Jenkins Memorial Hospl
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

AUG 21 1940 (Date rec'd by registrar)

(b) Interring top Coffin Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to Aug 20 1940, and that I last saw h.im alive on Aug 17 1940

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arteriosclerosis	8 mo
Due to:	
Other Conditions: Metastatic Cancer of Dorsal spine (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S Parks M. D.
Address St Agnes Hosp Date signed 8-22

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

VS 8

F 72205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

Registered No. F 72205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Brunt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRISON CHEW

3 (b) If veteran, name war

*3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1922

8. AGE: Years 17 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Leroy Chew

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Annie Tucker

15. Birthplace Balto. Md.

16 (a) Informant Annie Tucker Chew

(b) Address 1412 Brunt Street

17 (a) Burial (b) Date thereof 8-22-40 (Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel Co.

18 (a) Funeral director Mrs. Geo. A. Holland

(b) Address 1631 Druid Hill Ave

19 (a) AUG 21 1940 (b) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at 7 a.m. SK

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Peritonitis, acute suppurative	
Due to Bullet wound of abdomen	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence August 19, 1940
(c) Where did injury occur? 1404 Brunt St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? — (Specify type of place)
(e) Means of injury Revolver bullet

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.

Date signed 8-20-40

VS 6

Write the causes of death clearly and legibly. Correct age in carefully supervised. Physicians, please write plainly.

VS 6

72206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-A

Registered No. F 72206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 E. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Emma I. Selvage

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harry N. Selvage
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mch. 11, 1888

8. AGE: Years 52 | Months 5 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Andrew Huhn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jenny Edgerton
15. Birthplace Baltimore

16 (a) Informant Harry N Selvage
(b) Address 2028 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave.

18 (a) Funeral director C. Lawrence F. Hoffman
(b) Address 1439 N. Broadway

19 AUG 21 1940 (Date rec'd by Registrar) (b) Huntington Ave. Methodist Ep.

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 20 1940, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19.. to AUG 20 1940 and that I last saw h. E. R. alive on AUG 20 1940.

Immediate cause of death: Cerebral Hemorrhage (Duration) 2 hours
Due to Chronic Hypertension and
Due to Chronic Nephritis
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence X X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury

23. Signature Elliott H. Duker M. D.
Address 928 E. North Ave Date signed 8/20/40

VS 8

VS 3

72207 58499 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 St. Mathews Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Franklin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1883 ?

8. AGE: Years	Months	Days	If less than one day
57 yrs. ? 63 yrs. ?		19	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Record Room
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Aug 22, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Balto., Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1402 Jefferson St

19 (a) AUG 21 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20-1940, at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18-1940 to 8-20-1940, and that I last saw h-4 alive on 8-20-1940.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Bronchopneumonia	2 d
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Millard Tabor M. D.
Address Balto City Hosp Date signed 8-21-40

72208

BALTIMORE CITY HEALTH DEPARTMENT

F 72208

VS 3

F 72208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72208 Registered No. 94-a

Please write the causes of death clearly and legibly. Physicians: please write the correct age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4228 Reisterstown Rd
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4228 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Guy Clark Wisotzki

3 (b) If veteran, name war: Spanish-American World
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Bain G. Wisotzki
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 27 1880

8. AGE: Years 60 | Months 5 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Gettysburg Pa. (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business (as Marine Hosp)

FATHER
12. Name William H. Wisotzki
13. Birthplace Gettysburg Pa.

MOTHER
14. Maiden Name Anna Clark
15. Birthplace Smithsburg Md

16 (a) Informant Mrs. Bain G. Wisotzki (wife)
(b) Address 4228 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 40 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Gettysburg Pa.

18 (a) Funeral director STEWART & MOWER COMPANY (H. F. MOWER & SON) 518 N. HOWARD AVENUE
(b) Address

AUG 21 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 3 wks.
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Wisotzki M.D. Medical Examiner.
Date signed 8/20/40

VS 6

72209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 72209
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie V Darby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thos W Darby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1890

8. AGE: Years 50 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Montgomery Co Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Leonard Snyder
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden Name Jennie Young
15. Birthplace Montgomery Co Md

16 (a) Informant Thos W. Darby
(b) Address 36 S. Park Av Montclair N J

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery or crematory Bethesda M. Church
Location Brookeville Md

18 (a) Funeral director Wm Booth
(b) Address 217 E Saratoga St

19 (a) (Date rec'd by registrar) AUG 21 (b) Huntington Baltimore Md Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 3:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1940 to August 21 1940. and that I last saw h[illegible] alive on August 21 1940.

Immediate cause of death: Pulmonary effusion, Chronic Pleurisy & Carcinoma — Duration: 1 week

Due to Metastatic Carcinoma — 3 years

Due to Carcinoma of right breast — 3 years

Other Conditions Generalized carcinoma - toxic

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R Ruzecka
Address University Hospital Date signed Aug 24/40

72210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 72210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 N Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 N Potomac St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (d) FULL NAME Clara M Johnson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1871

8. AGE: Years	Months	Days	If less than one day
69	1	4	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown Oas
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace Norway

16 (a) Informant Emma Stiehl
(b) Address 128 N Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Wilhelm Cook
(b) Address 1217 E Fort Ave

19 (a) AUG 21 1940 (Date rec'd by registrar) (b) Attesting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1940, at 9:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10-1940 to 8-19 1940, and that I last saw h er alive on 8-19 1940.

Immediate cause of death	Duration
Metastatic carcinoma of liver	
Due to Carcinoma of stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J J Gould M. D.
Address 14 N East Ave Date signed 8-20-40

FORM 1630-S-1 REVISED 1939 PRINTED IN U.S.A.

FORWARDED

VS 3

72211

PERMERTER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 72211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Fenden & Mandeville st
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Groveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

28-1

3 (a) FULL NAME Mrs. Bessie A. Permerter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Nelson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 1860

8. AGE: Years 80 | Months — | Days 2 12 | If less than one day hr. min.

9. Birthplace New York. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Roswell C Dewey
13. Birthplace New York.

MOTHER
14. Maiden Name Eliza J Carpenter
15. Birthplace New York

16 (a) Informant Henry J Burchell
(b) Address 4207 Groveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 217 St Paul St

19 (Date rec'd by registrar) AUG 21 1940 Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 19 40, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 19 40, to Aug 20 19 40, and that I last saw h~~e/she~~ alive on Aug 20 19 40.

Immediate cause of death Acute cardiac dilatation — Duration: 4 da.

Due to Arteriosclerotic cardiovascular disease

Due to

Other Conditions Fracture Lt. femur (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 8/17/40
(c) Where did injury occur? 4207 Groveland Av (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell on floor

23. Signature C. D. Johnston Jr.
Address Md General Hosp Date signed 8/20/40

H. L. Wollenweber M.D. Asst Medical Examiner

VS 3

VS 2

H. L. Wollenweber M.D. Asst. Medical Examiner

F 72212 (1)

BALTIMORE CITY HEALTH DEPARTMENT 46-a

CERTIFICATE OF DEATH

Registered No. F 72212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: So. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

QP-3

3 (a) FULL NAME William W. Roach

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lillie Kearney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Balto. City Fire Dept.

FATHER 12. Name Wm. Roach
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine McCarthy
15. Birthplace Md.

16 (a) Informant Mrs. Lillie Roach
(b) Address 2013 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Henry H Wilde
(b) Address 4101 Edmondson Ave

19 (a) AUG 21 1940 (Date received by Registrar) (b) Livingston Millis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1940 at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9, 1940, to Aug. 19, 1940 and that I last saw h im alive on Aug 19, 1940.

Immediate cause of death Carcinoma of oesophagus — Duration ?
Tracheo-oesophageal fistula
~~Due to~~
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic carcinoma of cervical glands
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature C. Bluestein M.D.
Address 1 S Calvert Building Date signed 8/19/40 M. D.

VS 3

Fill in the causes of death clearly and legibly. Physician, please write plainly.

VS 3

F 72213 (3)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-70-E

Registered No. 72213

Type or print clearly in ink. Underline the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Months 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Culver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Russell Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-03-0937

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Martha (Schoenfeld)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1885

8. AGE: Years 55 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Hat Maker

11. Industry or business

FATHER
12. Name Wm J. Russell
13. Birthplace Md

MOTHER
14. Maiden Name — Eisenrodt
15. Birthplace Germany

16 (a) Informant Mrs Martha J. Russell
(b) Address 31 S. Culver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location East end North Ave

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 AUG 21 1940 (b) Interring for Williams M.D.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20- 1940, at 11 ~~PM~~ AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Traumatic Shock — Duration

Due to: Multiple fractures

Due to:

Other Conditions: Fractured Liver etc

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence F-20-1940
(c) Where did injury occur? St. Agnes Hospital Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Run over by Auto-Truck

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed F-20-40

VS 6

F 72214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164C Registered No. F 72214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 Herkimer St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Herkimer (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jefferson D. Creager

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24-1883

8. AGE: Years 57 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Car Inspector

11. Industry or business B & O RR.

FATHER
12. Name Jefferson D. Creager
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Fredrica Korff
15. Birthplace Baltimore, Md

16 (a) Informant Florence Morrow
(b) Address 2831 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd

18 (a) Funeral director Henry A Wittle
(b) Address 4101 Edmondson Ave

19 (a) AUG 21 1940 (b) Signature by Huntington Williams, M.D.

VS 6

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21- 1940, at 9 55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest, find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Gunshot of head. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8-21-40
(c) Where did injury occur? Own residence (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot of head

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 8-21-40

72215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 72215

1. PLACE OF DEATH: Alhambra Apts.
(a) Baltimore City, Maryland
(b) Street address Lake Drive near Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Alhambra Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE BACHARACH

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Robert Lee Bacharac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1870

8. AGE: Years 69 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Meyer Meyer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Strauss,
15. Birthplace Germany.

16 (a) Informant Mrs. S. Whitehill,
(b) Address Norfolk, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40, (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Baard Sandhaum & Son
(b) Address 1902 Eutaw Place.

19 (a) AUG 21 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20th. 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-19 1940, to 8-20 1940 and that I last saw h alive on 8-20 1940

Immediate cause of death: Acute Coronary Thrombosis

Due to: Arth Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard [illegible] M. D.

Address Marlborough Apts. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72216 58358 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N Lakewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1863

8. AGE: Years	Months	Days	If less than one day
76	11	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Clerk Sat Dept.
11. Industry or business Balto. City (retired)

FATHER
12. Name John Miller
13. Birthplace ? Ger.

MOTHER
14. Maiden Name Margaret ? Brown
15. Birthplace ? Ger.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/40 (month) (day) (year)
(c) Cemetery or crematory Schwartzer
Location Balto.

18 (a) Funeral director Philip Hermitage
(b) Address 2024 Pleasant

AUG 22 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19- 1940 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14- 1940 to 8-19- 1940 and that I last saw h. alive on 8-19- 1940.

Immediate cause of death Cardiac failure
Due to C-S. Mt. Dis
Calcified coronaries
Due to Hypertension CVD
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cardiac failure Calcified coronaries

Duration 6 wks ? ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-20-40

Dougherty F 72216

72217 10699 Dougherty F 72217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie E. Daugherty
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife James David Dougherty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 - 1865

8. AGE: Years 75 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Williamsport Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jerome E. King
13. Birthplace Williamsport Md

MOTHER 14. Maiden Name Rachel Shook
15. Birthplace Tagleng Waters Va

16 (a) Informant Mrs Leonard Ethel
(b) Address 1211 East Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 40 (month) (day) (year)
(c) Cemetery or crematory East End North Ave
Location Baltimore Cemetery

18 (a) Funeral director William Cook
(b) Address 1217 S. Paul Street

AUG 22 1940 (Date rec'd by registrar) (b) Signature of Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/40 19 , at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1940, to 8/21 1940, and that I last saw her alive on 8/21 1940.

Immediate cause of death: Congestive Heart Failure
Intestinal Perforation
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration: 47 days
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frederick Johnston M.D.
Address Md General Hosp Date signed 8/24/40

VS 3

72218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B F 72218
Registered No.

Write the causes of death clearly and legibly. Physicians: please write plainly. Important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Pittman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Red Cross
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
18 (a) Funeral director Wm Brooks
Address 1463 N. Carey
(b) Hunting
19 (a) 1940 (b) Registrar

MEDICAL CERTIFICATION 3 3/4

20. DATE OF DEATH Aug 12 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Uraemia - nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vanderzee M.D.
Medical Examiner.
Date signed 8/12/40

VS 6

F 72219

LB 58583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 159 Registered No.

F 72219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3/4 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 3/4 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Ellwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Blankenship

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/40

8. AGE: Years	Months	Days	If less than one day
			2 hr. 45 min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name Edgar Hinkle
13. Birthplace ?

MOTHER
14. Maiden Name Audrey Blankenship
15. Birthplace Ohio

16 (a) Informant Bl. Co. H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/21/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto. City Hosp.

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

AUG 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1940; at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 15 1940, and that I last saw h[illegible] alive on Aug 15 1940.

Immediate cause of death: Premature Labor (Prematurity) — Duration: 3 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Belote M. D.
Address Balto City Hosp. Date signed 8-15-40

AUG 22 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

72220 72220

CERTIFICATE OF DEATH

V94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Christian St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Charlotte Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 2219 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard H. Wilson

6. DATE OF BIRTH (month, day, year) Feb. 9th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Richard H. Wilson

(Address) 2219 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 22 1940

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. FILED AUG 22 1940 19 Thos. J. Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1940 to Aug 19 1940

I last saw h alive on Aug 19 1940 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 19 '40

Other contributory causes of importance

Arteriosclerosis	
Senility	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Dorcas Kolb M. D.

(Address) 102 E. Fort Ave

72221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64 C F 72221
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3138 Fait ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Fait ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-11

3 (a) FULL NAME Conrad Roeder

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary L. Roeder
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 8 - 1865

8. AGE: Years	Months	Days	If less than one day
75	6	1413	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Roeder
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Ruth M. Moser
(b) Address 3138 Fait ave

17 (a) BURIAL (b) Date thereof AUG. 21-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MOUNT CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) AUG 22 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

8/16

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21- 1940, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained by said Inspection & Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Gun shot of Head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8-21-40
(c) Where did injury occur? Yard of the 3138 Fait ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Self inflicted gun shot of head

23. Signature Howard J. Ennis M.D.
Medical Examiner.
Date signed 8-21-40

VS 6

F 72222 10553 CGK 5854 72222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Etting Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Barber

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife James (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Charles Boyer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mgr. Geo. A. Hoeland
(b) Address 1631 Druid Hill Ave

19 (a) (b) Interring for Williams Md.
(Date received by registrar)
AUG 22 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21 1940, at 6.25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14 1940, to 8/21 1940, and that I last saw her alive on 8/21 1940.

Immediate cause of death	Duration
Coronary thrombosis & cardiac failure	4 days
Due to Diabetes mellitus	?
Due to Gangrene of left hand	2 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fahlen Jr. M. D.
Address [illegible] Balt. City Hosp. Date signed 8/21/40

VS 72223

10558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 72223

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4020 Lurston Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Lurston Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester Melvin Hood

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-03-4141

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elinor S. Hood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1880

8. AGE: Years 60 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Nashville Tennessee
(Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Insurance

FATHER
12. Name Robert Milton Hood
13. Birthplace Wales Maryland

MOTHER
14. Maiden Name Nonie E Glascock
15. Birthplace Elizabethtown Ky

16 (a) Informant Elinor S. Hood
(b) Address 4018 Gelston Drive

17 (a) Burial (b) Date thereof Aug 22 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore City

18 (a) Funeral director D. M. Carpenter
(b) Address 1005 N. Gilmor St.

19 (a) AUG 22 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940, to Aug 20 1940, and that I last saw him alive on Aug 20 1940.

Immediate cause of death — Duration
Coronary occlusion — 1/2 hr.
Due to Angina Pectoris — 24yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. D. Elmore M. D.
Address 4936 Park Heights Ave Date signed 8-21-40

VS 3

Correct age is especially important. If unknown, please write the

VS 3

72224 58466 SD 10559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-N

F 72224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimove City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Madison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Jessie Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1898

8. AGE: Years	Months	Days	If less than one day
42	3 2	7	hr. min.

9. Birthplace North Caroline (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Wilkins (d)
13. Birthplace

MOTHER
14. Maiden Name Johanna Royster (d)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug. 22 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15 1940, at 11 49 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1940 to 8-15 1940 and that I last saw her alive on 8-15 1940

Immediate cause of death: Carcinoma of Cervix — Duration about 1 yr 1 mo.
Due to 2nd carcinoma due to hemorrhage from cervix
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Henry F. Ryder M. D.
Address Balto City Hosp. Date signed 8-19-40

VS 2

72225 (Diefenbach) BALTIMORE CITY HEALTH DEPARTMENT 13-B F 72225

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 N. Dallas Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles J. Diefenbach (Diefenbach)
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-16-5886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1896

8. AGE: Years	Months	Days	If less than one day
44	1	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Furniture Upholsterer
11. Industry or business

FATHER 12. Name John Adam Diefenbach
13. Birthplace Germany

MOTHER 14. Maiden Name Mina Kremaker
15. Birthplace Germany

16 (a) Informant Mrs Lilly Beyerlein
(b) Address 1823 N. Dallas Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville

18 (a) Funeral director Wendell E. Stumpbreyer
(b) Address 1501 N. Broadway

19 (a) AUG 22 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1940, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1940, to August 1940, and that I last saw him alive on August 20 1940.

Immediate cause of death Pulmonary T.B. — Duration 10yrs?
Due to Tuberculosis
Due to
Other Conditions Pulmonary Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. Earl Pass M. D.
Address 4001 Wilkens Ave Date signed 8-21-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

H 8

VS 3

F 72226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. F 72226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo 4da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo 4da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 67 Carroll Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Cirilo MATRIMONIO

3 (b) If veteran, name war

3 (c) Social Security Account No. 082-16-5246

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1888

8. AGE: Years	Months	Days	If less than one day
52	0	23	hr. min.

9. Birthplace Manila, Phillippine Islands (Town, county, and state)
10. Usual Occupation AB Seaman SS COMET
11. Industry or business Seafaring

FATHER
12. Name Brollo Matrimonio
13. Birthplace Manila, Phillippine Islands

MOTHER
14. Maiden Name Victoria
15. Birthplace Manila, Phil. Islands

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-40 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director A Brilen Slade
(b) Address 4907 York Road

19 (a) AUG 22 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at 7:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1940 to Aug. 18, 1940 and that I last saw him alive on Aug. 18, 1940

Immediate cause of death	Duration
Broncho pneumonia	3 days
Due to: Metastases to both lungs	1 mo.
Due to: Necrosis, tongue and floor of mouth with secondary infection	2 mo.
Due to: Malnutrition, inanition	6 mo.
Due to: Carcinoma of neck with multiple metastases to neck	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Glossectomy, hemi, rt. Radium, implantation
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 8/21/40 (M. D.)

F 72227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 61

Registered No. F 72227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 (23) South Arnold St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Files

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Joseph Files
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 27. 1835

8. AGE: Years 74 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name Charles Gleie
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Katz
15. Birthplace Germany

16 (a) Informant Edward Joseph Files
(b) Address 534 S. Arnold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address NORTH AVE. & BROADWAY

19 (a) Date received by registrar (Huntington Williams, M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1940, to August 21 1940, and that I last saw h.. alive on August 21 1940.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertensive pulmonary edema	
Due to: Cerebral accident	over
Due to: Generalized arteriosclerosis	
Other Conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Shirley Kellerman M. D.
Address St Joseph's Hosp. Date signed 8-21-40

VS 3

F 72228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Greenway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry O. Hartzell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katharine M. Fogerty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1875

8. AGE: Years	Months	Days	If less than one day
65		10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Exc. Vice President, R.R.
11. Industry or business B. & O. R. R.

FATHER
12. Name John W. Hartzell
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Gorsuch
15. Birthplace Md.

16 (a) Informant John W. Hartzell
(b) Address 3401 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 Aug 22 1940 (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 to Aug 21 1940 and that I last saw him alive on Aug 21 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 hours
Due to: Arteriosclerosis — Duration 8 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Samuels M. D.
Address 4509 Belmont Hgts Date signed Aug 21 40

VS 3

VS 3

72229 10570 105-71

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-N Registered No. F 72229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 161 W Hamburg St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 161 W. Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Fisher

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1903

8. AGE: Years 36 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B & O R.R. Coal Pier

FATHER 12. Name John Fisher
13. Birthplace Easton Md

MOTHER 14. Maiden Name Estella Connor
15. Birthplace Baltimore

16 (a) Informant Walter Dansard
(b) Address 1042 Monroe St

17 (a) (Burial, cremation, or removal) (b) Date thereof 8 25 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto.

18 (a) Funeral director Walter B. Sapp
(b) Address 139 W. Henry St.

19 (a) Registrar Huntington Williams

AUG 22 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1940, at 12 05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940, to Aug 22 1940, and that I last saw h— alive on Aug 22 1940.

Immediate cause of death Aortic Regurgitation — Duration 7

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. H. Carroll M. D.
Address 911 Warner Date signed 8/22/40

H. L. Wallenmeier, M.D. Asst. Medical Examiner

Be sure age is especially important. Physicians: please write the causes of death clearly and legibly.

H. L. Wollenweber, M.D. Asst. Medical Examiner

72230 HEALTH DEPARTMENT—CITY OF BALTIMORE F 72230

CERTIFICATE OF DEATH V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 E. Monument St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerome Carvel Struck

If U.S. Veteran specify WAR yes

(a) Residence: No. 252½ E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Margaret Ola Struck

6. DATE OF BIRTH (month, day, year) Jan. 17, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 years	8 mos.	8 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1940

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Frank Struck

14. BIRTHPLACE (city or town) (State or country) ? , Md.

MOTHER

15. MAIDEN NAME ——— ?

16. BIRTHPLACE (city or town) (State or country) ——— ?

17. INFORMANT Mrs. Margaret Struck
(Address) 252½ E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Medow Ridge Date 8/24/40

19. UNDERTAKER Leo G. Leook
(Address) 1701-03 N. Patt. Park Ave

20. AUG 22 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1940 to Aug 18 1940

I last saw him alive on Aug. 18 1940 Death is said to have occurred on the date stated above, at 6½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Hypertensive Cardio-Vascular Renal Disease	7 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

Howard J. Madden M. D. Chief Medical Examiner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72231

HEALTH DEPARTMENT—CITY OF BALTIMORE

72231

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E Lafayette Ave 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Worster Jr.

If U.S. Veteran specify WAR

(a) Residence: No. 1232 E Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William J. Worster Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Eichelman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E. Eichelman

(Address) 1232 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Aug 23 1940

19. UNDERTAKER Henry Hoeck & Sons Inc

(Address) 1301 E Eager St.

20. AUG 22 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1940 to , 19

I last saw him alive on Aug 22, 1940 Death is said to have occurred on the date stated above, at 8:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Melvin M. D.

(Address) 1279 William St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D Registered No. F 72232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4022 Walsh Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45-20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4022 Walsh Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45- years

3 (a) FULL NAME Friedericka Herbert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lawrence Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1866

8. AGE: Years 74 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name August Maurer
13. Birthplace Germany

MOTHER
14. Maiden Name Hotel (unk)
15. Birthplace Germany

16 (a) Informant August L. Herbert
(b) Address 4022 Walsh Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette

19 (a) [illegible] (b) Huntington Williams M.D.

AUG 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 21 1940, and that I last saw h[illegible] alive on Aug 16 1940.

Immediate cause of death Coronary Embolism — Duration: Sudden
Due to Cardio Vascular Disease & Hypertension — Duration: 2 years
Due to
Other Conditions Varicose Ulcer L. Leg — Duration: 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot M. Johnson M. D.
Address 3432 Fredrick Ave Date signed

Write the causes of death clearly and legibly. Physician's signature is required by law.

VS 3

72233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 72233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Parkton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm H. Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-3236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23-1922

8. AGE: Years	Months	Days	If less than one day
18	3	29	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Robin Carshed
11. Industry or business Int. Vernon Mills.

FATHER
12. Name Walter James Davis
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Hazel Upperco
15. Birthplace Baltimore City

16 (a) Informant Mrs Hazel Davis
(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location White Hall, Md

18 (d) Funeral director P. Markham Low
(b) Address White Hall, Md

19 AUG 22 1940 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 - 1940, at 1:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Gun shot of head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Aug 21 - 40
(c) Where did injury occur? 3011 Chestnut Ave - City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shot with a rifle

23. Signature Howard J. Mercken M.D. Medical Examiner.
Date signed Aug 22-40

VS 6

VS 6

72234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 72234

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Light Street
(c) Hospital or institution: South Baltimore General Hospital (D.C.A.)
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 131 E. Randall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: WILLIAM F. LATCHAM

3 (b) If veteran, name war: ——

3 (c) Social Security Account No.: 218-09-0488

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Latcham
6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): April 14, 1867

8. AGE: Years: 73 | Months: 4 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Frame finisher

11. Industry or business: Picture frames

FATHER
12. Name: John Latcham
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Elizabeth (?)
15. Birthplace: Bt. Mary's County, Maryland

16 (a) Informant: Mrs. Mary A. Latcham
(b) Address: 131 E. Randall Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Baltimore Maryland

18 (a) Funeral director: G. Howard Evans
(b) Address: 400-02 E. Baltimore St. Huntington Terminal Bldg.

19 (a) AUG 22 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-21-1940 at 7:50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: ——
Due to: Generalized Arterio-sclerosis — Duration: ——
Due to: —— Duration: ——
Other Conditions: bronchial pneumonia etc — Duration: over
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Howard J. Madden M.D. Medical Examiner.
Date signed: 8-21-40

VS 6

M. D. B. 1161-9

72235

HEALTH DEPARTMENT—CITY OF BALTIMORE

72235

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 W. Pratt St. 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Metzler

S. S. No. 216-07-3963

(a) Residence: No. 1321 W Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Metzler

6. DATE OF BIRTH (month, day, year) Oct 13 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tube Station operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Charles Metzler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Roeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Metzler

(Address) 1321 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Aug 24 1940

19. UNDERTAKER Frederick A. Poley

(Address) 200 W Lombard St

20. AUG 22 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 5 1940 to Aug 21 1940

I last saw him alive on Aug 19 1940 Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	unknown

Other contributory causes of importance:

arteriosclerotic heart disease	unknown

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Roeser M. D.

(Address) 206 S. Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 72236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 72236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 E. Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie E. Graddick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nathan T. Graddick | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25th 1899

8. AGE: Years: 41 | Months: 1 | Days: 27 | If less than one day: hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Thomas Thornton
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lena B. Strebel
15. Birthplace Columbia S. C.

16 (a) Informant Nathan T. Graddick
(b) Address 2522 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Wilson Williams Registrar
AUG 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1940 at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 1940, to Aug. 22 1940 and that I last saw her alive on Aug. 22 1940

Immediate cause of death: Ca of descending Colon
Intestinal Obstruction
Fecal fistula, peritonitis
Due to

Due to

Other Conditions: Hysterectomy
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Ca of colon
Intestinal Obstruction
Of autopsy: Hysterectomy.

Duration: 2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Kappelman M. D.
Address South Balto Gen'l Hosp. Date signed 8/25/40

72237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. 72237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Forsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1139 Forsuch Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Working Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0802

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Leo Carroll

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1900

8. AGE: Years 39 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Delivery & Stock

FATHER
12. Name James Working
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ella Walker
15. Birthplace Baltimore Md

16 (a) Informant Mrs Audrey Carroll
(b) Address 1139 Forsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md.

18 (a) Funeral director T. J. Neumann Son
(b) Address 5 E. Broadway

19 (a) AUG 23 1940 (Registrar) (b) Thomas J. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24, 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1940 to Aug 20 1940 and that I last saw h[illegible] alive on Aug 20 1940.

Immediate cause of death: Carcinoma Urinary Bladder — Duration: 7 mos.
Due to:
Due to:
Other Conditions: Intestitis & Liver
Pregnancy Degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis J. Cox
Address 2005 E. Monument St. Date signed 8/23/40 M. D.

72238
37914 LD 1061

CERTIFICATE CORRECTED 3-29-60

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No. F 72238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs. years

3 (a) FULL NAME ~~Gentile Vitello~~ Gentile Vitello

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Domonic Vittello
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~May 16, 1879~~ Oct 16, 1873

8. AGE: Years	Months	Days	If less than one day
~~66~~ 67	~~10~~ 11	~~23~~ 25	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER OF FATHER

12. Name John ~~Lombardo~~ Lombardi
13. Birthplace Italy

14. Maiden Name Mary ?
15. Birthplace Italy

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.
18 (a) Funeral director John Yllgh
(b) Address 2008 Orleans St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

AUG 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21- 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11- 1938 to 8-21- 1940 and that I last saw h-- alive on 8-21- 1940.

Immediate cause of death	Duration
Cardiac failure	2
Due to Hypertensive CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irawright Lebeter M. D.
Address Belle Cork Hosp Date signed 8-22-40

72239
LB 57166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 72239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Daniel Gantt

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1360

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: married (sep.)

6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 3, 1881

8. AGE: Years 59 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation worked in tavern
11. Industry or business

FATHER
12. Name David
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet Davis
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 24 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location Anne Arundel County, Md.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19. (a) (b) AUG 23 1940 VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21- 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1940 to 8-21- 1940 and that I last saw h-- alive on 8-21- 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Bronchopneumonia	2 "
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Balto. City Hosp. Date signed 8-22-40

F 72240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 64

F 72240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 769 Grantley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 769 Grantley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donna Joann Voigt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1940

8. AGE: Years | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Raymond Voigt
13. Birthplace Hemmingford S. Dakota

MOTHER 14. Maiden Name Lucile Moore
15. Birthplace Mc Laughlin S. Dakota

16 (a) Informant Mrs Lucile Voigt
(b) Address 769 Grantley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date received by local registrar) (b) Printing for Williams Mfg

AUG 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940 at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

Immediate cause of death	Duration
Due to Status thymicolymphaticus	4 hours
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Pelfrey M.D. Medical Examiner.

Date signed 8/22/40

F 72241

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

Registered No. 72241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 S. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Preston Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-7473

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1916

8. AGE: Years	Months	Days	If less than one day
24	7	12	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Phoebe
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 8/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3900 Frederick Ave

18 (a) Funeral director John Rowan & Son
(b) Address 901 W. Baltimore St

19 (a) (b)
(Date received by Registrar) Acting for Wilfred M. Hill Registrar

AUG 23 1940

VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 1940, at 2:32 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1940, to 8-22 1940, and that I last saw him alive on 8-21 1940

Immediate cause of death

	Duration
Sarcoma of synovia of left ankle	1½ yrs
Due to Lord bladder due to spinal metastasis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Some
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Balto. City Hosp. Date signed 8/24/40

72242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 524a

F 72242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Homer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Doris E. Durner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1937

8. AGE: Years	Months	Days	If less than one day
3	2	23	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Roland Shackelford
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Durner
15. Birthplace Md.

16 (a) Informant Margaret Hartman
(b) Address 1605 Homer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22-40 19 , at 3.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3-40 19 , to 8-22-40 19 ; and that I last saw h alive on 8-22-40 19

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Staph Hyb'emia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Martin L Rooks M. D.
Address University Hosp Date signed 8-22-40

72243 HEALTH DEPARTMENT—CITY OF BALTIMORE 72243

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Northern Parkway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Wilkes Booth Harwood

If U. S. Veteran specify WAR none

(a) Residence: No. 2806 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Mabel Harwood

6. DATE OF BIRTH (month, day, year): May 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (city or town) (State or country): Harford Co. Maryland

FATHER

13. NAME: George Harwood

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

MOTHER

15. MAIDEN NAME: Elizabeth McFadden

16. BIRTHPLACE (city or town) (State or country): Harf. Co. Md.

17. INFORMANT: Mrs. Louise Garton

(Address) 2806 N. Pkway.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 8-24-40

19. UNDERTAKER: Jos. J. Dickey & Sons

(Address) North & Pine Huntingtown Williamsport, Md.

20. Filed 8-23-40 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1940, to Aug. 21, 1940

I last saw him alive on August 21, 1940. Death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/30/40
Lobar pneumonia	5/16/40
Acute myocarditis	5/22/40

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon, M. D.

(Address) 2810 Taylor Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72244 / 152 / F 72244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Sulphur Spring Road at Arbutus (If rural give location) Birch ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Annie K Klemm

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife ~~Herman Schultz~~ Chas. H. Klemm
6 (c) If single, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 19 1861
8. AGE: Years 79 Months 7 Days 1 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired housewife
11. Industry or business

FATHER
12. Name Herman Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Schultz
15. Birthplace Germany

16 (a) Informant Mrs Veronal Klemm
(b) Address Arbutus Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem.
Location Dorsey, Md.

18 (a) Funeral director Roland R. Ferklen
(b) Address 612 N Monroe St.

19 (a) (Date rec'd by registrar) AUG 23 1940 (b) Hunt Funeral Home Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20, 1940, at 9 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug. 20, 1940, and that I last saw h alive on Aug. 20, 1940.

Immediate cause of death: Retro-peritoneal abscess & peritonitis — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Brustin, M.D.
Address 5 E 39 St Date signed 8-23-40

H. T. Williamsport, M.D. Certifier

AUG 23 1940

72245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72245
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3345 Payne St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3345 Payne St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ABRAHAM L. HITCHCOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Grace D. Hitchcock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Grace D. Hitchcock
(b) Address 1209 W. 41st St.

17 (a) Burial (b) Date thereof Aug. 24, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Roland Ave.

18 (a) Funeral director E. Lamont & Son
(b) Address 2616-18 Lakewood Ave.

AUG 23 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1940 at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 8-22-40

72246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-BF 72246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5303 Plainfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5303 Plainfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Roemer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Roemer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-1885

8. AGE: Years 54 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Karl Kroher
13. Birthplace Austria

MOTHER
14. Maiden Name Rosina Koch
15. Birthplace Austria

16 (a) Informant John Roemer
(b) Address 5303 Plainfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-40 (month) (day) (year)
(c) Cemetery or crematory Lodge Hill Cemetery
Location

18 (a) Funeral director Leonard A. Rush
Address 5305 Harford Rd.

19 (a) 10 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-22 1934 to Aug 22 1940 and that I last saw h[er] alive on Aug 22 1940

Immediate cause of death Uremia
Due to myocarditis glomerular Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Thorspecken M. D.
Address 5402 Belair Rd. Date signed 8-22-40

72247 F 72247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
48-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Southern Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Potter Wills

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: WALTER G. WILLS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1888

8. AGE: Years 52 | Months 1 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George W. Potter
13. Birthplace Baltimore

MOTHER
14. Maiden Name Isabella Jenkins
15. Birthplace Baltimore

16 (a) Informant Mrs. Marjorie Vaughn
(b) Address 4517 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Lynch
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington, Indiana, Aug 24 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Aug 1940, and that I last saw h[illegible] alive on 8-21 1940.

Immediate cause of death: Carcinoma Uterus — Duration: 1½ years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 8-22-40

F 72248 LS 68200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

F 72248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Prestman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Arthur Pope

3 (b) If veteran, name war —
3 (c) Social Security Account No. ? —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Lillian (d)
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1876

8. AGE: Years	Months	Days	If less than one day
64	3	22	..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Va.

MOTHER
14. Maiden Name Henritta
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address
17 (a) Lancaster Co. Va. (Burial, cremation, or removal) (b) Date thereof 8/25/40 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co. Va.
Location
18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Prestman St.
19 (a) AUG 23 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1940 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1940 to 8-21 1940 and that I last saw h[illegible] alive on 8-21 1940

Immediate cause of death Dyspnea Hypertrophy of Prostate — 10 days
Due to Urinary Retention — 10 days
Due to Atrophy of transmission — 1 day
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sidney P. Pollard
Address 39 E. Balto. City Hosp. Date signed 8/26/40 M. D.

72249 58510 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 72249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Laurens st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David E Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Juanita
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1884

8. AGE: Years	Months	Days	If less than one day
56	9	18	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business Payne Memorial Church

FATHER
12. Name Daniel
13. Birthplace S. C.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (month) (day) (year)
(c) Cemetery or crematory Gt. Zion
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1313 Pennsylvania Ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20- 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-19- 1940, to 8-20- 1940 and that I last saw h alive on 8-20- 1940

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Hypertensive CVD — P
Pneumonia confluens — P
Due to Salmec — over
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage Pneumonia confluens

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-21-40

F 72250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 83-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1413 Madison Ave. St., 14-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar W. Johnson.
If U. S. Veteran specify WAR
(a) Residence: No. 1413 Madison Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married.
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Creola Johnson.
6. DATE OF BIRTH (month, day, year): Aug 25, 1898
7. AGE: Years 42 | Months 11 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Aug 20 Yrs
11. Total time (years) spent in this occupation: 20 yrs.
12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER
13. NAME: Frederick Johnson
14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER
15. MAIDEN NAME: Susie Jackson
16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT (Address): Creola Johnson 1413 Madison Ave.
18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Auburn. Date: 8/24 1940
19. UNDERTAKER (Address): Jos. G. Kelton 1303 Pennsylvania Ave.
FILED: 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21st, 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1940 to Aug 21st 1940
I last saw deceased alive on Aug 21, 1940. Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Apoplexy -	1 day
Other contributory causes of importance: Acute Hypertension	1 Month

Was an operation performed? No. Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Normal. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No - If so, specify
(Signed) Harry F. Brown M. D.
(Address) 1435 Madison Ave.

OCCUPATION is very important. See instructions on back of certificate.

VG 1940 L. L. Wollenweber, M.D Asst Medical Examiner

F 72251

F 72251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

Registered No. F 72251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4918 Dennmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4918 Dennmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES M. MILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah F. Hersch

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) April 29, 1878

8. AGE: Years 62 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business P. S. No. 33

FATHER 12. Name John Miller

13. Birthplace Balto.

MOTHER 14. Maiden Name Elizabeth Ahrs

15. Birthplace Balto.

16 (a) Informant Mrs. C. M. Myers

(b) Address 4918 Dennmore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Rd

18 (a) Funeral director D. F. McNally

(b) Address 130 E. Fort Ave

(c) Date received AUG 23 1940 (Registrar) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 19 40, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging by rope — Duration

Due to suicide

Due to mental despondency

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Aug. 21, 1940
(c) Where did injury occur? home about (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Hanging by rope

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed 8-21-40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72252

VS 6

72252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-a

F 72252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 114 yrs 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) USUAL NAME Rev. Bernard B. Martin
3 (b) If veteran, name war Civil
3 (c) Social Security Account No. none
4. Sex Male
5. Color or race colored
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Evelyn F. Martin
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Jan 6, 1850
8. AGE: Years 90 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name James Martin
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Saylor
15. Birthplace Va

16 (a) Informant Evelyn F. Martin
(b) Address 1612 E Monument St

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Undertaker or funeral director Mrs Katie R. Williams
(b) Address 2322 N Schroeder St.

19 (a) AUG 23 1940 (Date rec'd by registrar) (b) Hunter for Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940, at 2:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 20 1940 and that I last saw h[illegible] alive on Aug 19 1940.

Immediate cause of death Apoplexy — Duration 8 days
Due to
Due to Arterio-Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J Edward Fisher M. D.
Address 1612 E Monument St Date signed Aug 24/40

Please answer all questions. Write plainly with pen and ink. Use no abbreviations. Do not state modes of dying, such as heart failure, asthenia, etc., but the diseases or injuries which cause them. Cancer, tuberculosis, and other diseases must be diagnosed. Causes of death clearly and legibly.

F 72253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A F 72253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100-E. Lanvale Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100-E. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Coffay

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife: Mary A. (Tiernen)
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 2/22/1865

8. AGE: Years	Months	Days	If less than one day
75	5	29	-- hr. -- min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired -Police Officer
11. Industry or business Baltimore City

FATHER
12. Name Timothy Coffay
13. Birthplace Ireland

MOTHER
14. Maiden Name Kiarih ?
15. Birthplace Ireland

16 (a) Informant Thomas Coffay
(b) Address 1100-E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George F. Kahn, Inc.
(b) Address 1735-Harford Ave.

19 (a) (Date rec'd by registrar) AUG 23 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1940, at 6P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940, to Aug 21 1940, and that I last saw him alive on Aug 17 1940.

Immediate cause of death: Edema Pulmonary Chronic Myocarditis
Due to
Due to Arteriosclerosis
Other Condition Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
10yrs
10yrs
" "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Gerry M. D.
Address 627 W. Lanvale Ave Date signed

Wm. L. Wallenweber M.D. Asst. Medical Examiner

72254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 72254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town White Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. White Hall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Troyer (207436)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-6-40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elwood Troyer
13. Birthplace Maryland

MOTHER
14. Maiden Name Daratha Copenhaver
15. Birthplace Whitehall, Md.

16 (a) Informant Mrs Elwood Troyer
(b) Address White Hall, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL AUG 23 1940 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) AUG 23 1940 Huntington Williams, M.D. Registrar

VS 8

5849

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7- 1940, at 8:18A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6- 1940, to 8-7- 1940, and that I last saw her alive on 8-7- 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Whitridge Jr. M.D.
Address Date signed

72255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72255
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 W. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 W. Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie M Nelson ~~Sallie Nelson~~ Sallie Melson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. R. Nelson.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1865

8. AGE: Years	Months	Days	If less than one day
75	6	21	hr. min.

9. Birthplace Berlin Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James Rogers.
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Pussell
15. Birthplace Md.

16 (a) Informant Georgia Frank.
(b) Address 737 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Methodist Protestant
Location Snow Hill, Md.

18 (a) Funeral director John Pollock
(b) Address 200 E. Lexington St

19 (a) Filed AUG 23 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23rd 1940, at 11.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940 to Aug. 1940, and that I last saw him alive on Aug 21 1940

Immediate cause of death Edema of Lungs — Duration 2 days.
Due to Myocardial degeneration — ?
Due to Chronic Cardio-Vascular Disease — ?
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E Krumpelman M. D.
Address 1013 Eutaw Street Date signed 8/23/40

(over)

72256 LB 10621 57899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

761

F 72256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 N. Streeper St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Struck

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	27	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Carrito Christopher
13. Birthplace Penn.

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof Aug 26th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo F. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) AUG 28 1940 (b) Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21 1940, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30 1940 to 8/21 1940, and that I last saw her alive on 8/21 1940.

Immediate cause of death	Duration
Infection of hand (left)	1 mo.
Due to Diabetes mellitus	?
Due to Cerebral thrombosis	?
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 8/22/40

72257

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security No. 218-10 3171

CERTIFICATE OF DEATH

√ 83a F 72257

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Hull St. Ward) 24-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Alfred Doyle

If U. S. Veteran specify WAR. no

(a) Residence: No. 1416 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Doyle

6. DATE OF BIRTH (month, day, year) June 12th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME James Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Doyle

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Margaret Doyle

(Address) 1416 Hull St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Aug 24th 1940

19. UNDERTAKER Charles F. Dill

(Address) 1501 E. Fort Ave.

20. AUG 23 1940 19. Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1940, to 8-22, 1940

I last saw him alive on 8-19, 1940. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-6-40
Arteriosclerosis	2 yrs
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. Ballod M. D.

(Address) 702 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

V9.8

F 72258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. 72258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3318 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary W. Keister

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ late Clarence M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1880

8. AGE:	Years	Months	Days	If less than one day
	60	6	5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Wm Sauer
13. Birthplace Germany

MOTHER
14. Maiden Name Upbinson
15. Birthplace Germany

16 (a) Informant Mary E Keister
(b) Address 3318 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A Wiffle
(b) Address 4101 Edmondson Ave

19 AUG 23 1940 (Date filed) (Signature of Registrar) Deputy for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1940 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1937 to 8/31 1940 and that I last saw h~~er~~ alive on 8/20 1940

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	1937
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh E Reed M. D.
Address 3332 Edmondson Date signed 8/23/40

72259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 194-a

Registered No. F 72259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Robert A. Alexander Jr

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-18-7366

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Mae Alexander
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct. 15 - 1890

8. AGE: Years 49 | Months 10 | Days 8 | If less than one day .....hr. .....min.

9. Birthplace Chester S. Carolina (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Construction

FATHER
12. Name John Robert Alexander
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Benny Clair Williams
15. Birthplace Chester S. Carolina

16 (a) Informant Helen Claire Alexander
(b) Address Reisterstown Md

17 (a) Evergreen (Burial, cremation, or removal) (b) Date thereof Aug 25 1940 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Chester South Carolina

18 (a) Funeral director J. F. Cline & Sons
(b) Address Baltimore Md

19 (a) AUG 23 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23- 1940, at 8:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration .....
Due to: ..... — Duration .....
Due to: ..... — Duration .....
Other Conditions: ..... — Duration .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Howard J. Mulden M.D. Medical Examiner.
Date signed 8/24/40

VS 6

384160
F 72260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 72260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 23 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Bayliss st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-8319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Married

6 (b) Name of husband or wife Cassie
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 3-1-95

8. AGE: Years	Months	Days	If less than one day
45	5	19	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Bradford
13. Birthplace Va

MOTHER
14. Maiden Name Jenny Moraua
15. Birthplace Va

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1940 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park
Location Baltimore Co

18 (a) Funeral director Joseph A. Lively
(b) Address 410 N Mount Street

19 AUG 23 1940 (Date received by local registrar) Stirling for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1940, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1940, to 8-20 1940, and that I last saw him alive on 8-20 1940

Immediate cause of death	Duration
Respir. Failure	
Due to Pulm. TBC	7 mos
Tuberculous peritonitis	
Due to	
Other Conditions Sickle Cell Trait	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr M. D.
Address Johns Hopkins Hospital Date signed 8-21-40

VS 3

F 72261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V83-a

Registered No. F 72261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1866

8. AGE: Years	Months	Days	If less than one day
74	5	11	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation Retired B. & O. R.R. Watchman
11. Industry or business B. & O. R.R.

FATHER
12. Name Reuben Smith
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Ruth Becraft
15. Birthplace Howard Co., Md.

16 (a) Informant Orry D. Smith (Nephew)
(b) Address 1605 Patapsco St. (City)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co., Md.

18 (a) Funeral director A. J. Howard Evans
(b) Address 1700 Charles St.

19 (a) AUG 23 1940 (Registered by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1940, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Aug 22 1940, and that I last saw him alive on Aug 22 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 weeks
Due to	
Due to Arteriosclerosis	Indefinite
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. L. Campbell M. D.
Address 1644 Hanover Date signed Aug 25 1940

VS 3

F 72262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-A

Registered No. F 72262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4223 Belman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4223 Belman Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude L. Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Milburn Lynch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2-1880

8. AGE: Years 60 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Crawford

13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Anna Ward

15. Birthplace A.A. Co Md

16 (a) Informant Alice Warner

(b) Address 267 West 31st Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (month) (day) (year)

(c) Cemetery or crematory Jarrettsville

Location Balto. Co. Md

18 (a) Funeral director Williams Book

(b) Address 217 E. Pleasant St

19 (a) AUG 21 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to Aug 23 1940, and that I last saw her alive on Aug 23 1940.

Immediate cause of death Coronary occlusion — Duration

Due to Chronic Nephritis — years

Due to Hypertension

Other Conditions Chronic glomerulo nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A Bayley MD M.D.

Address Chesterfield Apts Date signed 8/23/40

VS 3

72263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. F 72263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 75yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Lauretta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 27

3 (a) FULL NAME Fannie R. Ball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23rd 1856

8. AGE: Years	Months	Days	If less than one day
84	6	0	hr. min.

9. Birthplace Glen Rock Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Ambrose S. Ball
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Parkton Md.

16 (a) Informant Clarence T. Shubkagel
(b) Address 2305 Lauretta Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 AUG 24 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23rd 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Aug 24 1940, and that I last saw her alive on Aug 23 1940.

Immediate cause of death Cerebral Hemorrhage

Due to "

Due to "

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
About
4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence T. Shubkagel M.D.
Address 2379 Arunah Ave Date signed 8-24-40

VS 2

VS 3

F 72264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-a Registered No. F 72264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 753 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 753 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

10-1

3 (a) FULL NAME August Gross

3 (b) If veteran, name war — 3 (c) Social Security Account No. 215-10-2122

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Bertha Gross

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 3 - 1874

8. AGE: Years 66 | Months | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Baughman Machine Corp.

FATHER — 12. Name Unknown

13. Birthplace Switzerland

MOTHER — 14. Maiden Name Bebbs

15. Birthplace Switzerland

16 (a) Informant Fred Gross

(b) Address 2018 Robb St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/26/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Moreland Park

Location Parkville Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) AUG 24 1940 (Registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23- 1940, at 10 ~~A~~ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy, find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D. Medical Examiner.

Date signed 8/23/40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

72265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-40 Registered No. 72265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5703 Belair Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Virginia Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Daniel W Lewis

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-13-1855

8. AGE: Years 84 | Months 9 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Thomas Carter

13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Frances Landers

15. Birthplace Balto Co Md

16 (a) Informant Miss Edgar Barnes

(b) Address 5703 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25th 40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7401 Belair Rd

19 (a) 24 1940 (Date) (b) Huntington Hollins, M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1940, at 7:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1940 to 8-22 1940, and that I last saw h.s.r. alive on 8-22 1940.

Immediate cause of death Uremia — Duration 3 wks

Due to Cardiac failure

Due to arteriosclerotic heart disease

Other Conditions Strangulated femoral hernia, Rt (Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated femoral hernia, Rt.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis McLaughlin M. D.
Address Univ. Hospital Date signed 8-22-40

72266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 41
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. Overton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anita T. Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1899

8. AGE: Years 41 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Whitaker Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Payne
15. Birthplace Md.

16 (a) Informant Mrs. Philip Lumley Jr.
(b) Address Monkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 (month) (day) 40 (year)
(c) Cemetery or crematory Rock Spring
Location Harford Co. Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7406 Belair Rd.

19 AUG 24 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 1940 to 8/23 1940 and that I last saw her alive on 8/23 1940.

	Duration
Immediate cause of death: Respiratory failure	2 hrs
Due to: Massive collapse of Lt. Lung	3 wks
Due to: Recent Pneumonia + old Tuberculosis	10 yrs
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Kinnamon Jr. M. D.
Address Mercy Hospital Date signed 8/23/40

F 72267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P Registered No. F 72267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 E. Chase St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Mary T. Smith
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John J. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1869

8. AGE: Years 70 | Months 10 | Days 15/6 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House Wife
11. Industry or business at Home

FATHER
12. Name Michael McCann
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Known
15. Birthplace Ireland

16 (a) Informant Mrs Rose Davis (Daughter)
(b) Address 908 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location 4300 Old Frederick Rd
(d) Funeral director Edgar W. Conklin
(e) Address 924 E. Eager St.

19 (a) Aug 24 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24th, 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Aug 24 1940 and that I last saw h[illegible] alive on Aug 24 1940.

Immediate cause of death
Ch Uraemia
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged, statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature P. L. Hornstein M.D.
Address 733 Airpoint St Date signed 8/25/40

The causes of death clearly and legibly.

F 72268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72268

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Wilmer Court St., Ward 17)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Vaughns

If U.S. Veteran specify WAR

(a) Residence: No. 1107 Wilmer Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate. Give statement of

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
43	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Legal

(Address) 1136 Wilmer Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 24, 1940

19. UNDERTAKER George S. Nelson

(Address) 1302 Presstman St

20. FILED AUG 24 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1940, to Aug 21, 1940

I last saw h[illegible] alive on Aug 21, 1940. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Pulmonary Oedema	Aug 20 1940

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E William Frey M. D.

(Address) 1928 Penna Ave.

4 72269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73-D

Registered No. F 72269

Please write the causes of death clearly and legibly. Physicians: please write especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Laurens St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Laurens St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stevi SPENCER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1939

8. AGE: Years 17 mths | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Mr. Ray Spencer
13. Birthplace Md

MOTHER 14. Maiden Name Mary Hawkins
15. Birthplace Md.

16 (a) Informant Mary Spencer.
(b) Address 1513 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Helem.
(b) Address 1303 Brentman St.

19 (a) AUG 24 1940 (Date received by registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940, at 12° P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Sickle Cell Anemia — Duration 1 mo.
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Kelbach M.D. Medical Examiner.
Date signed 8/25/40

VS 6

F 72270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 72270

Do not write in space above. Type or print plainly in ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 145 N. Exeter St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FERDINAND VICARI.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marianna Vicari

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1872

8. AGE: Years 67 | Months 11 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Retired laborer

11. Industry or business: Baltimore City

FATHER
12. Name: Cristofero Vicari
13. Birthplace: Italy

MOTHER
14. Maiden Name: Giuseppa Liasso
15. Birthplace: Italy

16 (a) Informant: Cristofero Vicari (son)
(b) Address: above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer Cem
Location: Belair Rd. - Baltimore Md

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

AUG 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst. Medical Examiner.

Date signed 8-24-40

F 72271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55506

F 72271 Registered No.

1. PLACE OF DEATH: Baltimore City Hospitals
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (~~years~~, months or days) 2 16 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~
(c) City or ~~County~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 398 East 31st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Connelly (JAMES FRANKLIN CONLEY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband~~ or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-4-60

8. AGE: Years 79 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Elevator man

11. Industry or business

FATHER: 12. Name James Connelly
13. Birthplace Maryland

MOTHER: 14. Maiden Name Colinda McLoughlin
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug-24-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (Or ~~WOODS INC.~~) 508 N. HOWARD AVENUE

19 AUG 24 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1940, 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 1940, to Aug. 22 1940, and that I last saw h. im alive on Aug. 22 1940

Immediate cause of death: General arteriosclerosis — Duration: Unk.

Due to

Due to

Other Conditions: Hypostatic congestion of lungs — 24 hrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.
Address Baltimore City Hospts Date signed 8-22-40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

72272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 72272

Write the causes of death clearly and legibly. Physicians: please write especially important items.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Charles Crouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catherine A.

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov 6 - 1887

8. AGE: Years 52 | Months 9 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business House

FATHER 12. Name Jesse B Crouse

13. Birthplace Balto Md

MOTHER 14. Maiden Name Lucinda Stansbury

15. Birthplace Baltimore Md

16 (a) Informant Mrs Catherine A. Crouse

(b) Address 833 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (month) (day) (year)

(c) Cemetery or crematory Moreland Park Cem

Location Dayton Ave

18 (a) Funeral director John Cowanston

(b) Address 901 Hollins St

19 (a) Filed 8-24-1940 (Registrar's signature) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940 at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	1/2 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Kelpatrick M.D. Medical Examiner.

Date signed 8/23/40

VS 6

F 72273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 72273

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution Home for Aged M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 - 1843

8. AGE: Years 96 | Months 10 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Deaing Hardy
13. Birthplace England

MOTHER 14. Maiden Name Mercy Mark
15. Birthplace Virginia

16 (a) Informant Etta Cordry
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location York Rd. Olive Sta

18 (a) Funeral director William Cook
(b) Address 1217 So Paul Street

19 (a) AUG 24 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940, at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1940, to Aug 23 1940, and that I last saw h-er alive on Aug 23 1940.

Immediate cause of death Chr. Nephritis. — Duration

Due to — Duration

Due to — Duration

Other Conditions Senility. — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howe E. Shannon M.D.
Address 1001 N. Fulton Ave Date signed 8/28/40

VS 2

F 72274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Fulton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Chris Hansen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1883

8. AGE: Years	Months	Days	If less than one day
57	4	8	hr. min.

9. Birthplace Narvik, Norway
(Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business

FATHER
12. Name Hans Olson
13. Birthplace Narvik, Norway

MOTHER
14. Maiden Name Mertil Olson
15. Birthplace Narvik, Norway

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Aug 24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Hamden

18 (a) Funeral director A Reiley Slade
(b) Address 420 W Franklin St Baltimore, Md.

19 AUG 24 1940 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1940 /40, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1940, to Aug. 22, 1940, and that I last saw him alive on Aug. 22, 1940.

Immediate cause of death	Duration
Broncho pneumonia (Post Operative)	24 hours
Due to Cerebellum pontine angle tumor	10 yrs.
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Craniotomy; Cerebellum exploration, 1st stage; Partial excision of tumor
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 8/22/40

VS 3

GOCHNAUER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72275 / 93-D Registered No. F 72275

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4-2
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Laverne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME Eva Ella Gochnauer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Daniel Albert Gochnauer
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct. 29. 1869

8. AGE: Years 70 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Companion - nurse
11. Industry or business - -

FATHER
12. Name Absolom Cleaver
13. Birthplace Penna

MOTHER
14. Maiden Name ? Keckler
15. Birthplace Penna

16 (a) Informant Mr. J. Herbert Gochnauer (Son)
(b) Address 204 Laverne Ave. Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address NORTH AVE. & BROADWAY

19 AUG 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1940 at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 21 1940 to August 22 1940 and that I last saw h[illegible] alive on August 22 1940

Immediate cause of death: Cerebro-vascular accident — Duration: 48 hours
Due to: Arteria - sclerosis — Duration: several years
Due to: Hypertensive cardio-vascular disease
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Otwin R. Riegelsberger
Address University Hospital Date signed 8/22/40 M.D.

VS 3

Gott

F 72276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131-A

Registered No. F 72276

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & E. Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 East Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reese C. Gott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1870

8. AGE: Years 69 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Calvert Co. Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Dennis Gott

13. Birthplace Calvert Co. Maryland

MOTHER 14. Maiden Name Courtenay Dixon

15. Birthplace Calvert Co. Maryland

16 (a) Informant Mrs. Mary Ramsburg

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1940 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Balto. Co. Maryland

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7401 Belair Road

19 (a) AUG 24 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1940, at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940 to Aug. 23 1940 and that I last saw him alive on Aug. 23 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic Cardiovascular disease	
Due to Chronic Nephritis	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Forest C. Meade M. D.
Address Mercy Hospital Date signed 8/24/40

VS-3

VS-3

F 72277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72277

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-1

3 (a) FULL NAME Ella Wood Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William E. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1855

8. AGE: Years	Months	Days	If less than one day
85		13	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Charles Temple Smith
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Amanda Radcliffe
15. Birthplace Maryland

16 (a) Informant Wilmer T. Smith
(b) Address 2028 Park Ave

17 (a) Burial (b) Date thereof Aug 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location Washington D.C.

18 (a) Funeral director Harry A. Comacock
(b) Address 4204 Ridgewood Ave

19 (a) AUG 24 1940 (b) Huntington Williams, M.D.
(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24, 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1940, to Aug. 24 1940, and that I last saw her alive on Aug. 24, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	months?
Due to —	
Due to —	
Other Conditions Hypertension + arterio-sclerosis (Include pregnancy within 3 months of death)	years?

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St. Date signed Aug. 24, '40

VS 3

VS 3

72278 12/20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-B

Registered No. F 72278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 W Hamilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM GARNETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edna Garnett

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimor Md (Town, county, and state)

10. Usual Occupation Post Offick

11. Industry or business

FATHER
12. Name Williams Bonds
13. Birthplace Balto Md

MOTHER
14. Maiden Name Bertie Garnett
15. Birthplace Baltimor Md

16 (a) Informant Ruth Boone
(b) Address 208 Hamiltha Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Maryland

18 (a) Funeral director Isaiah L Blow Son
(b) Address Montgomery St

19 (a) AUG 24 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940 at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Drowning	
Due to probable suicide	
Due to mental disturbance	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probable suicide
(b) Date of occurrence August 22, 1940
(c) Where did injury occur? Harbor near Pier 15 Light St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury drowning jumped off Pier

23. Signature H. L. Wolfe Jr. M.D. Medical Examiner.
Date signed 8-23-40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write plainly.

VS 6

72279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 72279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline Street.
(c) Hospital or institution: St Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N. Ellwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Streb.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Married

6 (b) Name of husband or wife Ada
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 22, 1879

8. AGE: Years	Months	Days	If less than one day
60	9	1	....hr. ....min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Godon Streb
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Estelle
15. Birthplace Germany

16 (a) Informant Husband Resides.
(b) Address

17 (a) Burial (b) Date thereof 8-27-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director W. N. Chambers
(b) Address 918 Cleveland Ave, Riverdale, Md

19 (a) Date received by Registrar) (Signature of Registrar)

AUG 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22/40 19..., to 8/24 1940, and that I last saw him alive on 8/24 1940.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions Pre-operative - Laparotomy Exploratory
(Include pregnancy within 3 months of death)

Major findings:
Of operation Ulcer perforated Gastric

Of autopsy

Duration
1 week.
years.
days
hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Wilbur Martin (MARTIN) M. D.
Address St Josephs Hospital Date signed 8/24/40
Balto Md

72280

72280

384271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72280
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Piscataway
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 09

8. AGE: Years	Months	Days	If less than one day
31	4		hr. min.

9. Birthplace — Md
(Town, county, and state)

10. Usual Occupation — None

11. Industry or business

FATHER
12. Name Sidney Pickrell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wilkinson
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 8/26/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Piscataway
Location Piscataway, Md.

18 (a) Funeral director Hyatt & Ryon
(b) Address Hadson, Md.

19 (a) AUG 25 1940 (b)
(Date filed by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940 at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940 to Aug 27 1940 and that I last saw h[illegible] alive on Aug 27 1940

Immediate cause of death Typhoid fever — Duration 2 Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of autopsy Ulceration in gastro-intestinal tract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur T. Ward M. D.
Address Johns Hopkins Hosp. Date signed 8/27/40

F 72281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 72281

Correct age is especially important. Physician: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Kathland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Kathland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REBECCA FRANK.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 22, 1866

8. AGE: Years 74 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Philip Sachs,
13. Birthplace Germany.

MOTHER
14. Maiden Name Nannie Goldstein,
15. Birthplace Germany.

16 (a) Informant Mr. L. Frank,
(b) Address 4506 Kathland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harris Sonnenmann & Son
(b) Address 1902 Eutaw Place.

AUG 25 1940 (b) (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24th, 1940 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1925 to August 24 1940. and that I last saw her alive on Aug. 24 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	3 yrs.
Due to Hypertensive Disease	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saml Wolman M. D.
Address 1814 Eutaw Place Date signed 8-24-40

F 72282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124-B

F 72282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Weldon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Martha Hessenauer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0458

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Hessenauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1885

8. AGE: Years 54 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Factory Worker

11. Industry or business Cotton Mill

FATHER
12. Name James Grimes
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Davis
15. Birthplace Maryland

16 (a) Informant Catherine Hessenauer
(b) Address 1210 Weldon Ave

17 (a) Burial (b) Date thereof 8/27/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) Huntington Williams M.D. (Registrar)

AUG 25 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940 at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1940 to 8-24 1940 and that I last saw h.r. alive on 8-24 1940

Immediate cause of death	Duration
Cardiac failure	
Due to Ascites, pleural effusion	
Due to Arteriosclerosis Portal cirrhosis	
Other Conditions Peritonitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdomen filled c sero-sanguinous fluid
Of autopsy Deferred-

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Doggett Jr M.D.
Address Mercy Hospital Date signed 8-24-40

72283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72283

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Park Heights Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Park Heights Ave
(If rural give location)
15
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Morris Gleckstein

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Ray Gleckstein
(b) Address 3901 Pk. Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/40 (month) (day) (year)
(c) Cemetery or crematory Wineland Memy Pk.
Location Wineland Memy Pk.

18 (a) Funeral director Jos. Levy Sons
(b) Address 1439 E. Balto St.

AUG 25 1940 (Date received by registrar) (by) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1940 to Aug 23 1940 and that I last saw h.im alive on Aug 23 1940.

Immediate cause of death	Duration
Coronary thrombosis (a) Arteriosclerosis	1 day
Due to (a) Arteriosclerosis	?
Due to (b) Coronary occlusion	1 day
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Walter Tuttle M. D.
Address 222 Garrison Blvd Date signed Aug 23/40

(a-No.) Medicine M. D.- Aug 6

72284 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 72284

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Simon Singer

(a) Residence: No. 2606 Rosewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Lee Klein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Singer
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Helen Singer
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lillian Berkowitz
(Address) 4307 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Rodal Date 6/25/40

19. UNDERTAKER Jack Louis Lord
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

JUN 25 1940

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) August 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 10 1940 to August 23 1940
I last saw him alive on August 23, 1940 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	

Other contributory causes of importance:
Carcinoma of Stomach
Diabetes Mellitus

Was an operation performed? Yes Date of August 1940
For what disease or injury? Carcinoma of Stomach
Name of operation Gastric Resection
What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate. Omit if may be properly classified. Exact statement of

72285

F 72285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 72285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years,

3 (a) FULL NAME Carrie Kussmaul

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: George F. Kussmaul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1864

8. AGE: Years 75 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John Pfitsch
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Schreiber
15. Birthplace Germany

16 (a) Informant Estelle M. Schmitz
(b) Address 118 Midhurst Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 (a) AUG 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24th 1940, at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1940, to Aug 24 1940, and that I last saw h lr alive on Aug 24 1940

Immediate cause of death: Chronic Myocarditis — Duration: 7 Months

Due to:

Due to:

Other Conditions: Phlebitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Pelkmeyer M. D.
Address 701 N. Kenwood Ave Date signed Aug 25 1940

72286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 72286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1233 N Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 N Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

67

3 (a) FULL NAME Robert W. Richards

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-4652

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1890

8. AGE: Years	Months	Days	If less than one day
49	10		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Electro Type finisher
11. Industry or business

FATHER 12. Name Edw P. Richards
13. Birthplace Baltimore

MOTHER 14. Maiden Name Catherine Conroy
15. Birthplace Baltimore

16 (a) Informant Mrs. F. Peterson
(b) Address 1233 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Baltimore Md

18 (a) Funeral director John Elliott
(b) Address 2008 Eden

AUG 25 1940 (Date filed by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1940 to 8/24 1940 and that I last saw h[illegible] alive on 8/23 1940

Immediate cause of death Lobar Pneumonia — Duration 10 days

Due to

Due to Ischemia

Other Conditions Cerebral Ischemia with cerebral atrophy

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Dallison M. D.
Address 4200 Shelburn Ave. Date signed 8/24/40

VS 3

72287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-c

F 72287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2631 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Ellsworth St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-7

3 (a) FULL NAME Mary Manning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Thomas Manning Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1895

8. AGE: Years 44 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Jacob Bumba
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Duback
15. Birthplace Czechoslovakia

16 (a) Informant husband
(b) Address 2014 Ellsworth Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner Lane & Phila Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 260103 E. Madison St.

19 (a) AUG 25 1940 (Registrar) (b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to Aug 23 1940 and that I last saw her alive on Aug 23 1940

Immediate cause of death	Duration
Metastatic Carcinoma of Liver	1 year
Due to Carcinoma of Thyroid	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2206 E Madison St Date signed 8 24 40 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 Registered No. F 72288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 Druid Hill Avenue
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Druid Hill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Laura Spencer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Spencer
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb. 29, 1874
8. AGE: Years 66 | Months 5 | Days 22 | If less than one day — hr. — min.
9. Birthplace Halifax Co., Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Price
13. Birthplace Halifax Co. Va.

MOTHER
14. Maiden Name Eliza Price
15. Birthplace Halifax Co. Va.

16 (a) Informant William Spencer
(b) Address 2021 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memory Pk. Location Balto. Co. Md.
18 (a) Funeral director Mgr. Geo. A. Holland
(b) Address 1631 Druid Hill Ave
19 (a) — (Date rec'd by registrar) (b) — (Signature of registrar)

AUG 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22, 1940, at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16, 1940, to Aug 22, 1940, and that I last saw her alive on Aug 22, 1940.

Immediate cause of death	Duration
acute pulmonary edema + anuria	
Due to Cerebral accident	1½ hrs
Due to Coronary thrombosis	24 hrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Carr M. D.
Address 516 Mosher St Date signed 8-24-40

2289

HEALTH DEPARTMENT—CITY OF BALTIMORE

72289

CERTIFICATE OF DEATH

✓160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant Cannon

If U. S. Veteran specify WAR

(a) Residence: No. 2501 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8.22.40

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		2days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John Burns Cannon

14. BIRTHPLACE (city or town) Brunswick, Ga.
(State or country)

MOTHER

15. MAIDEN NAME Marie Rita McMenamin

16. BIRTHPLACE (city or town) Philadelphia, Pa.
(State or country)

17. INFORMANT Hosp't Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 8 Jan. 19 40

19. UNDERTAKER Eugene A. Farley
(Address) Fuellhart & Sargent

20. FILED AUG 25 1940 Harrington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.24.40 , 19 ...

22. I HEREBY CERTIFY, That I attended deceased from 8.22.40 , 19 ... , to 8.24.40 , 19 ...

I last saw him alive on 8.24.40 , 19 ... Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	8-22-40
	ditto

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. M. Collins , M. D.

(Address) Bon Secours Hospital 8-24-40

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 72290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 72290

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Convent

CITY OF BALTIMORE: (No. 1940 W. Baltimore St. 20-1 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mother Reginald (Kelly)

(a) Residence: No. 1940 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 28 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Reginald
(Address) 1940 W. Baltimore St

18. DISPOSITION, REMOVAL OR CREMATION
Place Burial Date 8/26/40

19. UNDERTAKER Geo. A. Taylor
(Address) Edelson & Forgette

AUG 25 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1940, to Aug 22, 1940

I last saw her alive on Aug 22, 1940 Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure due to Arteriosclerotic Heart Disease	3-20-40

Other contributory causes of importance: Worked Hypertrophic Arthritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Collins M. D.

(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 8

72291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 72291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Carney (If outside city or town limits, write RURAL and give town)
(d) Street No. 8907 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Rheba Dietz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mr. Otto Dietz

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1894

8. AGE: Years 45 | Months 9 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name William Booze

13. Birthplace Md.

MOTHER 14. Maiden Name Lottie Richards

15. Birthplace Md.

16 (a) Informant Otto Dietz

(b) Address 8907 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location .....

18 (a) Funeral director Leonard J. Funk

(b) Address 5325 Harford Rd.

AUG 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Aug 24 1940, and that I last saw her alive on Aug 23 1940.

Immediate cause of death Dehydration, Cerebral - Toxemia. — Duration .....

Due to Ant. Obstruction .....

Due to Generalized Carcinomatosis .....

Other Conditions Ant. Operation - Exploratory Laparotomy - P.O. Day 9th

(Include pregnancy within 3 months of death)

Major findings:
Of operation Generalized Carcinoma of Peritoneal Cavity
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Paul J. Kaminski M. D.

Address Church Home + Infirmary Date signed 8-24-40

VS 2

F 72292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 72292

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St
(c) Hospital or institution:
St Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville Md (Rockdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

9-9

3 (a) FULL NAME Gustave Anderson

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married.

6 (b) Name of husband or wife. Josephine Anderson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 12 1866

8. AGE: Years	Months	Days	If less than one day
74	7	13	hr. — min.

9. Birthplace Norrkoping Sweden
(Town, county, and state)
10. Usual Occupation Retired —
11. Industry or business Monotype machinist U. S. Govt.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Josephine Anderson
(b) Address Rockdale Balto Co. Md.

17 (a) Burial (b) Date thereof 8 25 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lg Memorial
Location Washington D. C.

18 (a) Funeral director Leslie H. Pearce Inc
(b) Address Pikesville Md

19 (a) ..... (b) ..... for Williams M.P.
(Date rec'd by registrar) Undertaker

AUG 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/21 1940, to 8/25 1940 and that I last saw him alive on 8/25 1940

Immediate cause of death Generalized Peritonitis — Duration 5 days.

Due to Ruptured Appendix — 5 days.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ruptured Appendix Generalized Peritonitis
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E. Wilbur Martin M. D.
Address St Josephs Hosp. Date signed 8/25/40

med Exam Case F 72293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V170-e F 72293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County.....
(c) City or town Sylacauga
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Reach

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27th 1919

8. AGE: Years	Months	Days	If less than one day
21	5	28	..... hr. ..... min.

9. Birthplace Sylacauga Ala.
(Town, county, and state)
10. Usual Occupation Worker
11. Industry or business Textile

FATHER
12. Name Samuel Stubby Reach
13. Birthplace Blocton Ala

MOTHER
14. Maiden Name Hattie Buford
15. Birthplace Centreville Ala

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 8/25/40
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Birmingham
Location Ala

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 8-25-1940 (b) .....
(Date received by registrar) Registrar

VS 8

Hunting for Milligan, Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1940, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940, to Aug 25 1940, and that I last saw h. alive on Aug 25 1940

Immediate cause of death Compression
Cerivical cord

Due to Old dislocation 1st cervical vertebra

Due to .....

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Confirmatory

Duration
5 min

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov. 5, 1939
(c) Where did injury occur? Sylacauga, Alabama
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no
(Specify type of place)
(e) Means of injury automobile accident collision

23. Signature Frank J. Ottenweller 3853 M. D.
Address Johns Hopkins Hosp. Date signed 8-25-40

Medical Director, Chief Medical Examiner M. D.

F 72294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 72294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel K. Eagler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Widower

6 (b) Name of husband or wife Hannah Eagler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Mordecai Co. Va. (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant William Eagler
(b) Address 707 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) Date received (Registrar) AUG 26 1940 (b) Huntingtown, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24/40 1940 4:30 P.M. (1st)

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18/40 19 to 8/24/40 19 and that last saw him alive on 8/24/40

Immediate cause of death: Lobar Pneumonia — Duration (Weeks)
Due to: Epilepsia
Due to: Hemiplegia — 14 weeks
Other Conditions: Left Side
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. H. Yarkedale M.D.
Address 524 E. Cager Date signed 8/24/40

F 72295

72295
384100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-0

F 72295
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 E. Madison
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Slade

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-1509

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Slade

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 11-10-99

8. AGE: Years 40 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business

FATHER 12. Name Frank Slade
13. Birthplace Pa.

MOTHER 14. Maiden Name Mage Reynolds
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 26 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Culpeper Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter

(b) Address 1129 Ct. Carlyle Hill

19 (a) AUG 26 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940, at 3:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940 to 8-23 1940 and that I last saw him alive on 8-23 1940

Immediate cause of death Uremia

Due to Malig. Hypertension

Due to Vascular nephritis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

Duration
3yrs.
"

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. McAllister Jr. M. D.
Address Date signed 8-24-40

F 72296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-W

F 72296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4107 Maine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Maine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hamilton Bartlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Julia (Hershel) Bartlett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1872

8. AGE: Years 68 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Shipper

11. Industry or business Paper Bag Co.

FATHER
12. Name Andrew Bartlett
13. Birthplace New York

MOTHER
14. Maiden Name Martha Lape
15. Birthplace New York

16 (a) Informant Mrs. Jacob D. Bartlett
(b) Address 4107 Maine Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 26 1940 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Henry H Weithe
(b) Address 4101 Edmondson Ave

19 (a) Aug 26 1940 (Date received by registrar) (b) Thomas J. H. Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to Aug 22 1940 and that I last saw him alive on Aug 22 1940.

	Duration
Immediate cause of death: Myelogenous Leukemia	2 yrs
Due to: 2	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno A Hatcher M. D.
Address 1 E Eager St Date signed Aug 24/40

72297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27-a

F 72297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman & Caroline St
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5821 Radio Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 1/2 mo years

26 F

3 (a) FULL NAME Charles Kirby Neal

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/40

8. AGE: Years	Months	Days	If less than one day
X	2	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Edward C. Neal

13. Birthplace Baltimore

MOTHER 14. Maiden Name Dorothy Ayers

15. Birthplace Baltimore

16 (a) Informant Edw. C. Neal

(b) Address 5821 Radio Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto. Md

18 (a) Funeral director Durward A. Corrigan

(b) Address 21 W 25th St

19 (a) (Date rec'd by registrar) (b)

AUG 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940, at 10 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1940 to Aug 23 1940 and that I last saw him alive on Aug 23 1940

Immediate cause of death Bronchopneumonia

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lebherz M. D.

Address 24 W. Lafayette Ave Date signed 8-26-40

AUG 26 1940

F 72298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3312 Westerwald
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Westerwald Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 82 years

3 (a) FULL NAME ANNA M. E. TOWNSEND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph S. Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1857

8. AGE: Years	Months	Days	If less than one day
83	6	7	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Henry Busch
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Vondenberg
15. Birthplace Germany

16 (a) Informant Miss May Townsend
(b) Address 3312 Westerwald Ave.

17 (a) Burial (b) Date thereof Aug. 26, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore City.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) (b)

AUG 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23, 1940 19 , at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23 1940 to Aug. 23 1940 and that I last saw her alive on Aug. 23 1940

Immediate cause of death	Duration
Enterocolitis chronic	8 yrs.
Arteriosclerotic heart disease	6 yrs.
Due to	
Due to	
Other Conditions Bronchial pneumonia	8 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Holmes Bond M.D.
Address 104 W. Madison St. Date signed Aug. 24

383472299

F 72299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131-P Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 2219 Riggs-Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur T. Sonnenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-0230

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace B. Sonnenberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-92

8. AGE: Years 48 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace D. C. Washington, (Town, county, and state)

10. Usual Occupation Night Man

11. Industry or business American Stores Co.

FATHER
12. Name Theodore Sonnenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Blumenberg
15. Birthplace Germany

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) Date received by (Registrar) AUG 28 1940 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1940, at 1.09 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1940 to 8-23 1940 and that I last saw h[illegible] alive on 8-23 1940

Immediate cause of death	Duration
Malignant nephrosclerosis	
Due to Arteriosclerosis, general	
Due to	
Other Conditions Hypertensive cardio-vascular disease, (Include pregnancy within 3 months of death) Heart failure	

Major findings:
Of operations
Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry M. Rhoads M.D.
Address Johns Hopkins Hosp. Date signed 8/23

Duly registered in the Bureau of Vital Statistics: please write in ink; typewrite if convenient. Fill out completely. Cause of death clearly and legibly.

72300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-C

F 72300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2139 Hollins St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2139 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Richard Albert.
3 (b) If veteran, name war
3 (c) Social Security Account No. 705-12-5388

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1891

8. AGE: Years 49 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and State)
10. Usual Occupation Night Handler
11. Industry or business B & O Camden Sta.

FATHER
12. Name Ernst C. Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Liz Ruhe
15. Birthplace Germany

16 (a) Informant Mrs. Cath. Hunt.
(b) Address 2139 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Edmondson Ave.
(d) Funeral director J. F. Seymour & Son
(e) Address 32 S. Broadway.

19 (a) Aug 26 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23, 1940, at 10:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug 23 1940, and that I last saw h.. alive on Aug 23 1940.

	Duration
Immediate cause of death Pneumonia Terminal	4 days
Due to Myocardial Degeneration	2 Mos.
Due to Bronchial Asthma	34 years
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 1432 Druid Hill Ave Date signed Aug 26/40

Write the causes of death clearly and legibly.

VS 3

F 72301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5802 Roland Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5802 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2943

3 (a) FULL NAME Mary Toland Peck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Stephen W. Peck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1868

8. AGE: Years	Months	Days	If less than one day
72	0	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name James Toland
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Ann Collins
15. Birthplace England

16 (a) Informant Helen W. Peck
(b) Address 5802 Roland Avenue, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date received by registrar) 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Aug 24 1940, and that I last saw her alive on Aug 24 1940

Immediate cause of death Uremia — Duration 1 week

Due to Hemorrhage in Cerebrum — 1937

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Clagett Reed M. D.
Address St. Paul & 23rd Sts. Date signed

VS 3

F 72302

72302

F 72302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 E.Pratt Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 E.Pratt Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 8

3 (a) FULL NAME James Frank Black

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 705-05-3734

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margie Black
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.7th.1882

8. AGE: Years	Months	Days	If less than one day
57	9	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Yard Foreman
11. Industry or business B.& O.R.R.

FATHER
12. Name Dalton Black
13. Birthplace Pa.

MOTHER
14. Maiden Name Susie Keys
15. Birthplace Baltimore Md.

16 (a) Informant Mrs.Margie Black
(b) Address 3720 E.Pratt Street

17 (a) Burial (b) Date thereof Aug.27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Balto.Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans Street
Huntington Nitmaitre, Md.

19 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24th 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to 8/24 1940
and that I last saw alive on 8/24 1940

Immediate cause of death

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature D.
Address 3323 E.Balto Date signed 8/26/40
D.H.L. Mollenmeier assist. Phys. etc
for H.J. Medairy M.O'Leary

Correct as to cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

VS 3 [illegible] per H. J. Meeden M. O'Day

72303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 72303
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 W. University Parkway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W. University Pky.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie Gibson Coulter Gambrill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Albert Gambrill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1865

8. AGE: Years	Months	Days	If less than one day
75	-	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Mifflin Coulter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophia Gibson
15. Birthplace Baltimore, Md.

16 (a) Informant Eleanor G. Gambrill
(b) Address 114 W. University Parkway

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/27/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem'ty
Location Greenmount Ave. & Oliver Sts

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) [illegible] (Registered by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 8:47 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to August 24 1940; and that I last saw h[illegible] alive on 8/24 1940.

Immediate cause of death [illegible] — Duration 3 days
Due to Nephritis — years
Due to Arteriosclerosis — years
Other Conditions Diabetes Mellitus — years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Henry M. Hermann M. D.
Address 20 E. Preston St. Date signed 8/26/40

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72304 — 164 — Registered No. F 72304

F 72304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Homewood Ave
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE F. SIMMS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-09-8532

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen J Simms (nee Fleming)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1884

8. AGE: Years 56 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Balto City School Board

FATHER
12. Name Geo. Fremaine Simms
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Strant
15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen J Simms
(b) Address 1318 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4500 Belair Road

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E Lexington St

19 (Date rec'd by registrar) AUG 26 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24, 1940, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging by rope — Duration:
Due to Suicide
Due to Mental derangement
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence August 24, 1940
(c) Where did injury occur? 1318 Homewood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Hanging by neck by means of rope

23. Signature Thos. J. G. Wollenweber M.D. Medical Examiner.
Date signed 8-24-40

VS 6

Please write the causes of death clearly and legibly. Physicians, please sign.

VS 6

72305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered 28305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 851 Pierce St-
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 851 Pierce St-
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Guy Jones

6 (c) If living, give age years

7. Birth date of deceased (mo., day, yr.) 9-1876

8. AGE: Years 64 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Columbia S.C.
(Town, county, and State)

10. Usual Occupation House Wife

11. Industry or business —

FATHER
12. Name Prosper Green
13. Birthplace Columbia S.C

MOTHER
14. Maiden Name Jane
15. Birthplace Columbia S.C

16 (a) Informant Jesse Jones
(b) Address 9 N. Amity St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 8/26/1940 (month) (day) (year)

(c) Cemetery or crematory
Location Columbia S. C.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 AUG 26 1940 Huntingtown (Maryland) Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 24 1940, and that I last saw h[illegible] alive Aug 23 1940

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Chr Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Laville

Address 601 N Carrollton Ave Date signed 8/26/40

VS 8

F 72306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73-a

F 72306 Registered No.

Please answer questions carefully and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 N. Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 1
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 N. Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Maud Scott Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1894

8. AGE: Years 45 | Months 11 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Mose Hughes
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Stanley
15. Birthplace Va

16 (a) Informant Evelyn Collins
(b) Address 324 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/1940 (month) (day), (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto Md

18 (a) Funeral director Mrs Hattie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by Registrar) (b) Registrar

AUG 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23/1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1940, to Aug 23 1940, and that I last saw h[illegible] alive on Aug 23 1940.

Immediate cause of death Pernicious Anemia — Duration

Due to

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Harris
Address 520 Cathedral St Date signed 8/26/40

72307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 72307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2935 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2935 Odonnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Conrad Jung

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Jung
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1876

8. AGE: Years	Months	Days	If less than one day
63	11	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16. (a) Informant Mrs. E. T. Hanan
(b) Address 810 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) (Name sig'd by registrar) (b) Huntington Hill Registrar, M.D.

VR 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24. 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1940, to Aug 24 1940, and that I last saw h[illegible] alive on Aug 23 1940.

Immediate cause of death
Hypostatic C.V. Disease — Duration 2-24-40
Chronic nephritis — Duration 8-12-40
Due to failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence None.
(c) Where did injury occur? None. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None. While at work? (Specify type of place)
(e) Means of injury
23. Signature E. A. Schimunek M. D.
Address 842 S. Eaton Date signed 8-26-40

Use the copies or death clearly and legibly.

72308

VS Form 1940

72308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 72308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathleen Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe

5. Color or race: White

6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband ~~or wife~~: Wm Monty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1898

8. AGE: Years 41 | Months 9 | Days 20 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Walters
13. Birthplace Virginia

MOTHER
14. Maiden Name Jennie M Harlin
15. Birthplace Virginia

16 (a) Informant Albert L Monty
(b) Address 1027 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Henry H Kuhn
(b) Address 4104 Edmondson Ave

19 (a) (b)

AUG 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23, 1940, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22, 1940, to 8-23 1940, and that I last saw h.w.c. alive on 8-23, 1940.

Immediate cause of death: Fracture of Skull — Duration: 1 day
Due to: Fall
Due to:
Other Conditions: Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Aug 22, 1940
(c) Where did injury occur? 1027 W Baltimore St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury: fell down stairs of home

23. Signature: A B Daughaday M.D.
Address: Franklin Sq Hosp Date signed: 8-23-40

H. L. Wollenweber, M.D. Asst Medical Examiner

F 72309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

41-D

Registered No. F 72309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catan Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Wildwood Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Nellie Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband ~~or wife~~ Malcolm Campbell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1898

8. AGE: Years	Months	Days	If less than one day
41	10	25	..... hr. ..... min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Culbertson
13. Birthplace Pa.

MOTHER
14. Maiden Name Bertha Reese
15. Birthplace Pa.

16 (a) Informant Mr. Malcolm A. Campbell
(b) Address 519 Wildwood Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Henry H Withe
(b) Address 4101 Edmondson Ave

AUG 26 1940 (Date rec'd by registrar) (b) Pennington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25 1940, at 11:52 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1940 to 8/25 1940, and that I last saw her alive on 8/25 1940.

Immediate cause of death Pulmonary malignancy with metastasis to the brain.

Duration
Years
May 1940
to
Aug 28 1940

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Daniel Hoke Jr. M.D.
Address St. Agnes Hospital Date signed 8/26/40

CGK

5[illegible]72310

F 72310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 E. Fairmount Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John White

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
59 (?)	?	?	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace N. C.

MOTHER
14. Maiden Name Vinnie Evans
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore, Md.

18 (a) Funeral director Elroy G. Wilson
(b) Address 1600 Brantley Ave
19 AUG 26 1940 (Date received by Registrar) Huntington Woods, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24- 1940, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5- 1940 to 8-24-1940 and that I last saw h[illegible] alive on 8-24-1940.

Immediate cause of death	Duration
Cardiac failure	?
Cerebral Hemorrhage	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-24-40

F 72311

72311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-3

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

16 5

3 (a) FULL NAME Conrad L. Wich

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary Wich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26. 1861

8. AGE: Years 79 | Months 5 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Druggist
11. Industry or business

FATHER
12. Name George Wich
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Mueller
15. Birthplace Germany

16 (a) Informant Henry E. Wich
(b) Address 3708 Callaway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. City

18 (a) Funeral director Jno. Wm. John H. Teufel Son
(b) Address 801 W. Fayette St.

19 (a) AUG 26 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1940, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939, to Aug 24 1940, and that I last saw h/ alive on Aug 23 1940

Immediate cause of death: Carcinoma Prostate — Duration

Due to:

Due to:

Other Conditions: Metastasis to Liver

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Prostate

Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. E. Shannon M.D.
Address 700 W. Fulton St. Date signed Aug 26th 1940

72312

CGK

58168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 72312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 435 N. Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

54

3 (a) FULL NAME Lizzie Harris

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. ? 1905(?)

8. AGE: Years	Months	Days	If less than one day
35 (?)	?	?	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John D. West
13. Birthplace Md.

MOTHER
14. Maiden Name Georgie Anna (?)
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cy
Location
18 (a) Funeral director Chas. Aberfeld
(b) Address 1200 Mc Culloh
(c) Huntington Williams, M.D. Registrar
(Date received) (Registrar)

AUG 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24 1940, at 12:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8 1940, to 8-24 1940, and that I last saw her alive on 8-23 1940

Immediate cause of death	Duration
Hypertensive cardio vascular disease	4 yrs ?
Due to Nephrosclerosis	?
Due to Uraemia	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nothing found
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry F. Peyton, M.D.
Address Balt City Hosp Date signed 8-26-40 M.D.

F 372578
F 372313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89-a

F 72313
Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town CRAGMERE - Wilmington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife MARGARET
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-8-93

8. AGE: Years	Months	Days	If less than one day
47	3	18	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Furniture Dealer
11. Industry or business

FATHER
12. Name WM Rodgers
13. Birthplace Md

MOTHER
14. Maiden Name FANNIE Falconer
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 8-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Wilmington Del

18 (a) Funeral director John O. Mitchell-Sons
(b) Address 1900 Eutaw Place

19 (a) (b)
(Signature of Registrar)

AUG 28 1940
VS 3

Handing for Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 240 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Aug 26 1940, and that I last saw him alive on Aug 26 1940.

Immediate cause of death	Duration
Purulent Meningitis with	
? Brain Abscess, left occipital lobe	5 days.
Due to Chronic Mastoiditis, left	? yrs.
Due to Chronic otitis media, left	?30 yrs.
Other Conditions Hepatitis, unverified	4 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ward W. Boggs M. D.
Johns Hopkins Hospital Date signed 8/26/40

72314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 161-S

Registered No. F 72314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4050 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Salkin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/24/40

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business ✓

FATHER
12. Name Milton Salkin
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mollie Sisgold
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Mollie Sisgold
(b) Address 4050 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 40 (month) (day) (year)
(c) Cemetery or crematory Cem. Hebrew Friendship
Location

18 (a) Funeral director Jack Levin Inc.
(b) Address 1434 E Baltimore St Huntington Hillcrest, Md.

19 AUG 26 1940 (Date received by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940 at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24 1940 to 8-26 1940 and that I last saw him alive on 8-26 1940

Immediate cause of death: Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King BE Lazar, Jr. M. D.
Address University Hospital Date signed 8-26-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 72315
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Emminizer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20 1940

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Emminizer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ann Lewis
15. Birthplace Belle Haven, Virginia

16 (a) Informant Ann Emminizer
(b) Address 923 N. Kenwood Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Certified by UNIVERSITY MEDICINE SCHOOL AUG 26 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) AUG 26 1940 (Date received by registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1940, at 12:51 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1941 to Aug 20 1941 and that I last saw him alive on Aug 20 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M.D.
Address Sinai Hospital Date signed 8/ 1940

F 72315

F 72316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 72316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Snyder Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Grabill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/40

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Grabill
13. Birthplace Maryland

MOTHER
14. Maiden Name Vietta Logue
15. Birthplace W. Virginia

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director

(b) Address

19 (a) (Date received by registrar) (b)

UNIVERSITY MEDICAL SCHOOL AUG 26 1940
Commissioner of Health
Per H. A. Moore

AUG 26 1940 5851

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940, to Aug 22 1940, and that I last saw h[illegible] alive on Aug 22 1940.

Immediate cause of death	Duration
Respiratory Failure	
Due to Atelectasis	
Due to Prematurity 2 6 wks W ✝ 1# 12oz	
Other Conditions Lucet 4 hrs	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address University Hospt Date signed 8-23-40

72317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E Registered No. E 72317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Ingleside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Edward Cusack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1864

8. AGE: Years	Months	Days	If less than one day
76	6	11	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business

FATHER	12. Name Edward
	13. Birthplace Ireland
MOTHER	14. Maiden Name Mary Fitzpatrick
	15. Birthplace Co Tipperary Ireland

16 (a) Informant Mrs Anna Cusack
(b) Address 211 Ingleside Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore, Md

18 (a) Funeral director Easton Bros
(b) Address Ellicott City

19 (a) (b) Huntington Williams M.D.

AUG 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1940, at 9.43 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940, to Aug 25 1940, and that I last saw him alive on Aug 25 1940.

Immediate cause of death Intestinal obstruction — Duration: days

Due to Carcinoma of the Sigmoid

Due to

Other Conditions My pertinent Cardio vasc. disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J R Dwyer MD M. D.
Address St Agnes Hosp Date signed 8/27/40

Use the causes of death clearly and legibly.

F 72318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-a

Registered No. F 72318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3736 Manchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. Manger

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2617

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Mary Catherine Manger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Street Car Operator
11. Industry or business Balto. Transit Co.

FATHER
12. Name Frank Manger
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Crist
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Manger
(b) Address 3736 Manchester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/40 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 AUG 26 1940 (Date received by registrar) (b) Huntington Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1940, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1940 to August 25 1940 and that I last saw him alive on August 25 1940.

Immediate cause of death Shock and massive gastric hemorrhage — Duration

Due to Gastric Ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gastric Ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jama Fruman Jr. M. D.
Address Mercy Hospital Date signed 8/25/40

F 72319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No. F 72319.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3053 Strickland Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3053 Strickland Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-6

3 (a) **FULL NAME** LILLIE N. McCAULEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry W. McCauley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1865

8. AGE: Years	Months	Days	If less than one day
73	8	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jos. B. Franklin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mellissa Skillman
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lillie Edna Gore
(b) Address 3053 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) AUG 26 1940 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1940, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Aug 24 1940 and that I last saw h[illegible] alive on Aug 22 1940

Immediate cause of death Cardiac Vascular Renal — Duration: Indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred B Penner M. D.
Address 2514 Penn. Ave. Date signed Aug 24/40

72320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 72320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Fayette St.
(c) Hospital or institution:
Bon Secours Hosp., Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75 days 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. city
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Rockglen Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Cole Whisney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Isabelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 21, 1862

8. AGE: Years 78 | Months 11 | Days 4 | If less than one day - hr. - min.

9. Birthplace Anne Arundel Co., Md
(Town, county, and state)

10. Usual Occupation Clerk in City Hall

11. Industry or business - Retired

FATHER
12. Name Richard Porter Cole Whisney
13. Birthplace Maryland

MOTHER
14. Maiden Name - Elizabeth Louise Cole
15. Birthplace - A. A. Co., Md.

16 (a) Informant Howard R Whisney
(b) Address 504 Rockglen rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 26 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 Filed by Registrar AUG 26 1940 Huntington Hitt

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940, to Aug 25 1940 and that I last saw him alive on Aug 25 1940.

Immediate cause of death	Duration
Congestion Heart failure due to	
CV-renal arteriosclerosis	4 days
Due to	
Due to INTERTROCHANTERIC	
Other Conditions Osteo tuberculosis	
foot of left femur, Pernicious Anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 8/11/40
(c) Where did injury occur? 506 Rockglen Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall on floor

23. Signature J M Collenda M. D.
Address Bon Secours Hospital Date signed 8-25-40

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58636
LD
72321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1547 W. 48 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Pegg Brownley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1934

8. AGE: Years	Months	Days	If less than one day
5	8	0	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name W. T. Brownley
13. Birthplace Va.

MOTHER
14. Maiden Name Thelma Horner
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 26 1940 (month) (day) (year)
(c) Cemetery or crematory (Shipping)
Location Norfolk Va

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) AUG 26 1940 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1940, at 2:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940 to Aug 25 1940 and that I last saw him alive on Aug 25 1940.

Immediate cause of death	Duration
Bulbar paralysis	11 hours
Due to Poliomyelitis	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Bouse M. D.
Address City Hospital Date signed Aug 25 '40

H L Wollenweber, M.D. Asst Medical Examiner

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Found dead on ship SS Robin Gray Foot of Cross St
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State South Carolina (b) County
(c) City or town Summerville (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 564 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM RAY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20-1897

8. AGE: Years	Months	Days	If less than one day
42	8	4	hr. min.

9. Birthplace S. C. Port Royal
(Town, county, and state)

10. Usual Occupation Mess Boy
11. Industry or business S.S. Robin Gray

FATHER
12. Name Wm. J. Ray
13. Birthplace Columbia, S.C.

MOTHER
14. Maiden Name Anna O'Connor
15. Birthplace Charleston S.C.

16 (a) Informant Mrs Alexander Moore
(b) Address Summerville S.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 26-1940 (month) (day) (year)

(c) Cemetery or crematory
Location Charleston So. Carolina

18 (a) Funeral director A. Ackerfeldt
(b) Address 4907 York Road.

19 AUG 26 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1940, at 6 50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollaeger M.D.
Date signed 8-24-40 Asst Medical Examiner.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 72323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Bryant Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME SAMUEL SWITZENBAUM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

6 (b) Name of husband or wife ESTHER SWITZENBAUM
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan 15, 188?

8. AGE: Years	Months	Days	If less than one day
50	7?	8?	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Clothing mfg.
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-40 (month) (day) (year)
(c) Cemetery or crematory Emma Ada
Location Rosedale Md.

18 (a) Funeral director Jack Feinglass
(b) Address 1439 E. Baltimore St.

1940 AUG 27 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26 1940, at 1 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/23 1940, to 8/26 1940, and that I last saw him alive on 8/26 1940.

Immediate cause of death Generalized Peritonitis — Duration

Due to Perforated Appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendicial abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Pembroke M. D.
Address Union Memorial Hosp. Date signed 8/26/40

Place age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 72324 Registered No.

Write the causes of death clearly and legibly. Physicians: please write legibly. Typewriter is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto General
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Akron (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gerald Laverne Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
23			hrs. min.

9. Birthplace Akron Ohio (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Isaac Jones
13. Birthplace Ritchie Pa.

MOTHER 14. Maiden Name Lenny Jackson
15. Birthplace Napoli Pa.

16 (a) Informant Wife Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-27-40 (month) (day) (year)
(c) Cemetery or crematory Akron, O.
Location

18 (a) Funeral director Jack Louis Inc.
(b) Address 1439 E. Balto St.

19 (a) (Date received by local registrar) (b) Filed by Williams M.D.

AUG 27 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1940, to 8-26 1940, and that I last saw him alive on 8-26 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	7 days
Azotemia	
Due to Congenital heart disease	life
Pulmonary Stenosis	
Due to syphilis defect	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thelma D Lappeteman M. D.
Address S Balto Gen Hosp Date signed 8/26

F 72325

384568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-A

Registered No. F 72325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County.....
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 5301 Snyder Ave (If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Charlotte Geller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6-22-25

8. AGE: Years 15 | Months 2 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace New York (Town, county and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Philip Geller
13. Birthplace Russia

MOTHER 14. Maiden Name Anna Geller
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-40 (month) (day) (year)
(c) Cemetery or crematory Brooklyn N. Y.
Location.....

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1437 E. Baltimore St

19 (a) AUG 27 1940 (Date received by registrar) (b) Wm. F. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940 to Aug 26 1940, and that I last saw her alive on Aug 26 1940.

Immediate cause of death	Duration
Brain tumor - glioma - malignant	
Due to.....	
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 8-28-40

Please write the causes of death clearly and legibly. Physicians: please write especially important.

F 72326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Fayette St.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

70

3 (a) FULL NAME Mrs. Emma V. Simmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George T. Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 15, 1871

8. AGE: Years	Months	Days	If less than one day
68	11	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Valentine Gutermuth
13. Birthplace Germany

MOTHER
14. Maiden Name Julia ?
15. Birthplace Germany

16 (a) Informant Mr. George T. Simmons
(b) Address 413 N. Pulaski St.

17 (a) Burial (b) Date thereof Aug. 28, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) Filed AUG 27 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 4:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1940, to Aug 26 1940, and that I last saw h[illegible] alive on Aug 26 1940.

Immediate cause of death Congestive Heart Failure — Duration 2 months
Due to Arteriosclerotic Heart Disease — ?
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M. D.
Address Bon Secours Hosp. Date signed 8-26-40

Please write the causes of death clearly and legibly. Physicians: please write age is especially important. Use no abbreviations or symbols. Information supplied.

VS 8

72327 10700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72327
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Lee Nonemaker

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Female
5. Color or race White
6 (a) Single, ~~married, widowed, or divorced.~~ Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th 1929

8. AGE: Years 10 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Invalid
11. Industry or business

FATHER
12. Name Albert E. Nonemaker
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mabel Burgan
15. Birthplace Balto Md.

16 (a) Informant Albert E. Nonemaker
(b) Address 3205 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 AUG 27 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24th 1940, 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 22 1940, to August 24 1940, and that I last saw her alive on August 24 1940

Immediate cause of death Congenital Malformation of Body with di-plegia

Duration: 10 years

Due to

Due to

Other Conditions Broncho-pneumonia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Nonemaker
Address 1919 E. North ave. Date signed 8/28/40

Please write the causes of death clearly and legibly. Physicians: please write the cause age in especially important.

VS 8

F 72328

VS 8

F 72328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1933

F 72328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2565 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Mrs. Julia A. Isaac

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Tilghman Isaac
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1870

8. AGE: Years 69 | Months 8 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: A. A. Co. Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Thomas Arnold
13. Birthplace: Md

MOTHER
14. Maiden Name: Jennie Newburn
15. Birthplace: Md.

16 (a) Informant: Tilghman Isaac
(b) Address: 2565 W. Lombard St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/28/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Waugh Chapel
Location: A. A. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St. Baltimore, Md.

AUG 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1940, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to Aug. 25 1940, and that I last saw her alive on Aug. 25 1940.

Immediate cause of death: Uremia — Duration: 7 days

Due to: Pyonephrosis — Duration: 3 months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Frueting, M. D.
Address: Bon Secours Hosp. Date signed: 8/28/40

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72329 Registered No.

Please write the causes of death clearly and legibly. Use only standard abbreviations. Physicians, please write in ink.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Walbrook Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME May B. Patten

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10th 1865

8. AGE: Years	Months	Days	If less than one day
75	3	15	..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Nurse

FATHER
12. Name George Patten
13. Birthplace Unknown

MOTHER
14. Maiden Name " Kopf
15. Birthplace "

16 (a) Informant May B. Walshe
(b) Address 3066 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul St

19 (a) ..... (Date received by Registrar) (b) Huntington Hillen Registrar

AUG 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25th 1940, at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to Aug 25 1940, and that I last saw h.e alive on Aug 11 1940.

Immediate cause of death
Arteriosclerotic Heart Disease — Duration 10 years
Chronic Myocardial disease — 3 years
Due to Arteriosclerosis — 4 years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Lamed M. D.
Address 1327 Park Ave Date signed Aug 26 1940

H L Wollenweber, M.D. Asst Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72330 — 83-B — Registered No. F 72330

F 72330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 E. Lanvale st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Staton

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Harry Staton
6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.) Oct 28th 1891

8. AGE: Years 48 | Months 98 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: Otis Bradfield
13. Birthplace: Falls Church Va.

MOTHER
14. Maiden Name: Carrie Morland
15. Birthplace: Falls Church Va.

16 (a) Informant: Harry Staton
(b) Address: 1251 E. Lanvale st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/28/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Moreland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook
(b) Address: 1219 St. Paul st

19 (a) ..... (Date received by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25/40 19..., at ...M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/24/40 19..., to 8/25/40 19..., and that I last saw her alive on 8/25 19 40.

Immediate cause of death: Cerebral thrombosis — Duration
Due to: Generalized arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Marked arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Knox Insley M. D.
Address: 1 E. Eagle 8 Hoyt Ter. Date signed 8/26/40
Dr. Schmidt.

F 72331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 72331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Brookes Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Brookes Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Philip Levin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Late Sarah Goldman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name Lior Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Mrs H. D. Caplan
(b) Address 914 Brookes Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Cemetry Washington Blvd
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

AUG 27 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1939 to 8/26 1940, and that I last saw him alive on 8/26 1940.

Immediate cause of death: Carcinoma Stomach — Duration 1 yr.
Due to
Due to
Other Conditions Arteriosclerosis Coronary Thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Krawitz M. D.
Address 1122 W Lee Date signed 8/26/40

Please write the causes of death clearly and legibly. Physicians, undertakers, registrars: Please write in ink; do not use pencil. Do not abbreviate.

F 72332 8-30-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72332

14 TB Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8th Ave North Glen Burnie
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret B. Pumphrey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edward L.

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Nov 15 1903

8. AGE: Years 36 | Months 9 | Days 11/12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework at Home

11. Industry or business

FATHER
12. Name Jacob Krauss
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Hollenberger
15. Birthplace Germany

16 (a) Informant Edward L Pumphrey
(b) Address 8th Ave North. Glen Burnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem Park
Location Glen Burnie Md

18 (a) Funeral director William M. Mareck
(b) Address 715 Light St

19 (a) Filed AUG 27 1940 (year) (b) Registrar Hunting H. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940, to Aug 26 1940, and that I last saw her alive on Aug 26 1940

Immediate cause of death	Duration
Cardiac Failure	
Due to Full term pregnancy uncomplicated	1 wk
Due to (Antecedent)	over
Operations	
Findings	
(Significant pregnancy within 3 months of death)	
Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Brill M. D.
Address University Hospt. Date signed

Please write the causes of death clearly and legibly. Physicians, please report promptly.

F 72333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 cF 72333 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Walton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married, Separated
6 (b) Name of husband or wife: John Walton
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 27 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House mfe
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Elmer Forrest
(b) Address 505 N. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St
18 (a) Funeral director Joseph Gunther Jr
(b) Address 602 E Wash. Blvd
19 (a) (Registrar) Huntington Williams, M.D.

AUG 27 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24-1940, at 10 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Intra-cranial Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident or Homicide?
(b) Date of occurrence 8-24-40
(c) Where did injury occur? 3000 Block Wilkens Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Collision with automobile

23. Signature Howard J. Andrews M.D. Medical Examiner.
Date signed 8-26-40

F 72334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 72334 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Garden Aprt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Aprt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Fantl.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Max Fantl.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
bout 72.			hr. min.

9. Birthplace Baltimore (City or county, and state)
10. Usual Occupation None
11. Industry or business

NOTICE! PARENTS

12. Name Jacob Rubin
13. Birthplace Germany,
14. Maiden Name Bertha Stern,
15. Birthplace Germany

16 (a) Informant Mrs. C. Kaufman.
(b) Address Temple Garden Aprt,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28/1940 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cem.
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son.
(b) Address 1902 Eutaw Place.

19 (a) (Date received by Registrar) AUG 27 1940 Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26/1940, 19..., at ...M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1940 Aug. 26 1940
and that I last saw him alive on Aug 26 1940.

Immediate cause of death: Myocarditis Generalized Arteriosclerosis
Due to: Diabetes Mellitus
Due to:

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

5 Days / Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature
Address Temple Garden Aprt. Date signed Aug 26/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 72335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4910 Crowson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Crowson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida E. Frames

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1865

8. AGE: Years	Months	Days	If less than one day
74	11	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not obtainable
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Heffner
15. Birthplace Maryland

16 (a) Informant Mrs. Mary O. Hackney
(b) Address 4910 Crowson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. W. Mearns Son
(b) Address 805 North Calvert Street.

19 (a) Filed AUG 27 1940 (Date filed by Registrar) (b) Registrar Huntington Willard, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27th, 1940, at 1:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1940, to Aug 26th 1940, and that I last saw h alive on Aug 26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	26 Days
Due to Arterio Sclerosis	2 years
Due to Unknown	
Other Conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed Aug 27/40

Be sure the causes of death clearly and legibly. Physicians: please write the

72336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 — Registered No. 72336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John St.
(c) Hospital or institution Womens Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County —
(c) City or town Oxford (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 South St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Stephany Ann Kirk

3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1940

8. AGE: Years	Months	Days	If less than one day
—	—	12	____ hr. ____ min.

9. Birthplace Women's Hospital (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Jesse Ross Kirk
13. Birthplace Pa

MOTHER
14. Maiden Name Jean T. Gallagher
15. Birthplace Pa

16 (a) Informant Mother
(b) Address —

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 15, 1940 (month) (day) (year)
(c) Cemetery or crematory To Pathological Dept
Location Department of Johns Hopkins Hospital
18 (a) Funeral director Hunterton Williams, M.D.
(b) ____ Registrar
(Date rec'd by registrar) AUG 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26, 1940, at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15, 1940, to Aug 26, 1940, and that I last saw her alive on Aug 26, 1940.

	Duration
Immediate cause of death: Pneumonia, right	10 hrs
Due to: Aspiration? or Bacterial?	
Due to:	
Other Conditions: Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frank W. Sutherland M. D.
Address Women's Hosp. Date signed 8-26-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. CURLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. CURLEY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM F. EIBNER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced.: MARRIED

6 (b) Name of husband or wife: SOPHIA EIBNER

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) APR. 20 1903

8. AGE: Years 37 | Months 4 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FIREMAN

11. Industry or business BALTO. CITY FIRE DEPT.

FATHER
12. Name WINZEL EIBNER
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name MARY TAUBER
15. Birthplace AUSTRIA

16 (a) Informant ALBERT EIBNER (BROTHER)
(b) Address 525 S. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 28/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. POPLAR ST.

19 (a) AUG 27 1940 (Date received by registrar) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 25 1940, at 2:45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1940, to Aug 25 1940, and that I last saw him alive on Aug 25 1940.

Immediate cause of death	Duration
acute cardiac dilatation	1 hour
c pulmonary edema.	
Due to Chronic myocardial degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Gould M. D.
Address 142 N. Eutaw Date signed 8-26-40

VS 3

72338

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58646

Registered No. F 72338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County B.A.Co.
(c) City or town ~~Baltimore~~ Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mountain & Tickneck Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Baby Boy Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-40

8. AGE: Years | Months | Days | If less than one day: 5 hr. 30 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Rudolph Saunders
13. Birthplace Md.

MOTHER
14. Maiden Name Magdalena Tibull
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Wpt. Ave.

18 (a) Funeral director L. F. McCurdy
(b) Address 130 E. Fort Ave.

19 AUG 27 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Aug 26 1940, and that I last saw h~~e~~ alive on Aug 26 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	5½ hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature J. W. Dorman Jr., M.D.
Address Baltimore City Hospitals Date signed 8/26/40 M. D.

VS 8

Please write the causes of death clearly and legibly. Physicians: please write in ink.

F 72339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Cedarcroft Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Cedarcroft Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD LEE HICKMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth S. Hickman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1869

8. AGE: Years 70 69 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Accomac, Virginia (Town, county, and state)

10. Usual Occupation Supt. Am. Wholesale Corp.

11. Industry or business Retired 5 yrs.

FATHER
12. Name Richard Hickman
13. Birthplace Virginia

MOTHER
14. Maiden Name Ella West
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth S. Hickman
(b) Address 417 Cedarcroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/40 (month) (day) (year)
(c) Cemetery or crematory Edgehill Cemetery
Location Accomac, Virginia

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

AUG 27 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1940, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1935, to Aug 1940, and that I last saw him alive on Aug 25 1940.

Immediate cause of death Dissecting Aneurysm of abdominal Aorta — Duration 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sheldon Leland M.D.
Address 1401 Cathedral St. Date signed 8/27/40

Please write in ink. Be accurate as to spelling. Use no abbreviations. Physicians: please write the causes of death clearly and legibly.

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72340 — 169 — Registered No. F 72340

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The accuracy of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY EVANS

3 (b) If veteran, name war
3 (c) Social Security Account No. 705-07-1569

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie E Evans
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Aug 15 1881
8. AGE: Years 59 | Months — | Days 12 | Under 1 day: less than one day; hr. min.
9. Birthplace Woodbine Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business B&O R.R.
FATHER 12. Name John R Evans
13. Birthplace Md.
MOTHER 14. Maiden Name Roger A Shidmore.
15. Birthplace Md
16 (a) Informant Mrs Minnie E Evans
(b) Address Brunswick Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30, 40 (month) (day) (year)
(c) Cemetery or crematory Park Heights
Location Burnside
18 (a) Funeral director C. H. Zeltmann Sons
(b) Address Brunswick Md.
19 (a) Filed AUG 27 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940, at 10 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fat embolism — Duration

Due to: Fractures, 8th to 11th ribs, right ribs, right scapula

Due to:

Other Conditions: Scald, head and right lower extremity (Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: August 25, 1940
(c) Where did injury occur? 2 miles E. of Lyburnville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury: Engine turned over, scalding

25. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-27-40

Hem. and fractures due to fall from cab.

VS 6

72341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B F 72341

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 E Eager St 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel J. Sullivan

If U. S. Veteran specify WAR

(a) Residence: No. 1243 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Eugene Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Shea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary M Sullivan

(Address) 1243 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Cem Washington D C Aug 29 1940
Place Date 19

19. UNDERTAKER Henry Stroeck & Sons Inc

(Address) 1301 E Eager St.

20. FILED Aug 27 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26-1940

22. I HEREBY CERTIFY, That I attended deceased from 3/21 19 40 to 8/26 19 40

I last saw him alive on 8/26 19 40. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M.D. M. D.

(Address) 1206 E. Fenton St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 72342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Green and Lombard Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 S. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME WIERZBOWSKI, ROSE

3 (b) If veteran, name war: na

3 (c) Social Security Account No. 214-12-037

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wawrzyniec W. Wierzbowski

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacub Mjolak
13. Birthplace Poland

MOTHER
14. Maiden Name Katarzyna Grzegorek
15. Birthplace Poland

16 (a) Informant Wawrzyniec W. Wierzbowski
(b) Address 29 S. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John J. Weber
(b) Address 404 S. Chester St

19 (a) [illegible] (b) Huntington Williamsport, Md.

AUG 27 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 8:07 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940 to Aug 26 1940, and that I last saw her alive on Aug 26 1940.

	Duration
Immediate cause of death Bronchopneumonia	4 Days
due to anemia	7 "
Due to Nephrosclerosis	
Due to Resection of colon	
Other Conditions Ventral hernia, postoperative	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of colon.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Kaiser M. D.
Address Univ. Hospital Date signed 8/26/40

Please write the causes of death clearly and legibly. Physicians: please write a legibly important. Please write the causes of death clearly and legibly.

F 72343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 56-B

F 72343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5261 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 27-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5261 Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma E. Leach

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband ~~or wife~~ James M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20-1856

8. AGE: Years 84 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Westley Hartlove
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Jorry
15. Birthplace Maryland

16 (a) Informant Caroline M Leach
(b) Address 5216 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-29-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto. Md

(d) Funeral director William Cook
(e) Address 1217 St Paul St.

19 (d) AUG 29 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug 27 1940, and that I last saw h[illegible] alive on Aug 26 1940.

Immediate cause of death Cerebral hemorrhage, Duration (interval between onset and death) Several days

Due to Cerebral thrombosis, Duration (interval between onset and death) Several years

Due to Arteriosclerosis, Duration (interval between onset and death) Several years

Other Conditions Old age

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Evans M.D.
Address 4936 Park Heights Ave Date signed Aug 27-40

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. The necessary information supplied. The

F 72344

F 72344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 72344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5202 St Charles Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5202 St Charles Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELLEN M LANKFORD

3 (b) If veteran, name war H
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Theodore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 1860

8. AGE: Years 80 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Brown Hill Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Cannon Short
13. Birthplace Md

MOTHER
14. Maiden Name Philene Atkinson
15. Birthplace Delaware

16 (a) Informant Nellie J Spruell
(b) Address 5202 St Charles Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul

19 (Rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940, at 7a, M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions nil	

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 8-27-40

AUG 28 1940

Information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

72345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 72345

F

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The space for age is especially important. Typewriting is necessary unless impossible. Do not abbreviate. Use ink if typewriting is not available.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Bayonne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence H Hare

3 (b) If veteran, name war No

3 (c) Social Security Account No. 717-07-7617

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Nellie Hare

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 15 1875

8. AGE: Years 65 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business P.R.R.

FATHER
12. Name Geo H Hare
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Marie Morrison
15. Birthplace Md

16 (a) Informant Nellie S Hare
(b) Address 4207 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-40 (month) (day) (year)
(c) Cemetery or crematory Grave Run
Location Carroll Co Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

AUG 28 1940 Harry H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27, 1940, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17, 1940, to Aug. 27, 1940, and that I last saw h. alive on Aug. 27, 1940.

	Duration
Immediate cause of death Septicemia	
Due to Carcinoma of prostate	
Due to Cystitis	
Due to Chronic myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of prostate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Friedman, M. D.
Address 1319 Light St Date signed 8/27/40

F 72346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registered No. F 72346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Eldred Buchanan

3 (b) If veteran, name war — World | 3 (c) Social Security Account No. [illegible]

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth W. Buchanan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1 1898

8. AGE: Years 42 | Months 11 | Days 26 & 6 | If less than one day hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Field representative of

11. Industry or business Bank

FATHER 12. Name Robert Buchanan
13. Birthplace Washington, D.C.

MOTHER 14. Maiden Name Janetta Holmes
15. Birthplace Wash. D.C.

16 (a) Informant Eliz R W. Buchanan
(b) Address 835 Allison St. N.W. Washington D

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30th 1940 (month) (day) (year)

(c) Cemetery or crematory National
Location Arlington Va.

18 (a) Funeral director William Cook
(b) Address 1327 St. Paul St

AUG 28 1940 (Date rec'd by registrar)

(b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1940, at 12 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 27 1940, and that I last saw h[illegible] alive on Aug 27 1940.

	Duration
Immediate cause of death Acute hepatitis	1 day
Due to Chronic pancreatitis	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute cholecystitis
Of autopsy Obstructive hepatitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Lehman Langston M. D.
Address Church Home & Infirmary Date signed 8-27-40

VS 3

Please write legibly. Please answer all questions as accurately as known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 72347

72347

CERTIFICATE OF DEATH V 161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hospital for the Women of Maryland

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anne Hill Barnett

(a) Residence: No. West River (Usual place of abode) Maryland Ward, Anne Arundel Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): August 26-1940

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

FATHER

13. NAME: Lyle Dexon Barnett

14. BIRTHPLACE (city or town) (State or country): Waco Texas

MOTHER

15. MAIDEN NAME: Laura Bernice Taylor

16. BIRTHPLACE (city or town) (State or country): St Paul Minnesota.

17. INFORMANT: Lyle Dexon Barnett

(Address) West River. Md:

18. BURIAL, CREMATION, OR REMOVAL

Place: West River Cem Date: Aug 28 1940

19. UNDERTAKER: John M. Taylor

(Address) Annapolis Md.

20. [illegible] 19

Registrar

Huntington Williams, M.D.

AUG 28 1940

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 26 1940 to August 27 1940

I last saw h.[illegible] alive on August 27 1940 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Two Hrs

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John G. Murray M. D.

(Address) 9 E Chase St Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72348

F 72348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 72348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Avenue
(c) Hospital or institution:
Methodist Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-15

3 (a) FULL NAME IDA V. ROCKHOLD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1859

8. AGE: Years 80 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John C. Rockhold
13. Birthplace A. A. Co., Md.

MOTHER
14. Maiden Name Jeannette Lowery
15. Birthplace Cecil Co., Md.

16 (a) Informant Miss Etta Cuddy
(b) Address 2211 Rogers Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 28

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1940, at 7:30A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1940 to Aug 27 1940 and that I last saw h[illegible] alive on Aug 27 1940.

Immediate cause of death Carcinoma lymph glands of neck.
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 708 N. Fulton Ave. Date signed 8/27/40

1. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 26

72349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 72349

CERTIFICATE OF DEATH ✓93-D

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 116 W. Ostend St., 23-1 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Michael F. Bailey — If U. S. Veteran specify WAR _____

(a) Residence: No. 116 W. Ostend St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of A. Catherine Mc Bailey

6. DATE OF BIRTH (month, day, year) Feb. 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Francis Bailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Flatley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Francis Bailey
(Address) 116 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date August 30, 1940

19. UNDERTAKER Margaret G. Fitzpatrick
(Address) 1432 Light St.

FILED AUG 28 1940 H. Lewis Watson Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1940 to Aug 27, 1940
last saw Deceased alive on Aug 26, 1940 Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance: Arteriosclerosis, Hypertension + Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ___, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John A. Schenuit, M. D.

(Address) 13 S. Charles St.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state OCCUPATION in very important. See instructions on back of certificate.

72350

HEALTH DEPARTMENT—CITY OF BALTIMORE

72350

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 W. Fayette St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Lawler

If U. S. Veteran specify WAR

(a) Residence: No. 1905 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary A. Lawler

6. DATE OF BIRTH (month, day, year): Nov. 15. 1876

7. AGE: 63 Years | Months: 9 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Electrical Comm. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER

13. NAME: Wm. Lawler

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Flanagan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Catherine Murphy

(Address): 1905 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Aug. 29 1940

19. UNDERTAKER: Margaret J. Flynn

(Address): 1421 Light St.

20. FILED: Aug 29 1940 Huntington Wm. Registrar.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1940 to Aug 26 1940

I last saw him alive on 8/26 1940. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/24/40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward C. Sellers, M. D.

(Address) 711 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72351

51534 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72351

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 Bristal Ave, Brooklyn
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Bristol Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Guss Beck

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-3035

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Betty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 19, 1884

8. AGE: Years 56 | Months 55 | Days 710 | 4 | If less than one day hr. min.

9. Birthplace Czechoslavakia (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Unemployed

FATHER
12. Name Emanuel Beck (d)
13. Birthplace Austria

MOTHER
14. Maiden Name Josephine Naddnek (d)
15. Birthplace Austria

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 8 29 40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germans Hill Rd

18 (a) Funeral director J. J. Tighe & Sons
(b) Address 1300 Light St

19 (a) Date of [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23-1940, at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-1940 to 8-23-1940, and that I last saw h[illegible] alive on 8-23-1940

	Duration
Immediate cause of death Cardiac Failure	?
Due to Hypertensive CVD.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murphy Gelston M. D.
Address Balto City Hosp Date signed 8-27-40

VS 3

VS 3

F 72352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a F 72352

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Fyfe Lenox Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 - Woodbourne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Robert

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1886

8. AGE: Years 54 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Wesley Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Thompson
15. Birthplace Va

16 (a) Informant Husband - Robert Campbell
(b) Address 2430 - Woodbourne Ave.

17 (a) Burial (b) Date thereof Aug 29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore City

18 (a) Funeral director Mrs. George E. Pobland
(b) Address 1631 Druid Hill Ave
Huntingtown Williams, Md.

19 AUG 28 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 19 40 at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 19 40 to 8/27 19 40.
and that I last saw her alive on 8/27 19 40.

Immediate cause of death Pneumonia
Antecedent

Due to Pneumococcus Type VI

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maynard Cohen, M.D.

Address Fyfe Lenox Hospital Date signed Aug 29 1940

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

72353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72353

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edgewood Nursing Home

(c) Hospital or institution: Edgewood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Dambrills (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Gerstner

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Gerstner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/1873

8. AGE: Years 66 Months 10 Days 19 — If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Nicholas Schneider

13. Birthplace Germany

MOTHER 14. Maiden Name Ann B. Kirch

15. Birthplace Germany.

16 (a) Informant Mr Gerstner.

(b) Address Dambrills Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross.

Location Annapolis Jct.

Funeral director J. J. Tobey Sons

(b) Address 218 Light St.

19 (a) (Date rec'd by registrar) (b) Huntington Nilhenny Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1940, to 8-27 1940, and that I last saw her alive on 8-27 1940.

Immediate cause of death	Duration
Septicemia	4 days
Due to Osteomyelitis	1 mo.
Due to Dental Caries (Infected Root)	?
Other Conditions Diabetes (Gellitus)	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature McCole M. D.

Address 6014 York Road Date signed 8-27-40

If the age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 72354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72354 Registered No. 927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1647-Gorsuch Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 1647-Gorsuch Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

927

3 (a) FULL NAME Olga C. Schall

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Alexander K. Schall

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 11/15/1867

8. AGE: Years 72 | Months 9 | Days 11/0 | If less than one day xxxxxxxxxx min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name ? windberg

FATHER 13. Birthplace ?

MOTHER 14. Maiden Name ?

MOTHER 15. Birthplace ?

16 (a) Informant Alexander T. Schall

(b) Address 1647-Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Ave.

19 (a) AUG 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25th. 1940, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940, to 8-25 1940, and that I last saw her alive on 8-23 1940.

	Duration
Immediate cause of death Acute Cardiac Dilatation.	1 day
Due to Myocarditis	unknown
Due to Endocarditis	13 yrs.
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	------

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ------
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse W. Montgomery M.D.
Address 401 E. 25th. St., Date signed 8/29/40.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

F 72355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124-a

F 72355 Registered No.

Please write the causes of death clearly and legibly. Information should be carefully supplied. Physicians: please write as especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 442 E.-28th Street
(c) Hospital or institution:
--
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 442-E. 28th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

1271

3 (a) FULL NAME: John Leo McDonald

3 (b) If veteran, name war: ----

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Alvina Lens

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 6/15/1898

8. AGE: Years 42 | Months 2 | Days 11 | If less than one day hr. ---- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name James P. McDonald
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Nellie (Harron)
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Albert Oldenburg
(b) Address 3511 W. Garrison Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director Geo. J. Ruth Inc.
(b) Address 1735-Harford Ave. Huntingtown for Hollins St. Md.

19 AUG 28 1940 (Date received) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 1940, to Aug 26 1940, and that I last saw him alive on Aug 26 1940.

	Duration
Immediate cause of death: Cirrhosis of Liver	2 3 to other
Due to:	
Due to: (Coma due to Toxemia -	2 days)
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D W Keown
Address 1938 Linden Ave Date signed 8/27/40 M. D.

2356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-D

F 72356 Registered No.

Every item of information should be carefully supplied. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: West Balto Gen. Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 S. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

2D-23

3 (a) FULL NAME David Brown

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-03-9022B

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ida Brown
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE Years	Months	Days	If less than one day
66			....hr. ....min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Hyman Brown
13. Birthplace Russia

MOTHER
14. Maiden Name Sazah —
15. Birthplace Russia

16 (a) Informant Ida Brown
(b) Address 636 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Phila. Pa.

18 (a) Funeral director Pace Lewis Inc
(b) Address 1439 E. Balto St

(Date rec'd by registrar) (b) Huntington Williams M.D.

8/28/40

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Aug 27 1940 and that I last saw h[im] alive on Aug 27 1940

Immediate cause of death	Duration
Cardiac failure	
Due to Brain Tumor	1 yr.
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel E. Blumenthal M. D.
Address W. B. G. H. Date signed 8/27/40

F 72355

F 72357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72357 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 E. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Regan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 UNIVERSITY MEDICAL SCHOOL AUG 28 1940 Commissioner of Health

(b) Address

19 AUG 28 1940 (Date rec'd by registrar) (b) Registrar 5859

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1940 at 3:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D. Medical Examiner.

Date signed 8-17-40

F 72358

VS 6

F 72358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-D

F 72358 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Schroeder St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sheppard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 38 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER: 12. Name; 13. Birthplace

MOTHER: 14. Maiden Name; 15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) 5860 Registrar

UNIVERSITY MEDICAL SCHOOL AUG 28 1940
Commissioner of Health
AUG 28 1940 Per H. Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1940, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Syphilitic aortitis with aortic insufficiency	
Due to: and hypertrophy of left ventricle	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. M. Vandersluis M.D.
Medical Examiner.
Date signed: 8/16/40

VS 6

F 72359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72359 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. no home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES F. WELCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1863

8. AGE: Years 77 ~~75~~ | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Hartford, Conn (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Welch
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Pendergrast
15. Birthplace Ireland

16 (a) Informant Records Balto. City Hosp.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory

UNIVERSITY MEDICAL SCHOOL AUG 28 1940

18 (a) Funeral director Commissioner of Health
(b) Address Perry M. Motor Williamsport, Md.

19 (a) AUG 28 1940 (Date rec'd by registrar) (b) 5861 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1940, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said ^ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease. — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Asst. Medical Examiner.
Date signed 8-18-40

VS 6

72360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72360 Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Howard Sts.
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lundale (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Bayside Drive - Inverness (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Mary C Coburn

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William J. Coburn

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 11. 1867

8. AGE: Years 73 | Months 6 | Days 16 | If less than one day: ..... hr. ..... min.

9. Birthplace Harford County Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Baldwin
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Delmas
15. Birthplace Maryland

16 (a) Informant Mrs. Clyde Myers (Daughter)
(b) Address 117 Bayside Drive. Inverness

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) AUG 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 12 1940 to Aug 26 1940, and that I last saw him alive on Aug 26 1940

Immediate cause of death Pulmonary Edema — Duration: .....

Due to Myocardial degeneration — Duration: .....

Due to ..... — Duration: .....

Other Conditions Terminal Bronchopneumonia — Duration: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature L. Frederick Johnston Jr M.D. M. D.
Address Md General Hospital Date signed 8/26/40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the correct age is especially important.

VS 2

F 72361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

F 72361 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 E Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 E Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Poe Ellicott

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-5274

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie M Poe Ellicott
6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1867

8. AGE: Years	Months	Days	If less than one day
73	4	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Conrad Poe Ellicott
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Annie M Poe Ellicott
(b) Address 2418 E Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ellicott
(b) Address 2007 Allegheny Ave

AUG 28 1940 (b)
(Date received by registrar) Registrar

Printing by Williams, Inc.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1940, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1935 to Aug 1940, and that I last saw him alive on Aug 25 1940.

Immediate cause of death	Duration
Pulmonary Edema &	48 hrs.
Myocardial failure	
Due to Carcinoma of Prostate	5 yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca prostate & metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ben Klotz M. D.
Address 1419 Arts Bldg. Date signed 8-26-40

VS 3

F 72362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emmanuel Park Home 5030 Old Frederick Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5030 Old Frederick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALLACE A OBERDORFER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1893

8. AGE: Years 47 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Charlottesville Va (Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Philip Oberdorfer
13. Birthplace Charlottesville, Va

MOTHER
14. Maiden Name Clara Meyers
15. Birthplace Virginia

16 (a) Informant Mrs Amelia Bolber, sister
(b) Address 100 Towanda Ave. Pikesville

17 (a) Cremation (b) Date thereof 8-29-40 (Burial, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery~~ or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Hand Sindhorn & Son
(b) Address 1902 Eutaw Place

19 (a) (Date received by Registrar) Municipality of Williamsburg, Md

AUG 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 7:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~autopsy~~ inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hanging by ligature cord	
Due to Suicide	
Due to Psychosis, manic depressive	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Aug 28, 1940
(c) Where did injury occur? Emmanuel Park 5030 Old Frederick Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Hanging by neck with cord

23. Signature J. L. C. Schemmerhorn M.D. Medical Examiner.
Date signed 9-27-40

Autopsy card attached to transcript

F 72363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 72363
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
Street No. 1736 Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hill
3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1940

8. AGE: Years	Months	Days	If less than one day
			5 hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Hill
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ida Jefferson
15. Birthplace Baltimore

16 (a) Informant Charles Hill (Father)
(b) Address 538 Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) UNIVERSITY MEDICAL SCHOOL AUG 28 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Williams, Md.

19 AUG 28 1940 (b)
(Date rec'd by registrar) Registrar

VS 3

5864

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 23 1940, 3:00 P.M. to Aug. 23 1940, 8:00 P.M., and that I last saw him alive on August 23 1940.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 8-24-40

F 72364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 72364
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Washington Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Sternadorff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-40

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clarence Beard
13. Birthplace Md

MOTHER
14. Maiden Name Loraine Sternadorff
15. Birthplace Md.

16 (a) Informant Clarence Beard
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL AUG 28 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown Wilkinson, M.D.

19 (a) AUG 28 1940 (Date rec'd by registrar) (b) No. 5863 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27-40 19 , at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26-40 19 , to 8-27-40 19 , and that I last saw h. alive on 8-27-40 19 .

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Marvin Rhodes M. D.
Address University Hosp. Date signed 8-27-40

VS 3

F 72365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 72365

IMPORTANT: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N. Carrollton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Scott

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 7 1927
8. AGE: Years 12 | Months 9 | Days 19 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Jackson Scott
13. Birthplace Wadley, Georgia

MOTHER
14. Maiden Name Mary Gardner
15. Birthplace Ashley, Glenwyllis Co Va

16 (a) Informant Jackson Scott
(b) Address 531 N. Carrollton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St. Huntington Williams, M.D.

19 (a) AUG 28 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26-1940, at 4:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inspection & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Hemorrhage	
Due to Fractured Pelvis, lumbar vertebra & sacrum	
Due to Ruptured Bladder & wounding of scrotum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-26-40 1940
(c) Where did injury occur? Intersection of Fayette & Calhoun Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Runover by auto. truck

23. Signature Howard L. Mueller M.D. Medical Examiner.
Date signed 8-26-40

VS-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

72366

13-B F 72366

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Montford Ave St., 8-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Myers

If U. S. Veteran specify WAR

(a) Residence: No. Westminster, Md. St., Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Myers.

6. DATE OF BIRTH (month, day, year) Oct. 17-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Don't No

14. BIRTHPLACE (city or town) (State or country) Don't No

MOTHER

15. MAIDEN NAME Elizabeth Everhart

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Rose E. Myers

(Address) 1508 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Brothers Westminster Md. Date Aug. 31 1940

19. UNDERTAKER J. M. Little & Son

(Address) Uniontown, Pa. Pa. Reg. No. A1

AUG 28 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1940 to Aug 28, 1940

I last saw h.. alive on Aug 27 1940 Death is said to have occurred on the date stated above, at 11 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/21/40
Other contributory causes of importance:	
Pulmonary T. B.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. S. Patterson M. D.

(Address) 800 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72366 13-B F 72366

F 72367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-B

F 72367 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 30 days
(e) Length of stay in Baltimore (yrs., mos., or days): 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Carroll
(c) City or town: Union Bridge (If outside city or town limits, write RURAL and give town)
(d) Street No. X (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: Charles E. Utermahlen

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M.
6 (b) Name of husband or wife: Pauline Utermahlen
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): 1891
8. AGE: Years: 49 | Months | Days | If less than one day: ..... hr. ..... min.
9. Birthplace: Carroll Co. Md (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business

FATHER
12. Name: John H. Utermahlen
13. Birthplace: Germany, Md

MOTHER
14. Maiden Name: Annie Wampert
15. Birthplace: Md

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory: Lutheran
Location: Uniontown, Md

18 (a) Funeral director: Raymond H. Wright
(b) Address: Union Bridge, Md

AUG 29 1940 (Date Rec'd by Registrar)
(b) Howard H. Hilleary, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1940, at 11:32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30, 1940, to Aug. 28, 1940, and that I last saw him alive on Aug. 28 1940

Immediate cause of death	Duration
Carcinoma of Stomach — Inanition	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: 1) CA Stomach - 2) Metastasis
Of operations: (carcinoma to Colon & abdominal wall)
Of autopsy: 1) Bilateral pneumothorax. CA of Stomach with metastasis to liver. Pulmonary tuberculosis, chronic, minimal, bilateral.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Chester H. Coplan, M. D.
Address: University Hospital Date signed: 8/29/40

Vs 3

Careis

72368

F 72368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

Every item of information should be carefully supplied. THE
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 S. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 S. Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Harry Garris

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 717-07-7390

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Carrie H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8 1877

8. AGE: Years 63 | Months 6 | Days 19 20 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Locomotive Preparer

11. Industry or business P.R.R.

FATHER
12. Name Charles H.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Miller
15. Birthplace Balto Md.

16 (a) Informant Carrie H. Garris
(b) Address 217 S. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (month) (day) (year)
(c) Cemetery or crematory Oakdown
Location Balto Md

18 (a) Funeral director William Fox
(b) Address 1217 St Paul St

19 (a) Received (Date of receipt or registrar) (b) Huntington Williams M.D. Registrar

AUG 30 1940
Vs 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1936, to Aug 28 1940, and that I last saw h alive on Aug 27 1940.

	Duration
Immediate cause of death: Bronchopneumonia	1 wk.
Due to: Generalized Arteriosclerosis	4 yrs. ?
Due to: Chronic Nephritis, Chronic Cystitis	5 yrs.
Other Conditions: Chronic Prostatitis, Chronic Bronchitis	5 yrs. ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Albert Schenkel
Address 2312 Edmondson Ave Date signed 8/30/40

F 72369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-6

F 72369 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver & Catherine Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State M.D. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3547 GREENMOUNT AVE. (If rural give location) 9-9
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HARRY INGERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of ~~husband~~ or wife Virginia I.
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 28-1895

8. AGE: Years	Months	Days	If less than one day
45	2	0	..... hr. ..... min.

9. Birthplace Chicago Illinois (Town, county and state)
10. Usual Occupation Conductor
11. Industry or business Balto Transit Co.

FATHER
12. Name John Ingerson
13. Birthplace Washington DC

MOTHER
14. Maiden Name Clara Harvey
15. Birthplace Wash DC

16 (a) Informant Vivian I Ingerson
(b) Address 3547 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Memorial Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date received by Registrar) AUG 29 1940 (b) Hunting Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 28th 1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5th 1940, to Aug. 28 1940, and that I last saw h. alive on 8/28 1940.

Immediate cause of death	Duration
SEPTICEMIA	
HEMOLYTIC SEPTICEMIA	7/28/40
Due to: ETIOLOGY UNDETERMINED	
Due to:	
Other Conditions TERTIARY SYPHILIS	
AORTIC REGURGITATION.	4+ YEARS

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Douglas D. M. D.
Address St. Joseph's Hosp. Date signed 8/29/40
D. Schmidt

F 72370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 72370

Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Essex St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Essex St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George William WAGNER

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Wagner

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.) May 24-1885

8. AGE: Years 55 | Months 3 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business (Hardware) Home

FATHER
12. Name Louis Wagner
13. Birthplace Balto Md

MOTHER
14. Maiden Name unknown
15. Birthplace Balto Md

16 (a) Informant Mary Wagner
(b) Address 2201 Essex Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 40 (month) (day) (year)

(c) Cemetery or crematory Morgland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) AUG 29 1940 (Date received by Registrar) (b) Filed by [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940; at 8 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 min
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Fletcher M.D. (Medical Examiner)
Date signed 8/27/40

VS 4

K F 72371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 72371 Registered No.

Every item of information should be carefully supplied. Where there is any doubt, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md
(b) Street address 405 h Calhoun st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 h Calhoun st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Rice

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-01-1780

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1892

8. AGE: Years	Months	Days	If less than one day
47	8	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Rice
13. Birthplace Reynoldsville Va

MOTHER
14. Maiden Name Sadie Lamb
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ella Frazier
(b) Address 405 h Calhoun st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 40 (month) (day) (year)
(c) Cemetery or crematory National U.S.A.
Location

18 (a) Funeral director James A Hayes
(b) Address 1442 W Fayette St

Aug 29 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 26 1940, and that I last saw h— alive on May 26 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H Watts
Address 545 h Calhoun st Date signed 8/29/40

VS 3

72372

MISSING

F 72373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72373

The following items of information should be carefully supplied. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4716 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry H. Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-7332

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene R. Thomas

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Mar. 26 1887

8. AGE: Years 53 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Estimate Clerk

11. Industry or business Plumbing

FATHER
12. Name Wm L. Thomas
13. Birthplace A. A. Co. Md

MOTHER
14. Maiden Name Lola Niles
15. Birthplace Baltimore Md

16 (a) Informant Irene R. Thomas
(b) Address 4716 York Road

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 8-30-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location —

18. (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E 22nd St

AUG 29 1940 (Date received by local registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27- 1940, at 8:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 8-27-40

6

38F67374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V159

Registered No. F 72374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Caler Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marjorie Baby Wiedefeld
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 '40

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Edward Wiedefeld
13. Birthplace Maryland
MOTHER 14. Maiden Name Margaret Bell
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-29-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 22nd St

19 (a) (Date rec'd by registrar) (b) Signature for William [illegible]

AUG 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21, 1940 to Aug 28 1940 and that I last saw her alive on Aug 28 1940

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 8-29-40

THE information should be carefully supplied. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72375
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA MARKS

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1916

8. AGE: Years 23 | Months 24 | Days 11 | 10 | If less than one day hr. min.

9. Birthplace Chicago, Ill.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business own home

FATHER
12. Name Joseph Marks
13. Birthplace Michigan

MOTHER
14. Maiden Name Elizabeth George
15. Birthplace Russia

16 (a) Informant Thomas Marks
(b) Address 1608 E Baltimore St

17 (a) Burial (b) Date thereof Aug. 29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 3 S Wolfe St

AUG 29 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquest)
obtained by said ,, find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary chronic	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 8-26-40

VS 6

72376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72376
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: - O.O.a - Mercy Hospital
Alto Hotel - 936 N. Calvert St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County Essex
(c) City or town Newark
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 Spruce st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold Stagg Harold Mandeville Stagg

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 093-09-0756

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27 1894

8. AGE: Years 46 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation Dis't Rep.

11. Industry or business Pocahantas Coal Co

FATHER
12. Name Peter Stagg
13. Birthplace N.Y.

MOTHER
14. Maiden Name Cora Armstrong
15. Birthplace N.Y.

16 (a) Informant Mrs Ruth Stagg
(b) Address 46 Spruce St. Newark N.J.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 29 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Newark N.J.

18 (a) Funeral director Willis m J. Tickner & Sons
(b) Address North & Pennsylvania Ave.

19 (a) (Signature of Registrar) (b) Thomas H. Williams M.D. Registrar

AUG 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-28-1940 at 1 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Heart - Hypertrophy - Acute dilatation
Due to Hypertrophied degeneration
Due to Generalized Athero-sclerosis
Other Conditions Acute Congestion of lungs and Brain.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulden M.D.
Medical Examiner.
Date signed 8/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U.S. MORGUE

72377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W Registered No. F 72377

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Echodale Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Echodale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M Sponier

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1880

8. AGE: Years 60 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Door man at

11. Industry or business Hotel Retired 5 yrs

FATHER 12. Name Matthew Sponier

13. Birthplace Germany

MOTHER 14. Maiden Name Mary A. Cook

15. Birthplace Germany

16 (a) Informant Thomas Sponier

(b) Address 2910 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location —

18 (a) Funeral director Leonard J. Ruck

(b) Address 5304 Harford Rd

19 AUG 29 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28/40 19 , at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration 5 min

Due to —

Due to —

Other Conditions Epilepsy (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature William D. Helfrich M.D. Medical Examiner.
Date signed 8/29/40 Investigator

F 72378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72378

CERTIFICATE OF DEATH

52-B

Registered No.

1. PLACE OF DEATH Md. School for Blind

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Taylor Ave., W. of Belair Rd. 2765 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry A Wright

If U. S. Veteran specify WAR ...

(a) Residence: No. Taylor Ave., W. of Belair Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine E. Wright

6. DATE OF BIRTH (month, day, year) Oct. 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. School for Blind

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

FATHER

13. NAME Samuel Wright

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Mills

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Katherine Wright
(Address) Overlea, Maryland

18. BURIAL, ~~KENSINGTON, WOODLAWN~~
Place Loudon Park Date 8/31/40, 19...

19. UNDERTAKER Wm. J Tickner & Sons,
(Address) North & Pa. Aves.

20. AUG 28 1940 Huntington Williams M.D.
Registrar.

V8 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1940 to Aug 28, 1940

I last saw him alive on August 27, 1940 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	August 1940
Other contributory causes of importance:	Probably 6 months
Carcinoma Bladder	

Was an operation performed? Yes Date of July 3-1940

For what disease or injury? Malignant Bladder

Name of operation Opened bladder used Radium

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen Ave Balto Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 72379

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Use of abbreviations is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 84 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Egerton Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Turner Warner

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Cecilia Pittleton
6 (c) If alive, give age: NO years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1865

8. AGE: Years 75 | Months 0 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Merchant
11. Industry or business Broker

FATHER
12. Name Luther F. Warner
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Josephine Etcheson
15. Birthplace Baltimore, Md.

16 (a) Informant: Charles L. Warner (son)
(b) Address 3312 Egerton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, County

18 (a) Funeral director Tichner and Son.
(b) Address Pennsylvania and North Ave

19 (a) AUG 28 1940 Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 8 2° P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to Aug 28 1940, and that I last saw him alive on Aug 28 1940.

	Duration
Immediate cause of death Carcinomatosis (Prostate)	
Due to Bronchopneumonia	
Due to Pulmonary Edema	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Longshore M. D.
Address Md. Gen. Hosp. Date signed 8/28/40

VS 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72380 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 13-1 V 83-a F 72380

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leah De Lowenthal If U. S. Veteran specify WAR

(a) Residence: No. 2210 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ladies' to Wear

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David I. Lowenthal

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Sallie Ruben

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. J. Lowenthal

(Address) 2210 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cem. 8/30/ 194

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Huntington Ave. Lake

Filed AUG 28 1940 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1940, to Aug 28, 1940

I last saw him alive on Aug 28, 1940 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Duration of disease: 8 22 14 o

Cerebral Hemorrhage

(cerebral)

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Sp. Tap Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harvey L. Fuller M. D.

(Address) Sinai Hospital

No Social Security number.

Howard J. Mallon, M.D.
Chief Medical Examiner
Bur. of Vital Statistics

Social Security Number.

Chief Medical Examiner
Dir: Md. Chem

F 72381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

49-a

Registered No. F 72381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Ramona Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Ramona Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara A. Salbeck

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George J. Salbeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23-1877

8. AGE: Years	Months	Days	If less than one day
62	8	4	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Schenk
13. Birthplace germany

MOTHER
14. Maiden Name Busch
15. Birthplace Germany

16 (a) Informant Madeline Salbeck
(b) Address 3409 Ramona Ave.

17 (a) Burial (b) Date thereof Aug. 30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director Joseph L. Miller
(b) Address 2534 Pennsylvania Ave, Md.

19 AUG 29 1940 (Registrar)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Aug 27 1940, and that I last saw her alive on Aug 26 1940.

	Duration
Immediate cause of death carcinoma left ovary	1 yr.
Due to ?	
Due to ?	
Other Conditions cardiac decomp	10 day
(Include pregnancy within 3 months of death)	

Major findings:
Of operation carcinoma left ovary
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature F. T. Lyell M. D.
Address 3321 Forest Rd Date signed 8/29/40

F 72382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 72382 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W. Franklin st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy E Carter.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-1874

8. AGE: Years 66 | Months 8 7 | Days 7 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Cirin Payne

13. Birthplace Va.

MOTHER 14. Maiden Name Henrietta ?

15. Birthplace Va

16 (a) Informant Mary E Wilson

(b) Address 652 W. Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penbra ave

19 (a) (b) Registrar

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27/40 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17/40 to 8/27/40 and that I last saw her alive on 8/13/40.

Immediate cause of death: Cardiac Decompensation — Duration

Due to: Acute Pulmonary Edema — Duration

Due to: Hemiplegia (Left Side) — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Nature of injury

23. Signature L. E. Batchelor M. D.

Address 526 N. Carey Date signed

F 72383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

116

F 72383
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 Fendley Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Fendley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles D Happel

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary M—
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1870

8. AGE: Years 69 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Self —

FATHER
12. Name August Happel
13. Birthplace Germany

MOTHER
14. Maiden Name J Metz
15. Birthplace Germany

16 (a) Informant Mary M. Happel
(b) Address 4400 Fendley Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Maryland

18 (a) Funeral director Williams Cook
(b) Address 317 St Paul St

19 AUG 30 1940 (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to Aug 28 1940, and that I last saw h[illegible] alive on Aug 27 1940.

Immediate cause of death	Duration
Acute Dilatation Heart	2 hrs
Due to Diverticulum of Esophagus	14 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Diverticulum Esophagus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. A. Stevens M. D.
Address 2418 Harford Rd Date signed 8-31-40

F 72384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4520 Wakefield Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4520 Wakefield Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

283

3 (a) FULL NAME Mary E. W. King

3 (b) If veteran, name war No

3 (c) Social Security Account No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10th 1869

8. AGE: Years 71 | Months 3 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business School Teacher

FATHER
12. Name Charles G. King
13. Birthplace Balto Md

MOTHER
14. Maiden Name Georgeanna Warner
15. Birthplace Balto, Md.

16 (a) Informant Harry F. Roberts
(b) Address 4526 Wakefield Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (b) Filing Date AUG 30 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29th 1940, at 4th A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1938 to 8-29 1940, and that I last saw h[illegible] alive on 8-25 1940.

Immediate cause of death	Duration
Cardio-Vascular disease	1 yr
Hypostatic pneumonia	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 764 Garrison Blvd Date signed 8-24-40

F 72385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72385 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Union Memorial Hospital
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Lindbrook Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** WILLIAM LEE GEDDES → from S.S Board 212-10-8379

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 719-07-7390

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Mary Elizabeth Geddes
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) August 21, 1879
8. AGE: Years 61 | Months 0 | Days 8 day | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Insurance

FATHER
12. Name William T. Geddes
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgie Lee
15. Birthplace Maryland

16 (a) Informant Hosp. records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md
18 (a) Funeral director William Cook
(b) Address 127 St. Paul st
19 (a) AUG 29 1940 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 8 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1940 to August 29 1940, and that I last saw h.im. alive on August 29 1940.

Immediate cause of death: respiratory failure
Due to: Cerebral Hemorrhage.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 8/29/40

F 72386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 151-D

F 72386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard Street & Gs.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore WILLOWDALE (If outside city or town limits, write RURAL and give town)
(d) Street No. 7001 Willowdale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby girl Witt (Dorothy Ella)

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ——
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Aug 9th 1940

8. AGE: Years	Months	Days	If less than one day
		19	..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation ——
11. Industry or business ——

FATHER
12. Name Earl L. Witt
13. Birthplace Va.

MOTHER
14. Maiden Name Katherine Alff
15. Birthplace Va.

16 (a) Informant Earl L. Witt
(b) Address 7001 Willowdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ..... (b) ..... Registrar

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1940 at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940 to Aug 28 1940, and that I last saw him alive on Aug 28 1940.

Immediate cause of death Meningocele (?) Hydrocephalus. MENINGOMYELOCELE — Duration 19 days

Due to Major Malformation + Spina Bifida

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. Inlos Jr. M.D.
Address University Hospital Date signed 8/28/40

16

72387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72387

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Hill

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-1028

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida B. Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28-1868

8. AGE: Years	Months	Days	If less than one day
71	7 10	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired - Property Man

11. Industry or business Hippodrome Theater

FATHER
12. Name — Hill
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ida B. Hill
(b) Address 618 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 30 40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1931, to Aug 27 1940, and that I last saw him alive on Aug 27 1940.

Immediate cause of death
Myocarditis
Hypertension — Duration Years 10 yrs.
Due to
Due to
Other Conditions Nil
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eugene Covington M. D.
Address 3301 N. Charles St. Date signed 8/29/40

F 72388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72388 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 E Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lena Taylor

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Late Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Harry Rosenstein
13. Birthplace Russia

MOTHER 14. Maiden Name Gildil
15. Birthplace Russia

16 (a) Informant Sam Taylor
(b) Address 420 N Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Woodlawn
Location Philadelphia Rd.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North Ave

[illegible] (b) Huntingtown, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940 to Aug 29 1940, and that I last saw h[illegible] alive on 8/28 1940.

Immediate cause of death: Coronary Thrombus — Duration: 7 Dy
Due to:
Due to: Arteriosclerosis — 1 Dy
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Taylor
Address 240 E Eden Date signed 8/30/40 M. D.

Dr Ralph Linton 800 N Patterson Park Ave

F 72389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 72389 Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 E. Hoffman St
(c) Hospital or institution: SS
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 E. Hoffman St. (If rural, give location) SS
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary George

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	4	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER 12. Name John Schick

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a). Informant Ernest George

(b) Address 2514 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Maryland

18 (a) Funeral director John C. Miller Inc.

(b) Address 2435 East Oliver Street

AUG 30 1940 (Registrar) (b) Huntingdon Pennsylvania

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1940 to Aug 28 1940 and that I last saw h[illegible] alive on Aug 25 1940.

Immediate cause of death	Duration
Due to Bronchopneumonia	
Due to Hypertensive Cardio Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 800 N Patterson Park Ave Date signed 8/29/40 M.D.

Lee

F 72390.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-P

Registered No. F 72390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 Hollins
(c) Hospital or institution: —
(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 Hollins (If rural give location)
(e) ~~If foreign born~~, how long in U. S. A.? years

3 (a) FULL NAME Mary Lee Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Robert Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/75

8. AGE: Years	Months	Days	If less than one day
64	11	15	hr. min.

9. Birthplace Md (Town, county, and State)

10. Usual Occupation Housework

~~11.~~ Industry or business

FATHER 12. Name Unknown
13. Birthplace Md

MOTHER 14. Maiden Name Mary Pomeroy
15. Birthplace Md

16 (a) Informant Lucien D. Shaw
(b) Address 536 Hollins

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27/40 19 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14/40 19 to 8/27/40 19, and that I last saw her alive on 8/27/40

Immediate cause of death Pneumonia

Due to Impacted Fibroid

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
1
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. ~~If~~ death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Stokes M. D.
Address 524 Park Ave Date signed 8/30/40

F 72391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 N

F 72391 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 E. Balto St (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Bernard ~~Robinowitz~~ Robinowitz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife Celia
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Raymonia (Town, county, and state)

10. Usual Occupation Restaurant
11. Industry or business Rest.

FATHER
12. Name Isaac
13. Birthplace Rymonia

MOTHER
14. Maiden Name Sarah Frederick
15. Birthplace Rymonia

16 (a) Informant Wife
(b) Address

17. Burial (Burial, cremation, or removal) (b) Date thereof 8/30/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Philadelphia Rd
Location Rosedale

18 (a) Funeral director Jack Levin Jr
(b) Address 1432 E. Balto St

AUG 30 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940, at 2 a. m.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25, 1940, to Aug 29, 1940, and that I last saw him alive on Aug 29 1940.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Pleuro-pericarditis	5 days
Due to: Coronary Thrombosis	7 days
Other Conditions: Nervous Colitis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irwin H. Cohen M. D.
Address Sinai Hosp. Balto. Date signed Aug 30, 40

72392 57357 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Parrish Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Georgianna Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Haywood Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	17	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William H. Perry
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Sebram
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3221 Schroeder St.

AUG 30 1940 (Date rec'd by registrar) (b) Undertaker's signature Mrs Katie R Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27-1940, at 9:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13-1940, to 8-27-1940 and that I last saw h[illegible] alive on 8-27-1940

Immediate cause of death: Cardiac failure / Coronary thrombosis — Duration: ?

Due to: Hypertensive CVD — Duration: ?

Due to: — Duration: ?

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cardiac failure / Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-28-40

72393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-B

Registered No. E 72393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rural (Bolgate)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Rustler Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 x 3

3 (a) FULL NAME Mrs Catherine M. Pasch

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph 34
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1911

8. AGE: Years	Months	Days	If less than one day
29	2	10	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Westley Warnick
13. Birthplace Balto

MOTHER
14. Maiden Name Katherine Myers
15. Birthplace Balto

16 (a) Informant Joseph Pasch
(b) Address 506 Rustler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL RD.

18 (a) Funeral director Martin W. C. Diffpl
(b) Address Lombard & Anne Sts

19 (a) Date received AUG 30 1940 (b) Signature for William J. Mahr

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28, 1940, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19, 1940, to Aug. 28, 1940, and that I last saw h. alive on Aug. 28, 1940.

Immediate cause of death	Duration
Post-operative Pneumonia	2 days
Paralytic ileus (post-op)	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Retro-rectal uterine
Chronic appendicitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Rubenstein, M.D.

Address 5 E St Date signed 9/1/40 M. D.

72393

VS 3

F 72394

F 72394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 E. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 E. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME John Markowski

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-09-4559

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	married

6 (b) Name of husband or wife HELEN
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1894

8. AGE: Years	Months	Days	If less than one day
45	8	11	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business

FATHER
12. Name ?
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ?
15. Birthplace RUSSIA

16 (a) Informant HELEN MARKOWSKY
(b) Address 1821 E. BALTIMORE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 31 1940 (month) (day) (year)
(c) Cemetery or crematory MORELAND PARK
Location TAILOR AVE

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address LOMBARD & ANN STS.

18 (c) AUG 30 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 4:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	—
Due to	
Due to Arteriosclerotic Cardio-Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 8/29/40

VS 6

F 72395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 72395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Matthews nee Holley
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-03-6147

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/11/1903

8. AGE: Years 36 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Elevator Operator
11. Industry or business

FATHER
12. Name Joseph Holley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Julia Cosby
15. Birthplace Baltimore, Md.

16 (a) Informant Elsie Jones (Sister)
(b) Address 302 N. Parrish St.

17 (a) Burial (b) Date thereof 9-1-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Charles B. Cooper
(b) Address 514 N. Calhoun St.

19 (a) [illegible] 1940 (b) Huntington Williams M.D.
(Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 1:10 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 28 1940 to Aug 28 1940 and that I last saw h[illegible] alive on Aug 27 1940

Immediate cause of death Coronary Thrombosis — Duration Abt 1 hour

Due to Acute Hypostatic Pneumonia — Duration 2 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Walch
Address 1755 Parkside Date signed 8/30/40

72396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 72396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. F

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 S. CURLEY ST.
(c) Hospital or institution: 1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S. CURLEY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THELMA A. HARDT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: J. RICHARD HARDT
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) AUG. 26 1908

8. AGE: Years	Months	Days	If less than one day
32	0	2	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name PETER C. JOHNSON
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name WILHEMINA MYERS
15. Birthplace BALTIMORE MD.

16 (a) Informant J. RICHARD HARDT (HUSBAND)
(b) Address 641 S. CURLEY ST.

17 (a) BURIAL (b) Date thereof AUG. 31/40 (month) (day) (year)
(Burial, cremation, or removal)
18 Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.
19 (a) Funeral director Lilly & Zachrison
(b) Address 403 S. WOLFE ST.

AUG 30 1940
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 28 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1940 to 8/28 1940, and that I last saw h.e.r. alive on 8/28/ 1940

Immediate cause of death: Pulmonary tuberculosis — Duration
Due to: cardiac insufficiency
Due to:
Other Conditions: Tbc. anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Kwasowski M. D.
Address 4549 Eastern Ave Date signed 8/29/40

2397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72397

Registered No. 90992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 S. Brunswick st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dr. Daniel Edward Healey

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: AGNES T. HEALEY

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): OCT. 20 1876

8. AGE: Years: 63 | Months: 10 | Days: 9 | If less than one day: ..... hr. ..... min.

9. Birthplace: CHATEANGAY NY.
(Town, county, and state)

10. Usual Occupation: DENTIST

11. Industry or business: FOR SELF.

FATHER
12. Name: WILLIAM F. HEALEY
13. Birthplace: QUEBEC CANADA

MOTHER
14. Maiden Name: MARY H. Mc CANN
15. Birthplace: QUEBC CANADA.

16 (a) Informant: JAMES F. HEALEY (BROTHER(
(b) Address: HOMBERG AVE. ESSEX MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 2/40 (month) (day) (year)

(c) Cemetery or crematory: NEW CATHEIRAL
Location: OLD FREDERICK ROAD

18 (a) Funeral director: Lilly & Zollickoffer
(b) Address: 403 S. WOLFE ST.

19 Rec'd by registrar (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29 1940 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1940 to 8-28 1940 and that I last saw h[illegible] alive on 28 1940

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to: Arteriosclerosis

Due to: .....

Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....

Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature: S Parks M. D.

Address: St. Agnes Hosp. Date signed: 8/30

F 72398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P F 72398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Union Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Kain (SARAH DAY KAIN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas H. Kain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1881

8. AGE: Years	Months	Days	If less than one day
58	9	28	hr. min.

9. Birthplace Ashland, Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name James Miles
13. Birthplace Virginia

MOTHER
14. Maiden Name Hannah Day
15. Birthplace Baltimore, Co., Md.

16 (a) Informant Mr. Thomas H. Kain
(b) Address 1009 Union Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) AUG 30 1940 (Date rec'd by Registrar) Huntingtown Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1940, to Aug. 29 1940, and that I last saw h[illegible] alive on Aug. 29 1940.

Immediate cause of death	Duration
Congestive Heart failure	4 days.
Due to Arteriosclerotic	
with hypertension Cardiovascular Disease	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Wagner M. D.
Address Mercy Hospital Date signed 8/29/40

F 72399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-BF 72399 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 McMechen St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cook Harlan Gibson (85115)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-9424

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ---------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1914

8. AGE: Years 26 | Months 4 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Md., Deals Island
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business White Coffee Pot

FATHER
12. Name Aria Gibson
13. Birthplace Md.

MOTHER
14. Maiden Name Nettie Webster (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery or crematory
Location Deals Island

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues Huntingtown Prince Georges, Md.

19 AUG 30 1940 (b) Registrar
(Date filed by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1940, to Aug. 28, 1940, and that I last saw him alive on Aug. 28, 1940

Immediate cause of death Tuberculosis of lungs — Duration 1935

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulm. Tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kelsberg M. D.
Address Balto. City Hospitals Date signed 8-28-40

F 72400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5727 Reisterstown Road
(c) Hospital or institution: Pine Grove Convol. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S. Norris Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mrs. Catherine Monk

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George E. Monk
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Unknown
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Mary E. Monk
(b) Address: 2554 W. Lombard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31-40 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: F. B. Wippert & Son
(b) Address: 1200 Eutaw Place

19 (a) Aug 30 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1940, at 3: A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940, to Aug. 29. 1940 and that I last saw her alive on Aug 27 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 8-22-40
Due to: Chr Arterio-Sclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: N. J. Davidson M. D.
Address 3228 Eastern Ave Date signed 8/30/40

72401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo18da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5611 Traymore Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Tankersley

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 213-05-4058

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Noll
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1888

8. AGE: Years	Months	Days	If less than one day
52	7	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Brunswick-Calendar Co.

FATHER
12. Name John W. Tankersley
13. Birthplace Somerset County, Maryland

MOTHER
14. Maiden Name Ida V. Collins,
15. Birthplace Alexandria, Virginia,

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31. 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) AUG 30 1940 (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28, 1940 at 7:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940 to Aug. 28, 1940 and that I last saw him alive on Aug. 28, 1940.

Immediate cause of death
Broncho-pneumonia
Inanition
Due to Brain Tumor
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

Duration
1 week
1 month
1 year
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature

Address US Marine Hospital, Baltimore, Maryland. Date signed 8/28/40 M. D.

F 72402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72402

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~###~~ 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 252 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Marshall (51127)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1917

8. AGE: Years	Months	Days	If less than one day
23	3	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Dishwasher & sandwich maker
11. Industry or business

FATHER
12. Name George Bibb
13. Birthplace Va.

MOTHER
14. Maiden Name Alverta Slayter
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 8/31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dist Oakdale
Location

18 (a) Funeral director
(b) Address

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1940 at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1939, to Aug. 27, 1940, and that I last saw her alive on Aug. 27, 1940.

Immediate cause of death: Tuberculosis of lungs — Duration: Sept. 1939

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 8-27-40

VS 3

F 72403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 72403

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BESSIE WESLEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Linwood Wesley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1894

8. AGE: Years 46 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business Housework

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace Virginia

16 (a) Informant Linwood Wesley
(b) Address 2202 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Leo L. Kelly
(b) Address 1303 Pleasant

AUG 30 1940
(Date rec'd by registrar)

19 (a) (b) Informant for Initial & Mail

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration

Due to —

Due to —

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-29-40

F 72404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72404 Registered No. 940

Every item of information should be carefully supplied. THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Even
correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 852 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME PASQUALE GIARRIZZO GIARIZZO

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-9732 0732

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ignazia Giarizzo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16 1893

8. AGE: Years	Months	Days	If less than one day
47 ~~50~~	10	12	hr. min.

9. Birthplace Riposto Italy (Town, county, and state)

10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Giuseppe Giarizzo
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Di Martino
15. Birthplace Italy

16 (a) Informant Pietro Marano
(b) Address 3521 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) AUG 30 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. J. Wollenweber M.D. Medical Examiner.
Date signed 8-28-40

VS 6

72405

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

72405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Peach Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23 1

3 (a) FULL NAME George Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
(?) 70	?	?	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof Aug 31 40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Raleigh N. C.

18 (a) Funeral director Sarah R Brown
(b) Address 1010 Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26-1940, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23-1940 to 8-26-1940, and that I last saw h[illegible] alive on 8-26-1940

	Duration
Immediate cause of death Uremia	?
Due to Arteriosclerosis, nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arterio sclerosis nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 8-28-40

72406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 72406
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 - Brevard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Archer

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Lillian
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) 3-26-80
8. AGE: Years 60 | Months 5 | Days 3 | If less than one day ... hr. ... min.
9. Birthplace Va — (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name John Archer
13. Birthplace Va

MOTHER
14. Maiden Name Mary Jane Allen
15. Birthplace Va —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. B. Co
18 (a) Funeral director Raymer Sanders
(b) Address 1412 E Preston St
19 (a) AUG 30 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28, 1940 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1940 to Aug 28 1940 and that I last saw h. alive on Aug 28, 1940.

Immediate cause of death: Cardiac failure — Duration: 2 days

Due to: Hypertensive cardio-vascular disease — 5yrs

Due to:

Other Conditions: Thrombophlebitis ? Periarteritis nodosa
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WSB McAllister Jr M. D.
Address Date signed

F 72407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 72407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Hudson st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Hudson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Wiegand

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-5227

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Minnie M. Wiegand
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb 26 1884

8. AGE: Years	Months	Days	If less than one day
56	6	2	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business Duker-Arendorf

FATHER
12. Name Louis Wiegand
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Minnie M. Wiegand
(b) Address 3304 Hudson st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Schwarz
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) Huntington Williams, M.D. Registrar

AUG 30 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28th 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 1940, to 8-28 1940, and that I last saw him alive on 8-28 1940.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Costantini M. D.
Address 211 S Bonsling St Date signed 8-29-40

F 72408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140B Registered No. F 72408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3242 Abell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLODAGH HUNT

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-7997

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, ~~married~~, ~~widowed~~, or divorced.

6 (b) Name of husband ~~or wife~~ Mc Donald Hunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-07

8. AGE: Years 33 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Information Clerk

11. Industry or business Ry round Bys Lines

FATHER 12. Name Theodore Everhart Krantz

13. Birthplace Balto Md

MOTHER 14. Maiden Name Alice Pearl Rokyts

15. Birthplace Balto Md

16 (a) Informant Alice P Hunt

(b) Address 3242 Abell ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Bally

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 - St Paul St

19 (a) AUG 30 1940 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Cause of death	Duration
Immediate cause of death: Abscesses, multiple lung	
Due to: Endometritis, acute suppurative	
Due to: incomplete abortion	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations inspection of uterus
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. for Medical Examiner.
Date signed 8-30-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72409

CERTIFICATE OF DEATH

✓ 49-a F 72409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital Ward) 13

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME MRS. EMMA GILBERT

(a) Residence: No. DEW WINDSOR, MD. St., ... Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Gilbert

6. DATE OF BIRTH (month, day, year) MAY 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) OHIO

FATHER

13. NAME Volmer

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Mrs. Carroll Grant Jr.
(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL
Place Pipe Creek Date Sept 2 1940

19. UNDERTAKER J. L. Myers Jr.
(Address) Westminster Md.

20. AUG 30 1940 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1940, to Aug 30, 1940

I last saw her alive on AUG. 30 1940 Death is said to have occurred on the date stated above, at 10 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMATOSIS	one
Other contributory causes of importance: INTESTINAL OBSTRUCTION	

Was an operation performed? YES Date of 8-22-40

For what disease or injury? INTESTINAL OBSTRUCTION

Name of operation EXPLORATORY LAPAROTOMY, BIOPSY TUMOR OF OMENTUM, CHOLECYSTOSTOMY

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. Allen Deckert, M. D.

(Address) 1127 St. Paul St

VS 3

72410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V91-B Registered No. F 72410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 Forrest St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Francis Walsh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife M. Lillian Lundbur
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1892

8. AGE: Years	Months	Days	If less than one day
47	8	27	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Water Dept., City

FATHER
12. Name John E. Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Margt. A. Casserly
15. Birthplace Ireland

16 (a) Informant Mrs. Lillian Walsh
(b) Address 937 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave.

19 (a) ..... (b) Huntington Williams, M.D. Registrar

AUG 31 1940

VS 2

1337 S. Charles

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1940, to Aug 29 1940, and that I last saw h alive on Aug 28 1940.

Immediate cause of death Myocardial Insufficiency — Duration

Due to .....

Due to .....

Other Conditions Hypertension, Valvular Endocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John E. Schwenck M. D.
Address 1337 S. Charles St Date signed 8/30/40

F 72411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5300 Tramore Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5300 Tramore Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen M. Frank

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William M. Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 3. 1884

8. AGE: Years 56 | Months 1 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: John L. Swope
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Helen C. Kreamer
15. Birthplace: Baltimore Md

16 (a) Informant: William M. Frank Jr
(b) Address: 5300 Tramore Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 2. 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City

18 (a) Funeral director: Mr. & Mrs. John N. Tetfel & Son
(b) Address: 801 W. Fayette St

19 (a) [illegible] (b) [illegible]
(Signature of Registrar) Registrar

AUG 30 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940. at 8-40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940 to Aug 29 1940. and that I last saw h[illegible] alive on Aug 29 1940

Immediate cause of death
Paralysis
Due to
Cerebral Hemorrhage
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
4 days
[illegible]
[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address 112 W. 25th Date signed Aug 30 40

72412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N Ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Myrtle M Whittemore

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1889

8. AGE: Years 42 | Months 5 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Harry D Whittemore
13. Birthplace Baltimore

MOTHER 14. Maiden Name Sarah Hunne
15. Birthplace Va

16 (a) Informant Mrs Florence Pagakis
(b) Address 1908 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 '40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Orleans

19 (a) AUG 31 1940 (Date received by registrar) Huntingtown Williams, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 19 ..., at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1939, to August 29 1940, and that I last saw her alive on August 29 1940

Immediate cause of death Cardiac Asthma — Duration 1 week
Due to Chronic Myocarditis Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Daunch M. D.
Address 2530 E. Baltimore St Date signed 8-30-40

F 72413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

Registered No. F 72413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Howard Sts
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Poplar Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Jane V. Barron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/15/87

8. AGE: Years	Months	Days	If less than one day
52	10	15	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation HW
11. Industry or business At Home

FATHER
12. Name Thos J Smith
13. Birthplace Pa

MOTHER
14. Maiden Name Harriett Hood
15. Birthplace England

16 (a) Informant John M. Barron
(b) Address 1700 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2. 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulfelder
(b) Address Eutaw St

19 (a) AUG 3 1940 (Date rec'd by registrar) (b) Interval Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1940, to Aug 29 1940, and that I last saw her alive on Aug 29 1940.

Immediate cause of death	Duration
Circulatory Collapse	
Due to Streptococcus Meningitis	
Due to	
Other Conditions Orbital abscess	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R M Robinson M. D.
Address Md. General Hosp. Date signed 8/29/40

72414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 72414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days) 78 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 S. CHESTER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MARY A. SINCLAIR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	

6 (b) Name of husband ~~or wife~~ PHILIP T. SINCLAIR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 28, 1860

8. AGE: Years	Months	Days	If less than one day
80	7	0	hr. min.

9. Birthplace NEW ORLENES, LA.
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name CONRAD ROTH
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY A. HAMMER
15. Birthplace NEW ORLENES, LA.

16 (a) Informant RAYMOND SINCLAIR
(b) Address 704 E 33 ST, BALTIMORE, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 AUG 31 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940, to Aug. 28 1940, and that I last saw HER alive on Aug. 28 1940.

Immediate cause of death CORONARY THROMBOSIS — Duration

Due to ARTERIA-SCLEROTIC HEART DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation ARTERIO-SCLEROTIC GANGRENE OF LEFT FOOT
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. B. Crampton, M. D.
Address CHURCH HOME + INF. Date signed 8-28-40

VS 3

F. 72415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F. 72415

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Hanover Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Hanover Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dures M. Cain

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 705-05-3507

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Forster

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 12 1881

8. AGE: Years 58 | Months 11 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Berkley Springs W. Va (town, county, and state)

10. Usual Occupation Electrician

11. Industry or business B and O. R.R.

FATHER
12. Name Luther Cain
13. Birthplace West Va.

MOTHER
14. Maiden Name Mary Feaver
15. Birthplace West Va.

16 (a) Informant Mrs Dures Cain
(b) Address 1523 Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave

18 (a) Funeral director Margaret D. Flynn
(b) Address 1722 Light Street

19 (a) AUG 31 1940 (Date rec'd by registrar) (b) Huntington Williamsport

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940 at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Aug 30 1940 and that I last saw h. alive on Aug 30 1940.

Immediate cause of death ..... Duration

Carcinoma of Stomach .....

Due to ....

Due to ....

Other Conditions Cachexia .....
Myocardial Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature V. Messina M. D.
Address 14085. Charles St Date signed 8/31/40

72416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 72416

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 N. Central Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N. Central Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Sampson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5. 1918

8. AGE: Years 21 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Fred Sampson
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Louise Abram
15. Birthplace Maryland

16 (a) Informant Irene Johnson
(b) Address 926 N. Central Av

17 (a) Burial (b) Date thereof Sept 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Arbutus Md.
(a) Funeral director Mrs R.G. Elliott Daughter
(b) Address 1129 ct. Carlisle St.

19 (a) [illegible] (b) [illegible]
(Date received by registrar) Registrar

V8 3

MEDICAL CERTIFICATION OJ

20. DATE OF DEATH 8.29 1940 at 9 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 8.17 1940 to 8.29 1940 and that I last saw h[illegible] alive on 8.29 1940

Immediate cause of death Cerebral Thrombosis — Duration 5 days

Due to acute bacterial endocarditis — 2 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond Broome, M.D.

Address 13 W. Madison St. Date signed 8/30/40

VS 3 [illegible] Raymond Avenue

F 72417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72417

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Wyckoff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ernest Wyckoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/29/86

8. AGE: Years 54 | Months 2 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Rev. Joseph F. Jennison
13. Birthplace La.

MOTHER
14. Maiden Name Eliz. J. Renton
15. Birthplace N. J.

16 (a) Informant Ernest Wyckoff
(b) Address 1323 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Co. Inc.
(b) Address 1900 Eutaw Place

19 AUG 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940, to Aug 30 1940, and that I last saw h[illegible] alive on Aug 30 1940

Immediate cause of death
Due to Hypertension
Due to Arteriosclerosis
Due to Cerebral Hemorrhage

Duration: Probably 3 days

Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Woody M.D.
Address 140 S Parkway Date signed 8/31/40

F 72418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. 72418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 N. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Effie Griffith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1876

8. AGE: Years	Months	Days	If less than one day
64	5	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Household Duties
11. Industry or business

FATHER
12. Name John Griffith
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Rachael Harris
15. Birthplace Frederick Co. Md.

16 (a) Informant Effie Griffith
(b) Address 1231 N. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frd. ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Co.
(b) Address 1900 Eutaw Place

19 (a) AUG 31 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Aug 29 1940, and that I last saw him alive on Aug 29 1940.

Immediate cause of death	Duration
Rupture of Left Ventricle	10 min
Due to Myocardial Infarction	10 days
Due to Arteriosclerotic Cardio-Vas. Disease	10 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vollmer M. D.
Address Mercy Hosp. Date signed 8-31-40

VS 3

72419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 E. Athol Ave - Irvington
(c) Hospital or institution: Deaf German aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Elizabeth Sick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife late Milton Dettenza Sick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1867

8. AGE: Years 73 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Uriah H. Sick

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16. (a) Informant Deaf German Aged Peoples Home

(b) Address 22 E Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, 1940 (month) (day) (year)

(c) Cemetery or crematory Evergreen Mem

Location Union Bridge Md

18 (a) Funeral director Harry R Wirtz

(b) Address 4101 Edmondson Ave

19 (a) (Date of registration) (b) Huntingtown Williams Md (Registrar)

AUG 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20/40. to Aug. 30/40. and that I last saw her alive on Aug. 29/40.

Immediate cause of death	Duration
Acute Adenitis	12days.
Due to Bacterial Invasion.	
Cardiac Myasthaenia	2 days.
Due to Atheroma.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Nuedschuer M.D.
Address 933 Hanover St. Date signed Aug. 30/40

F 72420

VS 3 AUG 31 1940

72420 F 72420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Cleveland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Cleveland St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William T. Lutz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: late Margaret E (Lewis)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25 1873

8. AGE: Years 66 | Months 8 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Shipping Clerk

FATHER
12. Name Peter A. Lutz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Julia Jenkins
15. Birthplace Baltimore

16 (a) Informant Mrs Margaret E Kane
(b) Address 1219 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet
Location 2930 Frederick Rd

18 (a) Funeral director Harry N Wolfe
(b) Address 4101 Edmondson Ave

19 (a) AUG 31 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1937, to Aug 28 1940 and that I last saw h~~er~~ alive on Aug 28 1940

Immediate cause of death Coronary Sclerosis
Mitral Stenosis

Due to .....

Due to .....

Other Conditions Myocardial Failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature V. Mesina M.D.
Address 1703 S Charles St Date signed 8/30/40

VS 3

F 72421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-D F 72421
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Presbury St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Eleanora H. Rock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ late Morgan Rock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1898

8. AGE: Years 42 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER 12. Name Lasch Baxter
13. Birthplace Md.

MOTHER 14. Maiden Name Imhoff
15. Birthplace Md.

16 (a) Informant Mrs. Harry R. Spikerman
(b) Address 5603 Pilgrim Rd - Hamilton.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Pk
Location 3601 Frederick Rd

18 (a) Funeral director Harry N Wiltse
(b) Address 4101 Edmondson Ave

19 (a) [illegible] Huntington Williams Mgr
(Date received by registrar) Aug 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1935 to August 29 40 and that I last saw h[illegible] alive on August 28 40

Immediate cause of death Multiple Sclerosis
Due to ultimate involvement of respiratory center
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation
Of autopsy

Duration 5 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Morgan Rock
Address 2435 Maryland Ave Date signed Aug 30 1940

F 72422

VS 2

E 72422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72422
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 Ware St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Ware St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARROLL STOKES

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 9 40

8. AGE: Years	Months	Days	If less than one day
	7	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Harry Stokes
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sarah Hutchinson
15. Birthplace Greenville, South Carolina

16 (a) Informant Mother, Sarah Stokes
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 31 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co Md
18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave
19 (a) [illegible] (Date received by Registrar) Huntington Williams, M.D. Registrar

AUG

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Status thymicolymphaticus — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed

VS 6

M. D. B. 1268-0

VS 6

M. D. C. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

72423

CERTIFICATE OF DEATH

√ 131-A F 72423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 W. Saratoga St. 4-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. X mos. X ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Brown

(a) Residence: No. 725 W. Saratoga St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

S. S. No. 215-18-5921

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bradford Brown

6. DATE OF BIRTH (month, day, year) Sept. 6, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ——hrs. or——min.
72	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wrecking

10. Date deceased last worked at this occupation (month and year) July, 1940

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Annapolis (State or country) Md.

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Susanna Kent

16. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

17. INFORMANT Sadie Brown

(Address) 725 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date August 31, 1940

19. UNDERTAKER Charles G. Cooper

(Address) 1574 N. Calhoun St.

20. AUG 31 1940 Huntington for Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.28.40 , 19

22. I HEREBY CERTIFY, That I attended deceased from 9.13.35 , 19 , to 8.28.40 , 19

I last saw him alive on 8.27.40 , 19 Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	about
Chronic nephritis	1935

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of injury —— , 19

Where did injury occur? ——

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ——

Manner of injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ——

(Signed) James M. Lair M. D.

(Address) 400 N. Carrollton Ave

F 72424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a F 72424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 S Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Helen Sandis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1940

8. AGE: Years	Months	Days	If less than one day
	1	13	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name John Landis
13. Birthplace Baltimore Va

MOTHER
14. Maiden Name Helen Mathan
15. Birthplace Baltimore Pa

16 (a) Informant Helen Mathan Landis
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 345 Light St

19 (a) AUG 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Aug 30 1940, and that I last saw h.. alive on Aug 30 1940.

Immediate cause of death	Duration
Respiratory Failure	
Due to Pneumonia	1-24 days
Due to Diarrhea with acidosis & dehydration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward Lang M. D.
Address Mercy Hosp. Date signed 8-30-40

VS 3

72425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

F 72425 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6221 Greenspring Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6221 Greenspring Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

27-30

3 (a) FULL NAME Edwin Lafayette Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9841

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Helen L.

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 7-1876

8. AGE: Years 64 | Months 4 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bartlett Hayward Co

FATHER
12. Name Andrew L. Johnson
13. Birthplace Petersburg, Virginia

MOTHER
14. Maiden Name Laura Hoffman
15. Birthplace Baltimore Md.

16 (a) Informant Andrew L. Johnson
(b) Address 6221 Greenspring Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave
Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30- 1940, at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to August 30 1940, and that I last saw him alive on August 29 1940

Immediate cause of death: Carcinoma of Lungs — Duration: 1 year

Due to: Sarcoma of Spine — unknown

Due to: —

Other Conditions: Arthritis of Spine — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Chester Riland, M.D.
Address 2532 Edmondson Ave Date signed 8-30-40

VS 3

F 72426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

Registered No. F 72426

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2855 Mansfield Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY APPEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nicholas Appel
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1862

8. AGE: Years 77 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business own home

FATHER 12. Name Henry Kretz
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Hohaus
15. Birthplace Germany

16 (a) Informant Nicholas Appel - husband
(b) Address own address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Schenauer & Son
(b) Address 3615-17 Eastern Ave

19 AUG 31 1940 (Date rec'd by registrar) by Lucien for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 1 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Fracture of left femur	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 13, 1940
(c) Where did injury occur? 2855 Mansfield Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell out 1st & floor

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 8-30-40

VS 6

VS 6

F 72427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V161-a

Registered No. F 72427

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ruth Lawson

3 (b) If veteran, name war —

3. (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1940

8. AGE: Years | Months: 5 mos. | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harvey Lawson
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Allester Chase
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address 137 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

1940 AUG 31 1940 Registrar
(Date rec'd by Reg.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 27 1940, to May 30 1940, and that I last saw her alive on August 30 1940.

Immediate cause of death: Atelectasis from aspiration of vomitus — Duration

Due to

Due to

Other Conditions: Malnutrition, Dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 8-30-40

72428

HEALTH DEPARTMENT—CITY OF BALTIMORE

72428

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Madison Ave. St., 11-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Morgan

(a) Residence: No. 934 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Morgan

6. DATE OF BIRTH (month, day, year) Nov. 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME Charles Morgan

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Thompson

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Mrs. Mamie Bagner

(Address) 934 Madison Ave.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Mt. Calvary Cem. Date Aug 31 1940

19. UNDERTAKER Wm. Geo. H. Holland

(Address) 1314 Druid Hill Ave

20. AUG 31 1940 Huntington Mills, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27- 1940

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1940 to August 27 1940.

I last saw h.. alive on August 2[illegible], 1940. Death is said to have occurred on the date stated above, at 11, P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma and Hepatitis

Jaundice

Date of onset 8-20-40

Other contributory causes of importance:

Hypertension 1938

Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lewis F. Bowman M. D.

(Address) 2340 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A Registered No. 72429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4715 Falls Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4715 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-12

3 (a) FULL NAME Rachel E. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife George D. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2 - 1860

8. AGE: Years 79 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Rockeyville Md. (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isaac Tucker
13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Fox
15. Birthplace Md

16 (a) Informant Rev. George Smith
(b) Address 4715 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 2 - 40 (month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location Rockeysville Md.

18 (a) Funeral director Mr. George H. Holland
(b) Address 1638 Druid Hill Ave

19 (a) AUG 3 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1940 at 8:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Aug 30 1940 and that I last saw her alive on Aug 29 1940.

Immediate cause of death: Chronic Nephritis. (Died in Coma) — Duration: 2 yrs.
Due to: Arteriosclerosis -
Due to: Senility -
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Whitmer C. Ensor M.D. M. D.
Address Rockeysville Md Date signed Aug 31/40

a5605
LD

72430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43-D F 72430
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 E. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Bollman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1867

8. AGE: Years	Months	Days	If less than one day
73	6	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Harness Maker
11. Industry or business

FATHER
12. Name John Bollman
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia
15. Birthplace Germany

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave

18 (a) Funeral director B. G. Harle
(b) Address 1000 Pennsylvania Ave.

AUG 31 1940 (Date rec'd by registrar) (b) Huntington Station, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29- 1940, at 3:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 1930, to 8-29- 1940 and that I last saw h[illegible] alive on 8-29- 1940.

Immediate cause of death Cerebral Hemorrhage — Duration ?
Due to Hypertensive CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 8-29-40

72431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72431
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Parkwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Parkwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 72 years

3 (a) FULL NAME Andrew A. Volk

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Lula Volk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1854

8. AGE: Years	Months	Days	If less than one day
85	10	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name -------Volk
13. Birthplace Germany

MOTHER
14. Maiden Name Dorthea---------
15. Birthplace Germany

16 (a) Informant Mr. Wilson E. Fowler
(b) Address 4211 Parkwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sack
(b) Address 2024 Madison Street

19 (a) AUG 31 1940 (Date filed by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1940, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1940, to Aug 29 1940, and that I last saw him alive on Aug 28 1940.

Immediate cause of death	Duration
Uremia - sclerosis	
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H G Jones
Address 2818 St. Paul Date signed 8/30/40 M. D.

VS 3

F 72432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 72432
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto Md
(b) Street address 1616 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Anne Arundel Co Md (b) County
(c) City or town md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME James Jones
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	widowed

6 (b) Name of husband ~~or wife~~ wife Rozella Jons
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Anne Arundel Co Md

8. AGE: Years	Months	Days	If less than one day
57½ yrs			hr. min.

9. Birthplace Anne Arundel Co Md (Town, county, and state)
10. Usual Occupation Laborer & farmer
11. Industry or business

FATHER 12. Name William Jones
13. Birthplace Maryland

MOTHER 14. Maiden Name Frances Jones
15. Birthplace Maryland

16 (a) Informant Aunt Jones
(b) Address 1616 Gilmor St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 31, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Chesterfield Md

18 (a) Funeral director Walter Williams
(b) Address 3221 W. Schroeder St
(Undertaker) Huntingtown Williams Md

AUG 31 1940
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1940, to 8-29-1940, and that I last saw him alive on 8-29-1940.

	Duration
Immediate cause of death Carcinoma of Stomach	probably 3 or 4 years
Due to Gastric Ulcer	
Due to Cardio-Vascular Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm R. Boykin M. D.
Address 1512 Gilmor Date signed 8/31/40

VS 3

72433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A Registered No. 72433

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 S. Exeter St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 S. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 Yrs. years

3 (a) FULL NAME: GIOVANNI MOLINARI

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-01-8546

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: (late) Lucia Molinari

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul. 6 1879

8. AGE: Years 61 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace St. Giorgio del Sannio (Italy) (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailor Shop

FATHER
12. Name Angelo M. Molinari
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Camerlango
15. Birthplace Italy

16 (a) Informant Salvatore Molinari (Son)
(b) Address Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 AUG 31 1940 (b) Huntington Williams, M.D. Registrar
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1940 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940 to Aug. 28 1940 and that I last saw him alive on Aug. 28 1940

Immediate cause of death: Cardio-vascular failure — Duration 10 days
Due to: Acute dilatation of heart — 3 yrs.
Due to: Chronic nephritis — 1 yr.
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. DiPaula M.D.
Address 230 S. Caulding Date signed 8-27-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72434 — 93-D — Registered No. F 72434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklyn Square
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME DAVID MAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1872

8. AGE: Years	Months	Days	If less than one day
68	4 5	6 15	hr. min.

9. Birthplace Duncan Co., Pa. (Town, county, and state)

10. Usual Occupation Labore

11. Industry or business

FATHER 12. Name Abraham May

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. John E. Dentell

(b) Address 502 Berkeley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Johns Cem.

Location Ellicott City

18 (a) Funeral director Easton Sons

(b) Address Ellicott City

19 (a) AUG 31 1940 Huntington Williams, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1940, at 4 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Dr (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	-
Due to Hypertensive Cardiovascular disease	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature H. L. Wollenmeber M.D. Medical Examiner.
Date signed 8-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

72435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 72435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Dogwood Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary D. Mansel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ernest F. Mansel

6 (c) If alive, give age ..... years

7. Birth date of deceased (Month) July (Day) 1 (Year) 1879

8. AGE: Years 61 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Housework

FATHER
12. Name Lewis Roesler
13. Birthplace Balto Md

MOTHER
14. Maiden name Catherine Heungerberg
15. Birthplace Balto Md

16 (a) Informant Ernest F. Mansel Husband
(b) Address Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Loredo Park
Location Baltimore Md

18 (a) Funeral director Easton Sons
(b) Address 4[illegible] Calvert St City

19 (a) (Date rec'd by registrar) AUG 3 1940 (b) Registrar Huntington Witherspoon, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at 9:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1940 to 8-28 1940 and that I last saw h W alive on 8-28 1940

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertention

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E. S. Parks M. D.
Address St Agnes Date signed 8/28

72436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83ª

Registered No. F 72436

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Waldorf Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Waldorf Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adele F. Binswanger

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Augustus C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1886

8. AGE: Years	Months	Days	If less than one day
54	6	20	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas. Heidelberger
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Rosa Frank
15. Birthplace Phila. Pa.

16 (a) Informant Mrs A.C. Binswanger
(b) Address 2829 Waldorf Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/40 (month) (day) (year)
(c) Cemetery or crematory Bals Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn Son
(b) Address 1702 Eutaw Place

AUG 3 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1938 to Aug. 31 1940 and that I last saw her alive on Aug. 30 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hrs
Due to Arterial Hypertension	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas S. Aisenstat M. D.
Address 4042 Pk. Hgts. Date signed 8/31 40

VS 3

72437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 72437 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~3132 Monument Ave~~
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3132 Monument Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Annie E. Bailey

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife: Silas R. Bailey
6 (c) If alive, give age — years
Dead

7. Birth date of deceased (mo., day, yr.) May 10, 1859

8. AGE: Years	Months	Days	If less than one day
81	3	20	hr. — min.

9. Birthplace Maryland (Harford Co.)
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bailey Carty
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Harford Co. Md

16 (a) Informant Arthur Bailey
(b) Address 2720 Guilford Ave Baltimore

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Sept 2 1940 (month) (day) (year)
(c) Cemetery or crematory Rock Run Cem
Location Harford Co., Md.

18 (a) Funeral director H. L. Bailey
(b) Address Darlington, Md.

19 (a) Date rec'd SEP 1 1940 (Registrar) (b) Darlington, Harford County, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Aug 30 1940, and that I last saw her alive on Aug 30 1940.

Immediate cause of death	Duration
(a) Bronchopneumonia	2 days
Due to (b) Arteriosclerotic Heart Disease Coronary Sclerosis	
Due to (c) Congestive failure	3 mo.
Other Conditions Nephrosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Johnston Jr. M. D.
Address Md. General Hosp. Date signed 8/30/40

F 72438

OCE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 72438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Edward Powell

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-2417

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1902

8. AGE: Years	Months	Days	If less than one day
38	5	17	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Silas Powell
13. Birthplace Va.

MOTHER
14. Maiden Name Mirea Tavey
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 9-3-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Kilmarnock, Va.
Location Lancaster Co. Va.

18 (a) Funeral director Mrs. Geo. D. Holland
(b) Address 431 Druid Hill Ave

19 (a) (b) Huntingtown, Md.
(Date received) (Registrar) (District No.)

SEP 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29 1940, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1940, to 8/29 1940, and that I last saw her alive on 8/29 1940.

Immediate cause of death	Duration
Adenocarcinoma of cecum & metastases	3 mo.?
Anemia due to intestinal bleeding	
Due to Generalized peritonitis	
Due to	
Other Conditions Wassermann - positive	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R Gehlert Jr.
Address Balto. City Hosp. Date signed 8/29/40

F 72439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 72439 Registered No.

Every item of information should be carefully supplied. Write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME James Edward Allison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21-1940

8. AGE: Years	Months	Days	If less than one day
	1	9	hr. min.

9. Birthplace Sparks, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Allison
13. Birthplace Md

MOTHER
14. Maiden Name Dorothy Lipton
15. Birthplace Md

16 (a) Informant Dorothy Allison
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1/40 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Hampstead Md

18 (a) Funeral director Edw Tipton
(b) Address Hampstead Md

19 (a) Sept 1 1940 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30-40 19 , at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7-40 19 , to Aug 30-40 19 , and that I last saw h alive on Aug 30-40 19 .

Immediate cause of death Prematurity.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allarton Rhode M. D.
Address University Hosp Date signed Aug 31-40

F 72440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72440 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5368 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E Hollenshade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Annie E Hollenshade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19/1875

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Engineer (Retired)
11. Industry or business Eastern Maryland RR.

FATHER
12. Name Robert Hollenshade
13. Birthplace St Marys Co Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Robert H. Hollenshade
(b) Address 5368 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3/1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Harry H. Amrod
(b) Address 4204 Reisterstown Ave

19 (a) (Name of city or town) (b) Huntington Baltimore Md. Registrar

SEP 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 6 19 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/30 1940 to 8/30 1940, and that I last saw h[illegible] alive on 8/30 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse R Borden M. D.
Address Sinai Hospital Date signed 8/31/40

Spec.—1-10-21—M&T—1000 Blks.

F 72441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72441

CERTIFICATE OF DEATH.

15-1052-a

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 4104 Pentwurst Ave ST.) 15-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Alice Phelps

(a) RESIDENCE NO. 4104 Pentwurst Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene McC Phelps

6 DATE OF BIRTH (month, day, and year) May 14-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	3	16/7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Ephriam M. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Eva V. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fred. Co. Md.

14 Informant Archie Phelps

(Address) 4104 Pentwurst ave.

15 SEP 1 - 1940

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/1 1940

17

I HEREBY CERTIFY, That I attended deceased from 9/25, 1940, to 8/31, 1940, that I last saw h.e alive on 8/31, 1940, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Decompensation of Heart

due to rheumatic fever

several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arthritis

(duration) 1-2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) Henry Russell M. D.

, 19 (Address) 8902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL, CREMATION OR~~ REMOVAL Frederick, Md.

DATE OF BURIAL 9-3-1940

UNDERTAKER C. E. Cline & Son

ADDRESS Frederick, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 72442
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Sarah Caplan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or ~~wife~~: Isaac D. Caplan
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): 1856
8. AGE: Years 84 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Home
11. Industry or business: Wife

FATHER
12. Name
13. Birthplace: Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Sigmund Feuchtwanger
(b) Address: Belvedere & Greenspring
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Rosedale
Location: Rigid, Finkelstein Agency
18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Baltimore St.

SEP 1 - 1940 Huntington Woodall, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1940 to Aug 31 1940, and that I last saw her alive on Aug 31 1940.

	Duration
Immediate cause of death: Infarction Dilatation	48 hrs
Due to: Chr. Arterio-Sclerosis	12 yrs
Due to: Senility	?
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Michael A. Horame M.D.
M. D.
Address: 1360 Eutaw Place Date signed

F 72443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a F 72443 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Ruxton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Mollie G. Kassan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Meyer
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1868
8. AGE: Years 72 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Oscar Galtzman
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Galtzman
15. Birthplace Russia

16 (a) Informant Herman P. Kassan
(b) Address son

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd.

18 (a) Funeral director Jos. Sinai Joe
(b) Address 1439 E. Balto st.

19 (a) [illegible] (Date received by Registrar) [illegible] Registrar

$5

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31 1940 at 12:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940 to 8-31 1940 and that I last saw her alive on 8-31 1940.

Immediate cause of death Uraemia — Duration 1 day

Due to Ureteral calculus

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address Sinai Hospital Date signed 8-31-40

F 72444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 72444

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 64 N. Ellamont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Julia Anna Hardesty

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Waters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 12 1856

8. AGE: Years 84 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Anne Arundel County Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Geo W. Crofoot

(b) Address 476 S. Millington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Balto Md

18 (a) Funeral director Pott & B. M. Whitter

(b) Address Edit & Lanvale Sts

19 (a) Sept 1 1940 (b) Huntington Williams M.D.
Date received by registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940 to Aug 31 1940 and that I last saw her alive on Aug 31 1940.

	Duration
Immediate cause of death Arteriosclerotic Hypertensive Heart Disease	?
Due to	
Due to	
Other Conditions Obstructive Jaundice Chronic Cholecystitis (Include pregnancy within 3 months of death)	6 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hospital Date signed 8-31-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

✓ F 72445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 72445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U.S. Marine Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Washington Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Donahue

3 (b) If veteran, name war: World War | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna Straymeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 - 1890

8. AGE: Years 50 | Months 6 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation General Work

11. Industry or business Self Yrs

FATHER
12. Name Bernard Donahue
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Cassey
15. Birthplace Phila Pa.

16 (a) Informant U.S. Marine Hosp Records
(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 - 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Roff C. B. M. Watters
(b) Address Orat & Frederick

19 (a) Received (Date) SEP 1940 (b) Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 | 31 | 1940 at 12-48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8 | 27 | 1940 to 8 | 31 | 1940 and that I last saw him alive on 8 | 31 | 1940

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions: Primeal Abscess

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward C Jenkins

Address U S Marine Hosp Date signed 8/31/40

F 72446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2622 Aisquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Aisquith St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

97

3 (a) FULL NAME Augusta C. P. Hunker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frederick Hunker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1864

8. AGE: Years	Months	Days	If less than one day
74	2	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Rasch
13. Birthplace Germany

MOTHER
14. Maiden Name Mrs Kirsten
15. Birthplace Germany

16 (a) Informant Mrs John Clements
(b) Address 2622 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md.

18 (a) Funeral director John E Miller Inc
(b) Address 2435 E Oliver St

19 (a) (Date received by registrar) Registrar

SEP 1 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1937 to August 30 1940 and that I last saw her alive on Aug 30 1940

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Cardio Vascular Disease

Due to Arteriosclerotic Cardiovascular Disease

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 years
5 yrs.
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Karl Hagerman M.D.
Address 1207 N Patterson Pk Ave Date signed 8/31/40

F 72447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 72447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Markley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Markley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mickelina De Pasquale
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph DePasquale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-1870

8. AGE: Years	Months	Days	If less than one day
70	7	10	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Alfonso Salerno
13. Birthplace Italy

MOTHER 14. Maiden Name Mary Cumbo Lenchese
15. Birthplace Italy

16 (a) Informant Joseph DePasquale
(b) Address 2912 Markley Ave

17 (a) (Burial, cremation, or removal) (b) Date there 8-2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Peck
(b) Address 5305 Harford Road

19 (a) (b)

Date received by registrar SEP 1 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30-40 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940, to August 1940, and that I last saw him alive on Aug. 30 1940

Immediate cause of death Broncho Pneumonia — Duration 2 days

Due to Cerebral Thrombosis — 14 days

Due to Cerebral Arteriosclerosis — 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peghe M. D.
Address 4608 Harford Rd Date signed 7-1-40

F 72448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 72448 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3424 Ramona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Ramona Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM A. STALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife CHILD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
12			hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name WILLIAM H STALL
13. Birthplace OHIO

MOTHER
14. Maiden Name ETHEL DIGGINS
15. Birthplace ALTOONA PA.

16 (a) Informant ETHEL STALL
(b) Address 3424 RAMONA.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-2-40 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location

18 (a) Funeral director [illegible] & Rock
(b) Address 5305 HARFORD ROAD

19 (a) (b) Huntington Williams M.D.

SEP 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 2 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage (Cerebellum)
Due to Laceration of blood vessels
Due to accident
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 4th, 1940
(c) Where did injury occur? Jurbetta, Altoona Pa. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury struck head against rock and he

23. Signature H. L. Wallenmeyer M.D.
Date signed 8-31-40 Medical Examiner.

struck head against rock

F 72449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in years. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) over 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Aloysius Strausbaugh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary C. Bokel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	19	hr. min.

9. Birthplace Emmittsburg, Md (Town, county, and state)
10. Usual Occupation Photostatic Work
11. Industry or business U S F & G Co.

FATHER
12. Name Aloysius Strausbaugh
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Not obtainable
15. Birthplace New Orleans, La.

16 (a) Informant Mrs. Mary C. Strausbaugh
(b) Address 1732 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. & Moravia Ave.

18 (a) Funeral director H. O'Meara & Son
(b) Address 805 North Calvert Street

SEP 1 1940 (Date rec'd by Registrar) (b) Thursday by Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-30 1940, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1940, to Aug 30 1940, and that I last saw him alive on Aug 30 1940

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions Hypertentieve	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E. North Ave Date signed 8/31/40 M. D.

72450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-E F 72450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Mount Holly Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

164

3 (a) FULL NAME LOUIS KOGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Printing Business

FATHER
12. Name Samuel Louis Kogan
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Joseph Helprin
(b) Address 2801 Mt. Holly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Gorheman Circle
Location Mt. Carmel Road Cemetery

18 (a) Funeral director Sol Levin and Bro
(b) Address 1124-26 W North ave

19 SEP 1-1940 (Date rec'd by local reg.) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of chest and body
Due to Fall from 18th story
Due to Suicide
Other Conditions mental dependency

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Aug 30, 1940
(c) Where did injury occur? 18th Floor Court Square Building (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No
(e) Means of injury Jumped from 18th floor

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 8-30-40

F 72451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44-13 F 72451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 W.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Zubler N.C. (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Stanley Schor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Eleanor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER 12. Name Hyman Schor
13. Birthplace Russia

MOTHER 14. Maiden Name Rue Kriesmatsky
15. Birthplace Russia

16 (a) Informant Reuben Schor
(b) Address 3336 Piedmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location Gwynn Falls Road.

18 (a) Funeral director Sol. Levinson & Bros
(b) Address 1124-26 W North ave

19 (a) SEP 1 1940 (Date received by Registrar) (b) Herrington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31 1940 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27 1940 to 8/31 1940 and that I last saw h[illegible] alive on 8/31 1940

Immediate cause of death Hodgkin's Disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Willen
Address Sinai Hospital Date signed 8-31-40 M. D.

F 72452

F 72452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-a

F 72452 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Mc Kean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Mc Kean Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton W. Ewing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Blanch Ewing
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec 21st 1877

8. AGE: Years	Months	Days	If less than one day
62	8	10	..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City of Balto

FATHER
12. Name Harry C. Ewing
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Annie Little
15. Birthplace Balto Md.

16 (a) Informant Mrs Blanch Ewing
(b) Address 1105 Mc Kean Ave

17 (a) Burial (b) Date thereof 9/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

SEP 1 - 1940
(Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31st 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to Aug 31 1940 and that I last saw him alive on Aug 31 1940.

Immediate cause of death Coronary Thrombosis
D Dropsy

Duration 1 Mo

Due to Hypertension with Nephritis

Due to D Hemiplegia Left Side with Aphasia

Other Conditions Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Grant Jr.
Address 1605 N. Broadway Date signed Sept 1, 1940

VS 2

F 72453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H-E

F 72453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severna Park P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. Manhattan Beach (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Mrs. Rebecca Turner

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: William George Turner
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) January ~~February~~ 6, 1873

8. AGE: Years 67 | Months 6 | Days ~~24~~ | If less than one day: hr. min.

9. Birthplace: England (Town, county, and state)
10. Usual Occupation: Home - wife
11. Industry or business

FATHER
12. Name: John Haynes
13. Birthplace: England.

MOTHER
14. Maiden Name: Sara Daniels
15. Birthplace: England

16 (a) Informant: Hospital Records
(b) Address: Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location: A. A. Co. Md.

18 (a) Funeral director: Williams Cook
(b) Address: 1207 St Paul St

SEP 1 - 1940 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 5 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 27 1940, to August 30 1940, and that I last saw h.. alive on August 29 1940.

Immediate cause of death	Duration
respiratory failure	
Due to Liver metastases	
Due to Carcinoma of colon	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Adeno carcinoma of colon
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 8/30/40

F 72454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 72454 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Colvin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Colvin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5

3 (a) **FULL NAME** William R. Stevenson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Winifred M. Stevenson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 5, about 1870

8. AGE: Years 70 | Months 6 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Tallyman

11. Industry or business Penn. R.R.

FATHER
12. Name William Stevenson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Mallon
15. Birthplace Ireland

16 (a) Informant Margaret T. O'Donohue
(b) Address 409 Colvin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Undertaker's address) (Huntington Hitt Funeral Home)

SEP 1 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30-1940, at 3:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D. Medical Examiner.

Date signed 8/31/40

F 72455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 72455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount Ave,
(c) Hospital or institution: Church Home and Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 E. 29th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mr. Robert A. Brooke

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Lillian Brooke
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Feb. 21, 1886
8. AGE: Years 54 | Months 6 | Days 9 | If less than one day — hr. — min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Robert Brooke
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name — Dodson
15. Birthplace Virginia

16 (a) Informant Mrs. Lillian Brooke
(b) Address 1533 E. 29th St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.
18 (a) Funeral director William Cook
Address 227 St. Paul St
19 (a) (Date rec'd by registrar) SEP 1 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 9:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19, 1940 to Aug 30 1940 and that I last saw him alive on Aug 30 1940.

	Duration
Immediate cause of death: Heart failure	
And Pulmonary edema	24 hrs.
Due to: Glioma of Brain	?
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: Glioma of Brain-Temporal Lobe.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. Lehman Creighton M. D.
Address Church Home + Inf. Date signed 8-30-40

VS 3

72456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72456

CERTIFICATE OF DEATH

131-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Milton Ave St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Marie Platt

If U. S. Veteran specify WAR

(a) Residence: No. 1321 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edgar Platt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Evelyn Marie Kane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edgar Platt
(Address) 1321 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Sept 2, 1940

19. UNDERTAKER John Ulluck
(Address) 2008 Arlington St

20. FILED SEP 1 - 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1940 to August 30, 1940

I last saw her alive on August 30, 1940 Death is said to have occurred on the date stated above, at 10:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/27/40
Chronic Nephritis & Hypertension	
Uremia	8/17/40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mat Bauns M. D.

(Address) 1501 N. Milton Ave

25. If—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72457
LB 57174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

F 72457
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Exeter St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin Warnick

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-9010

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1871

8. AGE: Years	Months	Days	If less than one day
68	9	6	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Sproll (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory New Fatherridal
Location Old Fredrick Rd.
18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Path Park Ave.
19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

SEP 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/30 1940, at 8.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1940, to 8/30 1940, and that I last saw h/m alive on 8/30 1940

Immediate cause of death: Carcinoma of the prostate ET metastases — Duration: 2 yrs.
Due to urinary extravasation — 3 mo. 4 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 8-29-40 — urinary extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehle M.D.
Address Balto. City Hosp. Date signed 8/31/40 M. D.

F 72458

F 72458

72458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 N. Ellwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda Weitzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jacob Weitzel

6 (c) If alive, give age 52 years

7. Birth date of deceased mo., day, yr.: June 1 1894

8. AGE: Years 46 | Months 8 | Days 31 | If less than one day hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: own home

FATHER
12. Name: Rudolph Weiss
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Henrietta ?
15. Birthplace: Baltimore, Md.

16 (a) Informant: Jacob Weitzel
(b) Address: 14 N. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 3 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: 5706 O'Donnell St

18 (a) Funeral director: Frizzell Smith Dertz, Inc
(b) Address: 3019 E Monument St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease	hrs
Due to	
Due to	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolfgang Medical Examiner. M.D.

Date signed 8-31-40

F 72459 4278-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8-31-40

F 72459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 2mos. 16dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ira Merritt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-1882

8. AGE: Years 58 Months 0 Days 27 If less than one day hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Rufus
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucy Price
15. Birthplace N.C.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-2-40 (month) (day) (year)

(c) Cemetery or crematory
Location Raleigh N.C.

18 (a) Funeral director Lottie Davis
(b) Address 1408 Ashland Ave.

19 (a) (Date received by Registrar) SEP 1 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31- 1940, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15- 1938, to 8-31- 1940, and that I last saw h[illegible] alive on 8-31-1940

Immediate cause of death Uraemia — Duration 7

Due to Hypertensive CVD — Duration ?

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Gholston M. D.
Address Balto City Hosp Date signed 8-31-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-3

F 72460 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119-E. North Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119-E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Mary Ellen Higgins

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John T. Higgins
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10/20/1859

8. AGE: Years 80 | Months 10 | Days 9 | If less than one day: hr. XXXXXXXXXX min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry of business

FATHER
12. Name: John Welsh
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Julia (Lally)
15. Birthplace: Ireland

16 (a) Informant: John A. Higgins
(b) Address: 1119-E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9.2/1940 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: Geo. E. Roth Inc.
(b) Address: 1725-Harford Ave.

19 (a) SEP 1 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 10 1940 to AUG 29 1940 and that I last saw her alive on AUG 29 1940

Immediate cause of death: Dilated Heart — Duration
Hypo Static Pneumonia
Hypo Conton
Due to Myocarditis 10 yrs or more
Due to
Other Conditions: Irritable bladder over probably carcinoma of bowel
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence XXX
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? XXX (Specify type of place) While at work? XX
(e) Means of injury

23. Signature Otto H. Duke M.D.
Address 9286 E. North Ave Date signed AUG 30 19

VS 3

F 72461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72461

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 548 Benningham's Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 Benningham's Rd (If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME Sophia A. Volz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph A. Volz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9-1853

8. AGE Years	Months	Days	If less than one day
87 86	5	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Hodes
13. Birthplace Tuskarora

MOTHER
14. Maiden Name Rebecca Fraser
15. Birthplace Germany

16 (a) Informant Lydia M. Volz
(b) Address 54 E Benningham's Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2-194 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cathedral
Location Balto Md

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette

19 (a) SEP 1 1940 (Date rec'd by registrar) (b) Signature of Registrar

Lloyd E. Saylor 3902 York Rd

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1940, to Aug. 30 1940, and that I last saw her alive on Aug 30 1940.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to Chronic Myocarditis. Hypertension & Arteriosclerosis	—
Due to	—
Other Conditions Cerebral Hemorrhage with left sided hemiplegia (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.

Address 3902 Greenmount Ave. Date signed Aug 30 40

F 72462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 72462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr1mo 23da
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Mar Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 143 S. Robinson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emmakalati Gilberti

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Ricciardi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8, 1895

8. AGE: Years 44 | Months 8 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Naples, Italy
(Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER
12. Name Antonio Gilberti
13. Birthplace Naples, Italy

MOTHER
14. Maiden Name Philomena(?)
15. Birthplace Naples, Italy

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director J. Walter May
(b) Address 619 N. Bouldin St.

19 (a) Date received SEP 1 1940 (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1939 to Aug. 30 1940, and that I last saw him alive on Aug. 30, 1940

	Duration
Immediate cause of death Pyelonephritis and hydronephrosis, bilateral	3 mo.
Inanition	6 mo.
Due to Ureteral obstruction	3 mo.
Due to Squamous carcinoma of anus	3 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Incision and drainage of rectal abscess; cauterization of metastasis; injection of alcohol
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify typical place)
(e) Means of injury

23. Signature J. Chaetow M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 8/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Bay Harbor (If outside city or town limits, write RURAL and give town)
(d) Street No. Tenement Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME John Sauder — John F. W. Sauder

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 215-07-0886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Minnie C. Squires Sauder
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	5 4	hr. min.

9. Birthplace Hanover Germany (City, county, and state)
10. Usual Occupation Watchmaker
11. Industry or business Standard Phosphate Co.

FATHER
12. Name William Sauder
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Ruttaman
15. Birthplace Germany

16 (a) Informant Mrs. J. F. W. Sauder
(b) Address Bay Harbor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)
(c) Cemetery or crematory Parachute Cem.
Location Woodlawn Rd

18 (a) Funeral director Easton Sons
(b) Address Glen Burnie

19 (a) Date received by registrar Sept 1 1940 (b) Burial, cremation, or removal Interred at Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940 at 1.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1940 to 8-30 1940. And that I last saw h[illegible] alive on 8-30 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Hypertensive CVD.
Due to:
Other Conditions: Obesity
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson D. Appelman
Address So Balto Gen Hosp Date signed 9/1/40

F 72464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 72464
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 Emmy St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Emmy St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Etta Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. Unknown

8. AGE: Years	Months	Days	If less than one day
about 25			hr. min.

9. Birthplace Churchhill, Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Elmira Taylor
(b) Address 218 Emmy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Church Hill Cem.
Location Church Hill Md

18 (a) Funeral director W. H. Hood
(b) Address Church Hill Md

19 (a) (Date rec'd by registrar) (b) [illegible] Willis Matthews M.D.

SEP 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1940, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24th 1940, to Sept 1st 1940, and that I last saw h[illegible] alive on Sept 1 1940

Immediate cause of death Bronchial Pneumonia — Duration 8 days
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Russell M.D.
Address 911 Warren Ave Date signed 9/2/40

38676 F 72465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 72465

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va — (b) County
(c) City or town Franklin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsa A. Thorsen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Karl

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 11-26-05

8. AGE: Years	Months	Days	If less than one day
34	9	3	hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Erik Almäroth
13. Birthplace Sweden

MOTHER
14. Maiden Name Anna Nord
15. Birthplace Sweden

16 (a) Informant Record —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/40 (month) (day) (year)
(c) Cemetery or crematory Franklin, Va
Location Franklin, Va

18 (a) Funeral director Stewart & Mowen Co
(b) Address 108 W Northampton

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 6 — 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940, at 1 a m p m

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Sept 1 1940, and that I last saw h-- alive on Sept 1 1940.

Immediate cause of death: Bronchopneumonia — Duration: 5 days

Due to: Unknown

Due to:

Other Conditions: Pyrexia of Unknown origin — 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M P Sunderwald
Address Johns Hopkins Hospital Date signed 9/2/40

F 72466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 Registered No. F 72466

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Every item is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Allendale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Virginia Shary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife William Shary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10-1865

8. AGE: Years	Months	Days	If less than one day
74	10	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Adam Offner
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Christian Frost
15. Birthplace Unknown

16 (a) Informant Grace L. Miller
(b) Address 2118 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md

18 (a) Funeral director Harry N. Amacost
(b) Address 4204 Pickwood Ave

19 (c) SEP 2 19[illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1940 at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940 to Aug. 31 1940 and that I last saw h[illegible] alive on Aug 31 1940

Immediate cause of death arteriosclerotic Cardio-vascular renal disease — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Sullivan
Address 2911 Garrison Blvd Date signed Sept 1 1940 M. D.

72467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 72467
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N. Pilmar St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Gray

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Ned | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1897

8. AGE: Years 43 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name David Gray
13. Birthplace Va

MOTHER
14. Maiden Name unk
15. Birthplace

16 (a) Informant Sophia Gray
(b) Address 1525 Pilmar St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave, Huntingdon

SEP 2 — 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940 to Aug 29 1940 and that I last saw h[illegible] alive on Aug 29 1940.

Immediate cause of death Heart
Black. Peritonitis — Duration

Due to Ruptured appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Appendix. Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ramsay B Hamon M. D.
Address University Hosp Date signed 8-30-40

VS 3

PRINT WITH PENCIL, WRITE CLEARLY AND DISTINCTLY. Answer all questions fully. Where information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72468 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 79

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. Henrietta
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. D. Diney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Floradena Diney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1861

8. AGE: Years 79 | Months 5 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name William E Diney
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sara Campbell
15. Birthplace Balto Md

16 (a) Informant Miss Florence Diney
(b) Address 109 Henrietta Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director A D Marshall
(b) Address 3539 Falls Road

19 (a) (Date rec'd by registrar) SEP 2- 1940 (b) Hunting & Williams, Mort.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at 1:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 31 1940, and that I last saw him alive on Aug 31 1940

Immediate cause of death Terminal
Bronchopneumonia

Due to Arteriosclerotic Cardiovascular disease

Due to

Other Conditions Prostatic Hypertrophy

(Include pregnancy within 3 months of death) over

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R R Robinson M. D.
Address Md. General Hosp. Date signed 8/31/40

F 72469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 72469 69 90892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Leeds st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Rose Gripp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Carroll Gripp

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1894

8. AGE: Years 45 | Months 9 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business —

FATHER
12. Name William Cowan
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah Mc Kenna
15. Birthplace Balto Md.

16 (a) Informant Mrs Dorothy Smith
(b) Address 2627 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John F Conway & Son
(b) Address 90 E Fallsway

19 (a) Date received SEP 2 1940 (b) [signature] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1940, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21-1940, to 9/1/40 19..., and that I last saw h... alive on 9/1/40 19...

Immediate cause of death Cardiac failure
c terminal uremia & pulmonary edema. Cerebral Hemorrhage

Due to Hypertensive Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. T. Mead

Address Date signed 9/7/40

F 72470

VS 2

F 72470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenwood & Eutaw Sts.
(c) Hospital or institution: Lutheran Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Pikesville Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Devereux (Mary R. De Courcey)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edgar G. De Courcey

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 24-1892

8. AGE: Years 48 | Months 1 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Geo N. Kroner
13. Birthplace Balto Md

MOTHER
14. Maiden Name Annie Kroner
15. Birthplace Germany

16 (a) Informant Edgar G De Courcey
(b) Address Lutheran Hosp, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk. Cem
Location 3400 Frederick Ave

18 (a) Funeral director John Lambert Son
(b) Address 901 Bolton St

19 (a) SEP 2 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30- 1940, at 5:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.

Date signed 8/31/40

VS 6

F 72471

VS 6

F 72471

F 72471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4308 Forrest View Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4308 Forrest View Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lovetta A. Hightman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widowed

6 (b) Name of husband or wife Martin L. Hightman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12th 53

8. AGE: Years	Months	Days	If less than one day
87	5	19	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John Arnold
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Beachley
15. Birthplace Md

16 (a) Informant L. A. Hightman
(b) Address 4308 Forest View Ave

17 (a) Burial (b) Date thereof Sept 3 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Burkittsville
Location Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Signature of registrar) (b) Registrar

SEP 2 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31st 1940, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939 to Aug 31 1940, and that I last saw her alive on Aug 31 1940.

Immediate cause of death	Duration
Aorta dilatation	
Mitral regurgitation	
Due to Carcinoma of rt. breast	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert G Webster M.D.

Address 6409 Belair Rd Date signed 8-31-40
(M. D.)

F 72472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

Registered No. F 72472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 Thomas Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Thomas Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Virginia Fitzhenry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1916

8. AGE: Years 23 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Wm J. Fitzhenry
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Lydia Fitz
15. Birthplace Germany

16 (a) Informant Mrs Edna Fitzhenry
(b) Address 1605 Thomas Ave

17 (a) Burial (b) Date thereof 9/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) SEP 2 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1940 at 5.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 1 1940 and that I last saw h[illegible] alive on Sept 1 1940

Immediate cause of death Meningitis
Due to Epilepsy.
Due to Coma Tumor Glioma
Due to

Duration Two days

Other Conditions Operated June 1939
(Include pregnancy within 3 months of death)

Major findings of operations Recurrence Tumor
Of operations Subtemporal Operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edna Fitzhenry M. D.
Address 1605 W. Mt Royal Ave Date signed 9/1/40

F 72473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 72473 Registered No. 20940

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address... Caton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 McCurley St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

20-7

3 (a) FULL NAME Mrs Theresa A Litzau
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Julius Litzau
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 20, 1859
8. AGE: Years 80 | Months 10 | Days 11 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Work.
11. Industry or business

FATHER
12. Name Herman Schalk
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Julius Litzau.
(b) Address 30 McCurley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location 3801 Frederick Ave.
18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.
SEP 2 - 1940 (Date rec'd by registrar) (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 25 1940, to Aug. 31 1940, and that I last saw h.e.r. alive on August 30 1940.

Immediate cause of death: — Acute cardiac decompensation; Terminal pulmonary edema — Duration

Due to Hypertensive cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. T. Muse
Address St. Agnes Hosp. Date signed M. 8 D. 31 1940

VS 8

correct age is especially important. Physicians: please write the c
the causes of death clearly and legibly.

F 72474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G

Registered No. F 72474

F 72474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Calvin Aves,
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Millington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Wilhelmina~~ Mrs Minnie V. Souder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Melvin H Souder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1868

8. AGE: Years 71 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Valetine Hohman
13. Birthplace Unknown

MOTHER
14. Maiden Name Jennie Sadtler
15. Birthplace Germany

16 (a) Informant Mary Goubran (sister.
(b) Address 2512 Bulany St.

17 (a) Burial (b) Date thereof Sept 4, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 2- 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 6125 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1940, to 9-1- 1940 and that I last saw her alive on 9-1 1940

Immediate cause of death Terminal uremia — Duration
Hypertensive cardio-vascular renal disease. Syphilis.
Due to
Due to
Other Conditions Hematemesis - undetermined
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address Date signed 9/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 2 1940

F 72475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. F 72475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Pinkney Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? V O years

3 (a) **FULL NAME** Minnie Rubin

3 (b) If veteran, name war /

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Mrs. Jacob Sachs

(b) Address

17 (a) Burial (b) Date thereof 9-2-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto & Gorsuch Sts.

18 (a) Funeral director Jack Louis Inc

(b) Address 1439 E. Balto St

19 (a) (Date signed by registrar) (b) Registrar's No.

SEP 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31/40 19 ... at 10.07 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 40 to Aug 31 19 40 and that I last saw h[illegible] alive on Aug 31 19 40.

Immediate cause of death	Duration
Cerebral hemorrhage	2 weeks
Due to arterio sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 1811 Gwynns Falls Date signed Sept 2 1940

F 72476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 72476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Jerome Campbell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Emma A. Campbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 13, 1879

8. AGE: Years 61 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Salesman - Self

11. Industry or business

FATHER
12. Name George Campbell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Baker
15. Birthplace Baltimore, Md.

16 (a) Informant Mem. Mem. Hosp. records.
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-2-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Dickerson Sons
(b) Address North & Pa Ave

19 (a) (date received by registrar) (b) Huntington Phillips, M.D. Registrar

SEP 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 7.1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24 1940, to Aug. 31 1940, and that I last saw him alive on Aug. 31 1940.

Immediate cause of death	Duration
Uremia	
Due to Chronic glomerulo-nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Glomerulonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Mem. Hosp. Date signed 8/31/40

Physicians: please write the causes of death clearly and legibly. Exactness of information should be carefully supplied. The correct age is especially important.

F 72477 LB 58788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min. 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Goodwood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Blome

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1881

8. AGE: Years	Months	Days	If less than one day
58	11	30	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltr. Cem.
Location E. North Ave

18 (a) Funeral director Robert L. Tuttle
(b) Address 2702 Edmondson Ave

19 (a) Date received (b) Registrar

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31- 1940, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31- 1940 to 8-31- 1940 and that I last saw h alive on 8-31- 1940

Immediate cause of death	Duration
(a) Cardiac failure	
Due to (b) A-S Ht Dis.	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2702 Edmondson Ave. Date signed 9-1-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72478

VS 8

F 72478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 72478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Ridge Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Ridge Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

261

3 (a) FULL NAME June Topper. (F 14748 - BIRTH CERT. *)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31. 1940

8. AGE: Years | Months | Days | If less than one day: hr. 5 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Topper.
13. Birthplace Pennsa.

MOTHER
14. Maiden Name Ruth Padbury.
15. Birthplace W. Va.

16 (a) Informant Mr. Charles Topper (father)
(b) Address 4402 Ridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem'd
Location Baltimore, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 N. FORTH AVENUE

SEP 2 - 1940 (Date received by registrar) (b) Hunting Tower Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h e r alive on 19 .

Immediate cause of death Prematurity About 6th month. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Thalen M. D.
Address Mount Hope Retreat Date signed 9-1-40

VS 8

Get are is especially important. Physicians: please write the causes of death clearly and legibly.

72479
384972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-E

F 72479
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wis (b) County
(c) City or town Evansville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald E Hart
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-5-24
8. AGE: Years 16 | Months 1 | Days 26 | If less than one day hr. min.
9. Birthplace Wis (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Bonard G Hart
13. Birthplace Wis

MOTHER
14. Maiden Name Ella Schulz
15. Birthplace Wis

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-40 (month) (day) (year)
(c) Cemetery or crematory
Location Evansville Wis
18 (a) Funeral director John O. Mitchell & Son
(b) Address 1960 Eutaw Place
19 (a) Date received SEP 2 1940 (Day) (Month) (Year) (b) Huntington, West Virginia

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940, at 10:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1940, to Sept 1 1940 and that I last saw him alive on Sept. 1 1940.

Immediate cause of death: Pinealoma — Duration 1 yr ?
Due to: —
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Large pineal tumor & Pressure on corpora quadrigemina
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank J Ottenstein 3853 M. D.
Address J.H.H Date signed 9-1-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 72480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes' Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Fredrick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Korn
3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-03-8526

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-21-1886

8. AGE: Years	Months	Days	If less than one day
53	11	6 10	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Road Turner
11. Industry or business

FATHER
12. Name Fred. Korn
13. Birthplace Balto

MOTHER
14. Maiden Name Christine Judd
15. Birthplace Balto

16 (a) Informant St. Agnes' Hospt
(b) Address Caton & Wilkins

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) Date rec'd (month) (day) 1940 (year) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31-40 19 , at 6:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 19 40 to 8/31 19 40 and that I last saw h alive on 8/31/40 19 40.

Immediate cause of death Cardiac Failure & pulmonary oedema & pericarditis. Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address St. Agnes Hosp. Date signed 9/1/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

38236 F 72481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 72481 Registered No.

Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Marys
(c) City or town Mechanicsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Rosetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-71

8. AGE: Years	Months	Days	If less than one day
69	5	18	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Chase
13. Birthplace Md

MOTHER 14. Maiden Name Amanda Shorter
15. Birthplace Md

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (month) (day) (year)
(c) Cemetery or crematory St Joseph's
Location Monkton Md.

18 (a) Funeral director Jesse E Walsh
(b) Address Chapeltown, Md.

19 (a) SEP 8 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Sept 1, 1940, and that I last saw him alive on Sept 1 1940.

Immediate cause of death	Duration
Uremia	2 weeks
Due to Pyelonephritis bilateral and blocking from Urinal orifice	7 10 days
Due to Infection of Urinary tract and benign prostate hypertrophy	?
Other Conditions Arteriosclerosis, generalized	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E. Buckland
Address J. H. H. Date signed 9/9/40

CGK

F 72482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 72482 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 S. Regester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Spain

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Harriet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-1874

8. AGE: Years	Months	Days	If less than one day
66	7	4	hr. min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation Pottery

11. Industry or business

FATHER 12. Name James

13. Birthplace N.J.

MOTHER 14. Maiden Name Ellen Molds

15. Birthplace N.J.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 2 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Wendell F. Ripple

(b) Address 3126 Highland Ave

SEP 2 — 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31 1940, at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8 1940, to 8-31 1940, and that I last saw him alive on 8-31 1940.

Immediate cause of death	Duration
Pulmonary tbc.	1 yr?
Tbc laryngo-tracheitis	1 yr?
Due to	
Due to	
Other Conditions Tbc laryngitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tbc laryngitis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan M. D.

Address Date signed

72483
38317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-P

F 72483 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 New York Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Woodland Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-28-59

8. AGE: Years 51 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Produce

11. Industry or business

FATHER 12. Name Peter J. Hobbs
13. Birthplace Md -

MOTHER 14. Maiden Name Hester Hayman
15. Birthplace Md -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Cambridge, Md.

18 (a) Funeral director H. M. Prettyman & Sons
(b) Address Cambridge, Md.

19 (Date rec'd by registrar) SEP 2-1940 Huntington Whitehouse, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 12.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1940 to Sept 2 1940, and that I last saw him alive on Sept 2 1940.

	Duration
Immediate cause of death: Broncho pneumonia	3 days
Due to:	
Due to:	
Other Conditions: Multiple Sclerosis & para plegia (Include pregnancy within 3 months of death)	18 mos.

Major findings:
Of operations: Small angioma upper thoracic cord - no other lesions
Of autopsy: No gross lesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Ohnemus 3853 M. D.
Address J. H. H. Date signed 9-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 72484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Jewish Memorial
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave.
(c) Hospital or institution: Jewish Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 12th St N.E.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Bessie Easby Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 79 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Tuscaloosa Ala.
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name Wm. Russell Smith

13. Birthplace

MOTHER 14. Maiden Name Wilhelmina Easby

15. Birthplace Washington, D.C.

16 (a) Informant Jewish Mem. Hospt.

(b) Address 1000 Eaton Ave

17 (a) Removed. (b) Date thereof 9-2-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Pleat

Location Washington D.C.

18 (a) Funeral director E. J. Schlosman & Sons

(b) Address 1027 Eutaw St

19 (a) Filed SEP 3 - 1940 (b)
(Date filed by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2, 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2-40 19... to 9-2 1940, and that I last saw h[illegible] alive on 8-30 1940.

Immediate cause of death: Cardiac Failure — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks M. D.
Address Jewish Hosp Date signed 9-7

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 2

72485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 72485
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 S. Charles st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 S. Charles st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Langmead

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married, widowed, or divorced~~: Widowed

6 (b) Name of husband ~~deceased~~: Frederick John Langmead
6 (c) If alive, give age 17 years

7. Birth date of deceased (mo., day, yr.) Sept 3rd 1857

8. AGE: Years	Months	Days	If less than one day
82	11	28	....hr. ....min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Martin Angell
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Mildred Eyre
(b) Address 1334 S. Charles st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) SEP 3 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1940, 7:45 P.M

21. I certify that death occurred on the date above stated; that attended deceased from May 14 1940 to Sept 1 1940 and that I last saw h[illegible] alive on Aug 31 1940.

Immediate cause of death: Myocardial Insufficiency

Duration
over

Due to:
Due to:
Other Conditions: Cerebral Sclerosis & Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John G. Schumacher, M. D.
Address 1337 S. Charles St Date signed 9/3/40

F 72486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-F

F 72486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4811 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 16yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4811 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Barranco

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband ~~or wife~~ Charles Barranco
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar 18th 1895

8. AGE: Years 45 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Mannino
13. Birthplace Italy

MOTHER
14. Maiden Name Antonetta Imbroulio
15. Birthplace Italy

16 (a) Informant Charles Barranco
(b) Address 4811 Eastern Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 19[illegible] (Date received by registrar) Huntington Williams, M.D. Registrar

SEP 3

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1st 1940, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan – 1939, to Sept 1 – 1940, and that I last saw her alive on Sept 1 – 1940.

Immediate cause of death Carcinoma of Liver — Duration 1 yr

Due to With Metastasis

Due to

Other Conditions Acute Dilatation of Heart

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3508 Bank St Date signed Sept 2 - 40

VS 3

F 72487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 72487 Registered No.

Every item of information should be carefully supplied. The PENALTY, WITH UNFADING INK. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK REAL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-09-0437

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 29th 1879

8. AGE: Years 60 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Cooper
11. Industry or business Barrel Manufacturing

FATHER
12. Name Joseph Real
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth Slaughter
15. Birthplace Balto Md.

16 (a) Informant Annie T. Hennessy
(b) Address 2908 Southern Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/5/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) SEP 3 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 19 40, at 7.9 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D. Medical Examiner.
Date signed 9-7-40

VS 6

F 72488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 72488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3221 Vickers Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3221 Vickers Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

157

3 (a) FULL NAME Albert Wilbur

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 9178

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Virginia L. Wilbur
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Mar 26th 1871

8. AGE: Years 69 | Months 5 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Attorney at Law
11. Industry or business Self

FATHER
12. Name Harrison Wilbur
13. Birthplace Mass

MOTHER
14. Maiden Name Selma Ryland
15. Birthplace Delaware

16 (a) Informant LeRoy A. Wilbur
(b) Address 4008 Alto Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3rd 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ... (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31st 1940, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940 to 8/31- 1940, and that I last saw h~~im~~ alive on 8-30 1940

Immediate cause of death: Coronary Thrombosis — Duration: ~~1 hr~~ 15

Due to: Coronary Sclerosis

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wesley Cole
Address 2202 Harrisby Rd Date signed 9/1/40

Please write plainly, preferably with pen and ink. Use no abbreviations. Be careful to report all items correctly and completely. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 72489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V94-a

F 72489 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 Christian St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Christian St (If rural give location)
20
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EARNEST E NEWELL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-03-5071

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Mary B. Newell
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Aug 10th 1899

8. AGE: Years	Months	Days	If less than one day
41	0	22	....hr. ....min.

9. Birthplace: England (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Building

FATHER
12. Name: John Newell
13. Birthplace: England

MOTHER
14. Maiden Name: Bertha A. McDermott
15. Birthplace: England

16 (a) Informant: Mary B. Newell
(b) Address: 2026 Christian st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt. Olivet
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 SEP 3 - 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 40, at 4:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to:
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 8-2-40

VS 6

F 72490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 72490
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Provident Hosp.
(b) Street address Baltimore Md
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 N. Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1682

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1902

8. AGE: Years 38 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Leroy Williams Sr.
13. Birthplace Md

MOTHER 14. Maiden Name Dont Known
15. Birthplace

16 (a) Informant Mrs Carrie Williams
(b) Address 1307 Central Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-3-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Baltimore Md

18 (a) Funeral director Lottie Shoes
(b) Address 1408 Ashland Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 4.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1940, to Aug. 30 1940, and that I last saw him alive on Aug. 30 1940.

	Duration
Immediate cause of death: acidosis of Diabetes Coma	3 days.
Due to: Diabetes Mellitus	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Fecal impaction - lower
Of autopsy: half of colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Muncaster M. D.
Address Provident Hospital Date signed 8-30-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 27-A

F 72491
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 Jefferson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

5-1

3 (a) FULL NAME Thelma Roy
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-01-4461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-1921

8. AGE: Years	Months	Days	If less than one day
18	11	30	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Beverly Roy
13. Birthplace Middlesex Co, Va

MOTHER
14. Maiden Name Helen Gilmore
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Ida Bailey
(b) Address 1421 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co

18 (a) Funeral director L. Preston Limberry
(b) Address 519 Mosher St

19 (a) (Date) SEP 3 1940 (b) Registrar [illegible] SEP 3 - 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1940, to Aug 30 1940 and that I last saw h[illegible] alive on Aug 29 1940.

Immediate cause of death	Duration
Acute bacillary dysentery	Aug 14 1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Keller M. D.
Address 5 E Lanvale St Date signed 9-2-40

72492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 F 72492

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Lee.

If U. S. Veteran specify WAR

(a) Residence: No. 102 York St. (W) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 17 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Lee

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ida Hill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Powell

(Address) 102 W York Stree

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 2, 1940

19. UNDERTAKER Jacob L Brown Son

(Address) 1018 W Monument St

20. FILED Sep 3 - 1940, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/30/40, 19, to 8/31/40, 19

I last saw her alive on 8/31/40, 19. Death is said to have occurred on the date stated above, at 3:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anesthetic death.	
(cardiac anesthesia)	8/31/40
Other contributory causes of importance	over
Latent syphilis.	
(cardiovascular)	

Was an operation performed? Yes Date of 8-31-40

For what disease or injury? Pregnancy full term

Name of operation Post mortem delivery.

What test confirmed diagnosis? Hosp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis C. Gapen, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. L. Wollenweber, M.D. Asst Medical Examiner

F 72493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 72493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo13da. 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 560 W. Preston Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Ramie

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	217 09 8117

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	WhtCol.	Widower

6 (b) Name of husband or wife Virginia Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1896

8. AGE: Years	Months	Days	If less than one day
44	5	9	hr. min.

9. Birthplace Oxford, North Carolina
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Hidden Transfer Company

FATHER
12. Name Squire Ramie,
13. Birthplace Warrenton, North Carolina.

MOTHER
14. Maiden Name Molly Stamper,
15. Birthplace Bullock, North Carolina.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Sept 2 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bates National Bates Nat'l
Location
18 (a) Funeral director Sequah A. Brown Agt Montgomery St
(b) Address 108 W
19 (a) (b) Registrar
(Date received by registrar)
SEP 3 1940
VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940, at 6:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1940, to Aug. 30, 1940, and that I last saw h im alive on Aug. 30, 1940.

Immediate cause of death	Duration
Subacute bacterial endocarditis	6 wks.
Due to Rheumatic fever	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U. S. Marine Hospital, Wyman Park Drive Baltimore, Md. Date signed 8/30/40

F 72494 10916 10915 — BALTIMORE CITY HEALTH DEPARTMENT — F 72494

CERTIFICATE OF DEATH 45-9

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 Fossuck Av
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Fossuck Av (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John Wesley Frey

3 (b) If veteran, name war None
3 (c) Social Security Account No. 214-14-1334

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Hattie E. Frey
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan-7-1860

8. AGE: Years	Months	Days	If less than one day
80	7	24	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk -
11. Industry or business Lumber

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant L. Durin Rogers (daughter)
(b) Address 316-E-28-St-City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-3-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Interring Co. Williams, Supt.

SEP 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr-5 1940 to Aug 30 1940, and that I last saw h-i-m alive on Aug 30 1940.

Immediate cause of death — Duration

Cancer of mandible — 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Durin Rogers

Address 5217 York Rd. Date signed 9-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Items must be correctly answered. Space for information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" given where it is the correct answer. Any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 256 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Millington Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Crofoot (51113)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-0509

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1918

8. AGE: Years	Months	Days	If less than one day
22	2	13	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Factory Work
11. Industry or business

FATHER
12. Name George W. Crofoot, Sr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Annie E. Mitchell
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzie
(b) Address 4101 E. Monument Ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1939 to Aug. 30, 1940 and that I last saw him alive on Aug. 30, 1940

Immediate cause of death Tuberculosis of lungs — Duration: Oct. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Marshall Lodge M. D.
Address Balto. City Hospitals Date signed 8-30-40

SEP 3 1940

F 72496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 22496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3914 White Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3914 White Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda L. Bittner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow married

6 (b) Name of husband or wife Adam E. Bittner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-1876

8. AGE: Years 64 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Phillips
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Kalchenstein
15. Birthplace Md

16 (a) Informant Adam E. Bittner
(b) Address 3914 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Luck
(b) Address 2305 Harford Rd

19 SEP 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27-1940 to 9-1-1940 and that I last saw her alive on 9-1-1940

Immediate cause of death Cardio vascular renal disease — Duration Uncertain

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt B. Gilbert M. D.
Address 2802 Harford Ave Date signed 9-3-40

VS 3

F 72497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72497 Registered No. 186-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 283 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 283 Overland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Justine Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John H. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 - 1854

8. AGE: Years	Months	Days	If less than one day
86	6	27	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name John Sauerhoff
13. Birthplace N. Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Virginia Davis
(b) Address 283 Overland Ave

17 (a) Burial (b) Date thereof 9-4-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Young & Rinehart
(b) Address 5305 Harford Rd

19 (a) SEP 5 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to Sept 1 1940, and that I last saw her alive on Aug 30 1940.

Immediate cause of death Myocardial degeneration

Due to

Due to Hypostatic pneumonia

Other Conditions Fractured left femur - bed for weeks,
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 6/24/40
(c) Where did injury occur? 283 Overland Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs in Home

23. Signature H. H. Sauerhoff Jr. M.D.

Address 714 Park Ave Date signed 9/3/40

F 72498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14-a

F 72498 Registered No.

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Item of information should be carefully supplied. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Woodlea Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne Agnes M. Kirchner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-1887

8. AGE: Years	Months	Days	If less than one day
52	8	5	hr. min.

9. Birthplace Baltimore County Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Schafer
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Winkler
15. Birthplace Md

16 (a) Informant St. Agnes' Hospt
(b) Address Caton & Melvin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Peck
(b) Address 5305 Harford Rd

19 SEP 3 - 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 6.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Sept 1 1940, and that I last saw her alive on Aug 30 1940.

Immediate cause of death	Duration
Chronic lymphoid leukemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address Date signed 9/1/40

72499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 72499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Caren St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Lawrence Harden

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race cd | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1940

8. AGE: Years 3 4 | Months | Days 11 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name James Harden
13. Birthplace Va

MOTHER 14. Maiden Name Ethel Ross
15. Birthplace Md

16 (a) Informant James Harden
(b) Address 906 N. Caren St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Fred. S. Nelson
(b) Address 1302 Pressman St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 19 40 to Sept 2 1940, and that I last saw him alive on Sept 2 19 40

Immediate cause of death Acute Gastro-enteritis (Summer diarrhea) — Duration 14 days
Due to non-specific
Due to
Other Conditions Secondary Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Harrison Harden M. D.
Address President Hosp. Date signed Sept 2, 1940

Physicians: please write the cause of death clearly and legibly. Every item of information should be carefully supplied. Correct age is especially important.

F 72500

72500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72500 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Riggs ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1891

8. AGE: Years	Months	Days	If less than one day
49?	5	15	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wm Harris

13. Birthplace Pa

MOTHER 14. Maiden Name Pattie Washington

15. Birthplace Pa.

16 (a) Informant Hattie Harris

(b) Address 1412 Riggs Ave

17 (a) Burial (b) Date thereof 9/4/40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Leo J. Kelson

(b) Address 1313 Pennsylvania Ave

19 9/3/40 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

VS 9

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30- 1940, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Spontaneous	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 8/31/40

F 72501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V46-a

Registered No. E-72501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (or) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Cecil Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William E. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Emma V. Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1874

8. AGE: Years 66 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frances E Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Henriette Pope
15. Birthplace Maryland

16 (a) Informant Emma V. Butler
(b) Address 2621 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3, 40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Albert W Gregory
(b) Address 446 E. Preston St

19 (a) SEP 3 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28 1940, to 8/31 1940, and that I last saw him alive on 8/31 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Heart Disease

Due to Arteriosclerosis Generalized

Other Conditions Carcinoma of Esophagus

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Injured.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A B Crampton M. D.
Address Church Home + Inf. Date signed 8-31-40

VS 2

F 72502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 72502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 W. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Yaeger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Henry Yaeger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18 1868

8. AGE: Years 77 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Eckhardt

13. Birthplace Germany

MOTHER 14. Maiden Name Sabine Stadtler

15. Birthplace Germany

16 (a) Informant Chas L. Yaeger

(b) Address 401 W. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore

18 (a) Funeral director Philip Henry Funk

(b) Address 2024 Orleans St.

19 (a) SEP 3 – 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2, 1940, at 11 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27, 1940, to Sept. 2 1940, and that I last saw h[illegible] alive on Sept. 2 1940

Immediate cause of death Septicemia ?

Due to Cellulitis, et. arm

Due to

Other Conditions Diabetes Mellitus Paralitis, rt.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days
10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Coffman M. D.

Address Md. General Hosp. Date signed Sept 2, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type or correct as directed. Especially important. Physicians: please write the causes of death clearly and legibly.

72503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 72503 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Dumbarton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Dumbarton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine O. Ellis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife John H. Ellis.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1865

8. AGE: Years 75 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Joseph Tdame.
13. Birthplace Germany.

MOTHER
14. Maiden Name Catherine McCarrick.
15. Birthplace England.

16 (a) Informant Miss. Elizabeth Ellis.
(b) Address 616 Dumbarton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Christmas Ave.

19 (a) 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1, 1940, at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to Sept. 1940 and that I last saw her alive on Aug 31 1940

Immediate cause of death	Duration
Chr. Myocarditis Auricular Fibrillation	
Due to Arterio-sclerosis	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Portland
Address 3616 Dumbarton Ave. Date signed 9/2/40 M. D.

F 72504

COK

BALTIMORE CITY HEALTH DEPARTMENT

5870 F 72504

CERTIFICATE OF DEATH

160-e Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 142 East St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Glee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-40

8. AGE: Years | Months | Days | If less than one day: 11 hr. 10 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Glee
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Prettly
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Balto City Hospital (Burial, cremation or removal) (b) Date thereof 8-31-40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) SEP 3 - 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1940 at 12.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1940, to Aug. 28 1940, and that I last saw her alive on Aug. 28 1940.

Immediate cause of death: Intracranial hemorrhage — Duration: 11 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. William Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 8-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 72503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Oakley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Oakley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME CANTOR MOSES LOCKMAN.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Cantor
11. Industry or business

FATHER
12. Name —
13. Birthplace R

MOTHER
14. Maiden Name —
15. Birthplace R.

16 (a) Informant Charles [redacted] Lockman
(b) Address 2564 W. Harrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3-40 (month) (day) (year)
(c) Cemetery or crematory Levi
Location Southern Ave

18 (a) Funeral director Sol. H. Levin Inc
(b) Address 1439 E Balto St

19 (a) Filed (Date received by registrar) (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-40 19 , at 6 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1935, to Sept 1st 1940, and that I last saw him alive on Sept 1st 19 40.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Related Heart

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Shacknai M. D.
Address 2225 Linden Ave Date signed

F 72506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

F 72506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK: Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Keyworth Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Keyworth Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Minnie Berman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Meyer Berman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Jonah Cohen
FATHER 13. Birthplace Russia
MOTHER 14. Maiden Name Ethel —
MOTHER 15. Birthplace Russia

16 (a) Informant Paul Berman
(b) Address 2605 Keyworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof A-3-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Balto., Md.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St

19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 - 40 19 , at 8 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to Sept 1 1940, and that I last saw her alive on Sept 1 1940

Immediate cause of death Adeno-Carcinoma of Pancreas — Duration 10 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: adeno-
Of operations carcinoma of pancreas 7/19/1940

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nuetra B Krush

Address 2904 Reisterstown Rd Date signed M. 9 D. 12/40

72507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(58-1) Registered No. F 72507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age in every case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 E. Balto st (If rural give location)
3.14
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Samuel Fine

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years 13 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Joseph Fine
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Goldberg
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 40 (month) (day) (year)
(c) Cemetery or crematory New Gem
Location Washington Blvd
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto st
19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5AM 9/2 1940, to 11AM 9/10 1940 and that I last saw h.im alive on Sept 2 1940.

Immediate cause of death	Duration
Heart Failure	12 hours
Due to Rheumatic Heart Dis	6 years
Due to Rheumatic Fever	7 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer Willen M. D.
Address Sinai Hospital Date signed Sept 2, 1940

72508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 72508
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in each case especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Yrs:

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Green

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor - Retired
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern Ave.

18 (a) Funeral director Jack Levy Son -
(b) Address 1439 E. Balto St.

Date rec'd by registrar (b) Westminster, Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-40 19 , at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 2 1940, and that I last saw h alive on Sept 2, 1940.

Immediate cause of death	Duration
Lobular pneumonia - Post op:	
Due to Carcinoma of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address Sinai Hospital Date signed 9-2-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 72509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-4158

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1907

8. AGE: Years 33 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Mt. Olive N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Eliza Swinson
15. Birthplace N. C.

16 (a) Informant Eliza Williams
(b) Address 117 Nilem St. Mt Olive N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cem.
Location Mt Olive, N. C.

18 (a) Funeral director James A. Stayer
(b) Address 142 Wolfe St.

SEP 3 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31- 1940, at 8 55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy - thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Shock.
Fractured L. Femur bet lower
Due to Multiple Fractures of
all ribs.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-31-40
(c) Where did injury occur? 207 S. Charles St. City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Building (Specify type of place) While at work? Yes
(e) Means of injury Crushed by Elevator

23. Signature Howard J. Wilson M.D. Medical Examiner.
Date signed 8-31-40

F 72510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No. F 72510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40th & Barclay Wyman Park apts
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Wyman Park apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Evelyn Byrd Basinger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Thos. B. Basinger

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 29 1872

8. AGE: Years	Months	Days	If less than one day
67	10	4	..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dr Chas S. Buckner
13. Birthplace Md

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Va.

16 (a) Informant Charles Buckner Basinger
(b) Address 96 Christopher St N. York

17 (a) Cremation (b) Date thereof Sept 4/1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director Henry N. Jenkins Sons Co
(b) Address McCulloh & Eutaw Sts

SEP 3 - 1940 (Date rec'd by local registrar) Huntington Williams Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1939, to 9/2 1940, and that I last saw h[illegible] alive on 9/2 1940.

Immediate cause of death	Duration
Coronary Occlusion	1 hr.
Due to: Hypertension & Arterio-Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Boody

Address 1403 Park Ave Date signed 9/3/40

VS 3

VS 3

F 72511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 72511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Shields Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Bertie Demby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Sterling Demby
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1893

8. AGE: Years	Months	Days	If less than one day
50	9	12 11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Banks
13. Birthplace Md.

MOTHER
14. Maiden Name Emiley Parsons
15. Birthplace Md.

16 (a) Informant Sterling Demby
(b) Address 920 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill - Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1500 Brantley Ave.

SEP 8 1940 (Date received by registrar) (b) Registrar
Huntingtown Hillcrest Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) Inspection & Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Apoplexy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Meeks M.D.
Medical Examiner.
Date signed 9-2-40

VS 6 Thursday 30 November

F 72512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193 D

Registered No. F 72512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 771 Bradley st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 771 Bradley st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	widow

6 (b) Name of husband or wife Mary Johnson Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Anne Arundel Co Md
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant George E. Johnson
(b) Address 1129 N Mount St

17 (a) Burial (b) Date thereof Sept 1, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 1129 N Schroeder St

19 (a) SEP 3-1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940, at 4:40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration 2 years
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Wallenmeier M.D.
Medical Examiner.
Date signed 8-31-40

VS 6

F 72513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 W. Lexington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henretta Bland

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: John Bland

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1875

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Howard County (Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business

FATHER
12. Name: Taylor Dulin
13. Birthplace: Howard County

MOTHER
14. Maiden Name: Mary Dulin
15. Birthplace: Howard County

16 (a) Informant: Lessie Ford
(b) Address: 937 W. Lexington St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Sept 3 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:

18 (a) Funeral director: Miss Katie R. Williams
(b) Address: 322 N. Schroeder St

19 (a) SEP 3 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-30-1940, at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: Spontaneous
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Moreau M.D.
Medical Examiner.
Date signed 8-31-40

72514

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72514
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 E. Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Pullman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Georgetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-1904

8. AGE: Years	Months	Days	If less than one day
36	5	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Commercial Pigment

FATHER
12. Name Sam Pullman
13. Birthplace Va.

MOTHER
14. Maiden Name Nora Pittes
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Sept. 5-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Balto.
18 (a) Funeral director Mrs. Lizzie E. Holland
(b) Address 1631 Druid Hill Ave
(c) Filed SEP 3 - 1940 Huntington Williams M.D.
(Date filed) (Registrar) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 4 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-29- 1940, to 9-1- 1940, and that I last saw h alive on 9-1- 1940.

Immediate cause of death
Uremia due to
Diabetes mellitus

Duration
? ?

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-2-40

F 72515

F 72515

F 72515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 72515

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Brewer St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Griffin Denkins.

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Inman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1892

8. AGE: Years 48 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Jerry Russell
13. Birthplace Va.

MOTHER
14. Maiden Name Luvenia Williams
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall Funeral Home
(b) Address 911 Pennsylvania Ave. Baltimore, Md.

19 (a) (Date received by registrar) (b) Registrar

SEP 3 1940

U S 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31 1940, at 1.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1940, to 8-31 1940, and that I last saw her alive on 8/31 1940.

	Duration
Immediate cause of death Coronary thrombosis?	1½ hrs.
Due to Carcinoma of cervix uteri with metastasis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr.

Address Balto. City Hosp. Date signed 8/31/40

F 72516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 8/31 F 72516
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3041 Chesterfield
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3041 Chesterfield (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary A. Hagan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Peter J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1-1873

8. AGE: Years	Months	Days	If less than one day
67	6	30	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER
12. Name Martin Dond.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margard Craven
15. Birthplace Ireland.

16 (a) Informant Margard. Dond.
(b) Address 3041 Chesterfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Loth.
Location Old Frederick Rd.

18 (a) Funeral director John R. Mayer
(b) Address 3001 E. Baltimore

19 (a) SEP 3 1940 (b) Filed by (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31st 1940, at M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1937 to Aug 31 1940, and that I last saw her alive on Aug 31 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to Hypertension. Cardio Vascular Renal Disease. — years?

Due to Chronic glomerular Nephritis.

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature George J. Bayley MD
Address Medical Arts Bldg. Date signed Sept 7/40

VS 3

VS 6

F 72517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72517

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Born here
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 W Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Doyle

3 (b) If veteran, name war None

3 (c) Social Security Account No. 705-07-8910

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Leona C. Doyle

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 1 - 1880

8. AGE: Years 60 | Months 6 | Days 30 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Police Dept

11. Industry or business B&O R.R.

FATHER
12. Name Patrick Doyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Roche
15. Birthplace Ireland

16 (a) Informant Mrs Anthony Seubert
(b) Address 218 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem
Location 4200 Old Frederick Rd

18 (a) Funeral director John Lerow & Son
(b) Address 901 Hollins St.

19 (a) SEP 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1940 at 4:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration —

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Reed M.D. Medical Examiner.
Date signed 8/31/40

VS 6

B 72518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 - C Registered No. E 72518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Bently (111070)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-23-40

8. AGE: Years	Months	Days	If less than one day
			14 hr. 28 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Jake Williams Bently
13. Birthplace Maryland

MOTHER
14. Maiden Name Miss Mozelle Phillips
15. Birthplace Maryland

16 (a) Informant Mrs Jake W. Bently
(b) Address 110 N. Caroline St.

17 (a)..... (Burial, cremation, or removal) (b) Date thereof..... (month) (day) (year)
(c) Cemetery or crematory..... SEP 3 1940
Location Johns Hopkins Medical School Commissioner of Health
18 (a) Funeral director..... Per H. A. Moore
(b) Address.....
19 (a) SEP 3 - 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1940, at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8-23 1940, to ..... 19..., and that I last saw her alive on 8-23 1940.

Immediate cause of death	Duration
Fetal asphyxia	
Placenta praevia lateralis	
Due to.....	
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature John Whitridge 2nd M. D.
Address Johns Hopkins Hosp. Date signed 8/24

VS 3

F 72519 3843-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 72519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 E. Pinca Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Kondax (F 17187 - Birth Cert #)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, '40

8. AGE: Years | Months | Days: 8 | If less than one day: X hr. min.

9. Birthplace Baltimore — (Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER 12. Name Nicholas Kondax
13. Birthplace Greece

MOTHER 14. Maiden Name Ruth McCormick
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL SEP 3 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (SEP 2 — 1940) (b) 5877 Registrar
Date received by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28, 1940 at 1:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940 to Aug 28 1940 and that I last saw h[illegible] on Aug 28 1940.

Immediate cause of death Prematurity — Duration Life

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 8-31-40

F 72520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 72520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hopital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 Front Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Colbert (148026)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			17 hr. 35 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Colbert
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Wells
15. Birthplace Maryland

16 (a) Informant Mrs Harriet Wells
(b) Address 1047 Front Street, Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) SEP 3 1940
(c) Cemetery or crematory JOHNS HOPKINS HOSPITAL SCHOOL
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) SEP 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

1583

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1940, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-21 1940, to 1940, and that I last saw him alive on 8-21 1940

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Partridge Jr.
Address John Hopkins Hosp. Date signed 8/30

VS 2

F 72521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 72521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 N. Brice Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Grob (203701)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-40

8. AGE: Years	Months	Days	If less than one day
			3 hr. 10 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr. Raymond Grob
13. Birthplace Maryland

MOTHER
14. Maiden Name Miss Adelaide Baker
15. Birthplace Maryland

16 (a) Informant Mrs Raymond Grob
(b) Address 805 N. Brice Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
JOHNS HOPKINS MEDICAL SCHOOL SEP 3 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 SEP 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
5874

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26 1940, at 2.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1940, to 19, and that I last saw her alive on 8-26 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Whitridge Jr. M. D.
Address Johns Hopkins Hosp Date signed

VS 3

72522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 E 72522

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

UNIVERSITY MEDICAL SCHOOL SEP 3 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (Date rec'd by registrar) SEP 3 - 1940 Huntington Williams, M.D. Registrar

5876

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25- 1940, at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Acute dilatation	
Myocardial degeneration	
Due to Toxemia Nephritis	
Due to Laceration	
Other Conditions Subpiamic left frontal region.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide?
(b) Date of occurrence 8-25-40
(c) Where did injury occur? 1125 Parrish St - City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No bottle. (Specify type of place)
(e) Means of injury during a fight, was struck with a
23. Signature: Howard J. Madden M.D. Medical Examiner.
Date signed 8-26-40

VS 6

72523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. E 72523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp 10th
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL SEP 3 1940

Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) SEP 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
No. 5875

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940, at 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to Unknown death on the day stated above.

Immediate cause of death	Duration
Intercerebral Pulmonary Hemorrhage	Unknown
Due to	
Due to	
Other Conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wallenmeyer M.D. Medical Examiner.
Date signed 8-28-40

VS 6

F 72524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193 D

Registered No. F 72524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 2101 Gold Spring Lane
(c) Hospital or institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J. Keogh

3 (b) If veteran, name war —
3 (c) Social Security Account No. 219-05-1603

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary T. Keogh
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 11, 1867

8. AGE: Years	Months	Days	If less than one day
73	2	24	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Brewery

FATHER
12. Name Patrick Keogh
13. Birthplace unknown

MOTHER
14. Maiden Name Anna Gorman
15. Birthplace unknown

16 (a) Informant Mrs Mary Keogh
(b) Address 4005 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. City

18 (a) Funeral director G. Herman Lemmon
(b) Address 4611 Park Heights
(c) Huntington Williams Ave.

SEP 3 – 1940 (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9th 194, to Aug 29th 1940 and that I last saw h— alive on Aug 29th 1940.

Immediate cause of death: Acute dilatation of Heart — Duration

Due to: Chronic myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Sanker
Address 1194 Smallwood Date signed 9/3/40 M. D.

72525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 72525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 yrs years

3 (a) FULL NAME Clara A. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John Russell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	1	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name Joseph Ross

13. Birthplace England

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant James Russell

(b) Address 905 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore, Md

18 (a) Funeral director Leonard D. Covington

(b) Address 21 W. 25th St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

SEP 3 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 1940 to September 1 1940, and that I last saw h[illegible] alive on September 1 1940

Immediate cause of death	Duration
Due to Pneumonia	about
Due to	
Other Conditions Carcinoma of Sigmoid Colon (Include pregnancy within 3 months of death)	

Major findings:
Of operations Annular Carcinoma of Sigmoid Colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gott, M.D.
Address Date signed 9/3/40

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72526 — 13-B — Registered No. F 72526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 1414 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert K. Reardon

3 (b) If veteran, name war

3 (c) Social Security Account No. None ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4- ? 1894

8. AGE: Years	Months	Days	If less than one day
45	? 11	? 27	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Collector

11. Industry or business D. B. Kirchner, Eutaw Place

FATHER
12. Name Robert J.
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Doyle
15. Birthplace Md.

16 (a) Informant Records Baltimore City Hospitals
(b) Address

17 (a) Burial (b) Date thereof 9/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Date rec'd by reg.) SEP 2 - 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23- 1939, to 9-1- 1940, and that I last saw h[illegible] alive on 9-1- 1940

Immediate cause of death Pulm. Tbc.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-1-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ Registered No. 32527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Fulton Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Katherine V. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Guy K. Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1882

8. AGE: Years 57 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business: at Home

FATHER 12. Name: Oliver Brown

13. Birthplace: Penna

MOTHER 14. Maiden Name: Margaret E. Flynn

15. Birthplace: Balto Md.

16 (a) Informant: Leo. S. Brown

(b) Address: 916 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)

(c) Cemetery or crematory: Balto

Location: Balto Md

18 (a) Funeral director: William Cook

(b) Address: 121 W. St. Paul St. Williamsport, Md

19 (a) SEP 3 - 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31/40 19 , at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14/40 19 to 8/31 19 40, and that I last saw h alive on 8/31 19 40.

Immediate cause of death: Acute Cardiac Dilatation

Due to: Diabetic Gangrene Rt Foot

Due to: Cardio-Vascular-Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence?
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. S. Johnston M. D.

Address: Md General Hospital Date signed 8/31/40

H. K. Wallenweber, M.D. Asst Medical Examiner

F 72528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 W. Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther B. Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0073

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lena Savage

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1888

8. AGE: Years 52 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Hayward, N.C. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name John D. Savage
13. Birthplace N.C.

MOTHER 14. Maiden Name Lena Joyner
15. Birthplace N.C.

16 (a) Informant Lena Savage
(b) Address 543 W. Barre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore Co. Md.

18 (a) Funeral director Joseph A. Tucky
(b) Address 1091 N. Mount St.

19 (a) SEP 3 - 1940 Huntington Williams, M.D. Registrar
(b) Date rec'd by reg.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 1 1940, and that I last saw h.was alive on Sept 1 1940.

Immediate cause of death Respiratory failure — Duration

Due to Cerebral accident — Duration one

Due to Hypertension C. V. Renal — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Fenner M. D.
Address Mercy Hospital Date signed 9/1/40

VS 3

F 72529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72529
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Rockwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Rockwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RUTH M ADELSBERGER

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-10-8635

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 14th 1888

8. AGE: Years 52 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Emmittsburg Md.
(Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business Fidelity & Deposit Co.

FATHER
12. Name John F. Adelsberger
13. Birthplace Emmittsburg Md

MOTHER
14. Maiden Name Ella N. Daphorne
15. Birthplace Emmittsburg Md.

16 (a) Informant Anna M. Wilhide
(b) Address Lauer Md.

17 (a) Burial (b) Date thereof 9/4/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(a) SEP 4 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 19 40, at 1 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ~~of~~ find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertensive cardiovascular disease

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Acting Medical Examiner.

Date signed 9-2-40

VS 6

VS 6

72530
380503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 TA F 72530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 E. Hill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hesse

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 214-03-0171

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-13-13

8. AGE: Years 26 | Months 9 | Days 20 | If less than one day: hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Hesse
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Lambert
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Sept 5 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Baltimore Co Md

18 (a) Funeral director Fallon & Co
(b) Address 121 E Fayette St

(a) Sept 4 1940 (b) Huntington Ave Registered
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940, at 12.06 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to Sept 3 1940, and that I last saw him alive on Sept 3 1940.

Immediate cause of death Uremia — Duration

Due to chronic nephritis, yrs.

Due to Post operative stenosis of L. kidney 8 yrs 9 yrs

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H Lemmon
Address Johns Hopkins Hospital Date signed 9/3/40 M. D.

VS 2

F 72531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 72531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Jefferson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife John Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1912

8. AGE: Years	Months	Days	If less than one day
27	10	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Handy Boyken
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lillie Bamkell N.C.
15. Birthplace North Carolina

16 (a) Informant John Johnson
(b) Address 1821 Jefferson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County

18 (a) Funeral director Mrs. R.A. Elliotts Daughter
(b) Address 1129 E. Caroline Street

19 (a) SEP 1940 (Date received by registrar) (b) Burial Permit No. 9 Williams Undertaker

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2- 1940, at 8.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Myocardial degeneration
Acute dilatation of Heart — Duration

Due to:

Due to:

Other Conditions: Hypertrophy of Heart
Acute Congestion of Viscera
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 9-2-40

F 72532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 72532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital, Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Harold O. Pleasant X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lilly Mae Pleasant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 2, 1894

8. AGE: Years: 45 yrs. | Months: 9 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Barber

11. Industry or business

FATHER
12. Name: William Pleasant.
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mildred Scott
15. Birthplace: Virginia

16 (a) Informant: Robert Smith
(b) Address: 1125 N. Bond St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (month) (day) (year)

(c) Cemetery or crematory
Location: Richmond Virginia

18 (a) Funeral director: Mrs R. G. Elliott Complete
(b) Address: 1129 E. Caroline Street

19 (a) SEP 4 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1940, at 9:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Sclerotic Cardio-Vascular Disease	4 yrs
Other conditions: Chronic Arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William D. Pelbert M.D. (Medical Examiner)
Date signed 9/1/40

VS 6

F 72533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 72533
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Brooks Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH GOLDSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Isidor Goldstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1872

8. AGE: Years 67 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name - - - - Hecht

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs N. Sundheim-daughter

(b) Address 949 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/40 (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Harry Sondheim's Son

(b) Address 902 Eutaw Place

19 (a) [illegible] (b) [illegible] Registrar

SEP 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1940, at 11 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Allen Jr. M.D.
Attending and/or Medical Examiner.

Date signed 9-3-40

VS 6

PLACE OF DEATH (a) Baltimore City, Maryland (b) Registrar
19 (a) (Date received by registrar)
SEP 4 1940
VS 6

72534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1637

F 72534
Registered No. 1405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAUDIE RAY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1921

8. AGE: Years 19 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Willie Ray
13. Birthplace S. C.

MOTHER
14. Maiden Name Bessie Patterson
15. Birthplace S. C.

16 (a) Informant Willie Ray
(b) Address 1037 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery or crematory Klines. S. C
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St

19 (a) SEP 4 1940 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Poisoning, Bichloride of mercury
Due to Suicide
Due to
Other Conditions Incomplete abortion
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence August 27, 1940
(c) Where did injury occur? 1039 W North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Swallowed 4 tab. bichloride of mercury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 9-3-40

VS 6

#3
F 72535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
63-D

F 72535
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns St.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pleasant Hill Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lea May Woolford
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced
Female	White	Single

6 (b) Name of husband or wife not married
June 10, 1924 6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-10-1926

8. AGE: Years	Months	Days	If less than one day
14	2	23	hr. min.

9. Birthplace Owings Mills, Balto Co. Md.
(Town, county, and state)
10. Usual Occupation Has none
11. Industry or business —

FATHER
12. Name Joseph F. Woolford
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Helen M. Hutchins
15. Birthplace Balto. City

16 (a) Informant Joseph F. Woolford
(b) Address Owings Mills.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill Cem.
Location Reisterstown Road, Owings Mills
18 (a) Funeral director Wm. Berry May & Sons
(b) Address Reisterstown, Md.
SEP 4 1940 (Date received by registrar) (b) Huntington Hollis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1940 at 4.07 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 3 1940 and that I last saw her alive on Sept 3 1940.

Immediate cause of death	Duration
(a) Pernicious Vomiting	
Due to Acute Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations Hysterectomy Sept
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howell F. Stout M. D.
Address Pleasant Hill Hospital Date signed 9-3-40

VS 3

F 72536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

Registered No. F 72536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Whitridge Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RALPH C. BOHON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married.

6 (b) Name of husband or wife Mabel C Bohon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/98

8. AGE: Years	Months	Days	If less than one day
41	8	12	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Architect

11. Industry or business Treasury Dept.

FATHER 12. Name Jas. A. Bohon

13. Birthplace W. Va.

MOTHER 14. Maiden Name Virginia White

15. Birthplace W. Va.

16 (a) Informant Mabel C. Bohon

(b) Address 309 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/40. (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location Frederick Rd

18 (a) Funeral director Harry H. Tietze

Address 16 Thompson Ave

SEP 1 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1940, at 11:35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Subdural hematoma	
Due to Laceration of cerebral vessels	
Due to	
Other Conditions Acute alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 2, 1940
(c) Where did injury occur? 309 Whitridge Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell downstairs from 2nd to 1st floor

23. Signature J. F. Wollenweber M.D.
Asst Medical Examiner.

Date signed 9-3-40

VS 6

F 72537

VS 6

F 72537

F 72537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of the causes of death clearly and legibly. correct age is especially important. Physicians: please write th

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 N. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida J. Patterson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late John G. Patterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1859

8. AGE: Years 81 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Mann
13. Birthplace N.J.

MOTHER
14. Maiden Name Gear
15. Birthplace Md.

16 (a) Informant Park A. Patterson Son
(b) Address 2108 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount ave. & Oliver St

18 (a) Funeral director Harry H. Mitzter
(b) Address 4401 Edmondson Ave

19 SEP 4 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940, to Sept 1940, and that I last saw h alive on Sept 2 1940.

Immediate cause of death
Chronic Myocarditis
Senile changes.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George S. Latshaw M. D.
Address 132 S. Patterson Pl. Date signed 9/4/40

VS 3

(Date rec'd by registrar) Registrar

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72538 Registered No.

F 72538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Thompson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM COX

219-07-2739

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1890

8. AGE: Years 50 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Sutherland, Virginia
(Town, county, and state)

10. Usual Occupation Laborer - WPA

11. Industry or business

FATHER
12. Name Louis Cox
13. Birthplace Sutherland, Virginia

MOTHER
14. Maiden Name Alice Hicks
15. Birthplace Sutherland, Va.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 9 4 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave Huntington for Williams, W.Va.

19 (a) SEP 4 - 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1940, at 8:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1940 to Aug. 30, 1940 and that I last saw him alive on Aug. 30, 1940

Immediate cause of death: Uremia — Duration: Unknown

Due to: Cardiac disease, cardiorenal vascular — Duration: Unknown

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Adelson M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 8/31/40

VS 3

F 72539

58522-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 72539

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal is authorized. Physicians are required by law to report to the Health Department the causes of death clearly and legibly. Any false statement, omission or concealment of facts called for on this certificate is punishable by fine or imprisonment, or both. Please answer every question. If unknown, write "unknown." If the exact information cannot be given, the best possible estimate should be made. Be sure that the correct age is especially important. Physicians: please write the cause of death in plain terms. Do not use abbreviations or symbols.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Madison ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Shands (Viola)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-40

8. AGE: Years	Months	Days	If less than one day
x	x	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Lennon Shands
13. Birthplace Va.

MOTHER
14. Maiden Name Viola Gray
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/2/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) SEP 4 - 1940 (Date rec'd by local reg.) (b) Huntingtown Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1940, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Aug 27 1940, and that I last saw him alive on Aug 27 1940.

Immediate cause of death	Duration
Pemphigus neonatorum	4 days
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm C. Stiffler Jr. M. D.
Address 229 E. 33rd St. Date signed Aug 30/40

VS 3

72540

F 72540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 - a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St James Hotel
(c) Hospital or institution: Charles Lenbr.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Abt 12yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & Lenbr Sts (If rural give location)
(e) If foreign born, how long in U. S. A.? Life. years

3 (a) FULL NAME Nancy Brown Bryant

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Y. Bryant
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Abt-July-3-1895

8. AGE: Years: Abt-45 | Months: 11 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: John B. Brown
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Parthenia Porter
15. Birthplace: Virginia

16 (a) Informant: Mr Raymond P. Bryant (husband)
(b) Address: 3716 Buchaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept-5-'40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md.
(a) Funeral director: STEWART & HOOPER COMPANY
(b) Address: (E. F. HOOPER SUC.) 700 N. NORTH AVENUE

SEP 11 1940

19 (a) (Date received by registrar) (b) Registrar: Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28/40 19 to 9/3/40 19 , and that I last saw h ed alive on 8/28/40 19 .

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Arthur Robb MD

Address 115 E Eager St Date signed 9/3/40

VS 2

F 72541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 15

F 72541
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all the causes of death clearly and legibly. Underline the cause for which the person is treated. Give correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County U.S.A.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 Ellsworth (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Lockett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20th 1927

8. AGE: Years 13 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Rodger Rockell
13. Birthplace Va.

MOTHER 14. Maiden Name Elizabeth Blackston
15. Birthplace Balto Md.

16 (a) Informant Elizabeth Rockell
(b) Address 1635 Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Cavary
Location Brooklyn A. a. Co. Md

18 (a) Funeral director Byfield Thomas & Wright
(b) Address 1218 McElderry St

19 (a) 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1940, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 9-1 1940, and that I last saw h[illegible] alive on 9-1 1940.

Immediate cause of death: Tuberculous Peritonitis — Duration

Due to

Due to

Other Conditions Fecal Fistulae

(Include pregnancy within 3 months of death)

Major findings:
Of operation Tuberculous Peritonitis, many adhesions
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo T Phillips M. D.
Address 1514 Linwood Date signed 9/2/40

VS 3

F 72542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 72542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 Rosedale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Rosedale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

167

3 (a) FULL NAME SADIE H. McKINNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert B. McKinney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	7	hr. min.

9. Birthplace Pittsburgh, Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Knoble
13. Birthplace Pittsburgh, Pennsylvania

MOTHER
14. Maiden Name Helen Wise
15. Birthplace Pittsburgh, Pennsylvania

16 (a) Informant Mrs. Hazel M. Reid
(b) Address 1004 Rosedale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) SEP 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940 to Sept 3 1940, and that I last saw her alive on Sept 3 1940.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to Hypertension	
Due to arteriosclerosis	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Sanders M.D.
Address 3045 W North Ave Date signed 9/4/40 M.D.

Howard Sanders M.D.
Chief Medical Examiner

VS 3

F 72543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

F 72543
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and no space left blank. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age; is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ? 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5727 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EMMA D. SCHULTZ (MRS. ANDREW GUSTAV)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) ~~Single, married~~, widowed, or ~~divorced~~.

6 (b) Name of husband or wife Andrew Gustav Schultz

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 18th, 1867

8. AGE: Years 73 | Months 8 7 | Days 15 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore City, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name H. H. Rolker
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Eilerman
15. Birthplace Germany

16 (a) Informant Hospital History
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5th 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Md.

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address North & Paines.

SEP 4 — 1940 (Date rec'd by Registrar) (b) Huntingtown Williams Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/2/40 19... at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from August 29 1940 to Sept 2 1940, and that I last saw h.r alive on Sept 2 1940.

Immediate cause of death: Pulmonary edema

Due to: Arteriosclerotic heart disease

Due to: Diabetes mellitus

Other Conditions: Malnutrition Cystitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy Arteriosclerosis, hypostatic pneumonia

Duration
One hour
Unknown
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ...

23. Signature Ferdinand L. Chatard M.D.
Address Union Memorial Hosp. Date signed 9-2-40

F 72544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1203 Registered No. F 72544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Jackson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Samuel Allen

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4600

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 1892

8. AGE: Years 47 | Months 9 | Days 143 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Obrecht Shipyards Co
11. Industry or business Dyed

FATHER
12. Name Isaac Allen
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Susan R. Waters
15. Birthplace Howard Co. Md.

16 (a) Informant Susan R. Allen
(b) Address 1430 Jackson St.

17 (a) Burial (b) Date thereof Sept. 6. 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (b) Hunting Ton Wilson Registrar, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1940 to 9-3 1940.
and that I last saw h[illegible] alive on 9-3 1940.

	Duration
Immediate cause of death: Acute Peritonitis	24 hours
Due to: Perforated Colon	24 hours
Due to: Acute Suppurative Colitis	2 Weeks
Other Conditions: Intestinal Obstruction	18 hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations acute Peritonitis Suppurative Colitis
Of autopsy Perforated Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1211 Light St Date signed 9-3-40
South Balto Gen Hosp

F 72545

(Date rec'd by registrar) Huntington Williams, M.D. Registrar Address South Bond Sun Hosp

VS 3

72545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 72545

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 S. Charles St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 S. Charles St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23rd

3 (a) FULL NAME Hartman Peters

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kathrine Peters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9, 1866

8. AGE: Years	Months	Days	If less than one day
74	4	24 23	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Kennedy's Iron Foundry

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Kathrine Peters
(b) Address 920 S. Charles St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 1.10

20. DATE OF DEATH Sept. 2, 1940 at p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/1939, to 9/2/1940, and that I last saw him alive on 9/1/1940.

Immediate cause of death	Duration
Carcinoma of lower bowel and rectum	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 9/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate should be answered, and correct answer given in each case, especially important. Physicians: please write the causes of death clearly and legibly.

F 72546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72546
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct answer is not known, write "unknown" or "none" especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmella Indilisano CARMELO INDILISANO

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: Angela Indilisano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 17 1880

8. AGE: Years	Months	Days	If less than one day
60	4	18?	hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Baltimore City

FATHER
12. Name: Mario Indilisano
13. Birthplace: Italy

MOTHER
14. Maiden Name: Vincenza ?
15. Birthplace: Italy

16 (a) Informant: Samuel Indilisano (Son)
(b) Address: 610 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7-40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore City.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4 1940 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940 to 9-4 1940 and that I last saw h~~im~~ alive on 9-4 1940

Immediate cause of death	Duration
(a) Congestive Heart Decompensation ?	3 days
Due to (b) Cholelithiasis ?	?
Due to (c) Arteriosc. CVD -	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Milton D. Rappeport M. D.
Address: So. Balto. Gen'l Hosp. Date signed 9/6

F 72547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 72547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin M. Barr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Florence Scarlett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	17	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name James A. Barr
13. Birthplace O.

MOTHER
14. Maiden Name ------ Hoff
15. Birthplace Ind.

16 (a) Informant Benjamin M. Barr, Jr.
(b) Address 36 Bradford Ave., Cedar Grove, N. J.

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) SEP 4 - 1940 (Date received by registrar) (b) Harrington-Williams Mfg

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1930, to Sept. 3 1940 and that I last saw him alive on 9/3 1940.

Immediate cause of death
Due to Myocarditis Hypostatic congestion Pulmonary Edema
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Gradual 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. M. Barr M.D.
Address 1403 Park Ave. Date signed 9/4/40

F 72548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 72548

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Tioga Pkwy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Goldstein "A"
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1940

8. AGE: Years	Months	Days	If less than one day
		24 hrs.	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Manuel Jurgen Goldstein
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sylvia Britt Wagenheim
15. Birthplace Baltimore Md

16 (a) Informant Father
(b) Address 3012 Tioga Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

Filed SEP 4 1940 (Date) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 2 1940, and that I last saw h[illegible] alive on Sept 3 1940.

Immediate cause of death Pneumonia, aspiration — Duration 3 days
Due to aspiration
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J Gaver M. D.
Address University Hospital Date signed 9/3/40

VS 3

F 72549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

Registered No. F 72549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 S. Streeper St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Charles Stahm

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Emma L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1860

8. AGE: Years	Months	Days	If less than one day
80	3	2 2/3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Henry L. Stahm
13. Birthplace Germany

MOTHER 14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Mrs. Anna McMullen
(b) Address 815 S. Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 5712 Bonnell St

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1437 N. Broadway

19 (a) SEP 4 - 1940 (Date rec'd by registrar) (b) Huntington Nitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1 19 40 at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 19 40 to 9-1 19 40 and that I last saw h. in alive on 9-1 19 40.

Immediate cause of death	Duration
General Carcinomatosis	
Due to metastatic carcinoma	
Due to carcinoma of bladder	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address Sinai Hospital Date signed 9-2-40

VS 3

VS 3

F 72550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72550

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT STANLEY CARSWELL

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2. 1868

8. AGE: Years 71 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Real estate

11. Industry or business ret.

FATHER 12. Name Robert S. Carswell

13. Birthplace Canada

MOTHER 14. Maiden Name Isabel R. Jackson

15. Birthplace England

16 (a) Informant Isabel Carswell

(b) Address Ambassador Apts

17 (a) Green Mount (b) Date thereof Sept. 4 '40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Green Mount.

Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1600 Eutaw Place

19 (a) SEP 4 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1940 at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an engagement (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. W. Wollenweber M.D.
Medical Examiner.

Date signed 9-2-40

VS 6

VS 6

72551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159 ✓ Registered No. E 72551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" or the correct answer written. Do not use abbreviations. Ditto marks are not permitted. Be sure that the cause of death is described in such terms that a definite and specific disease may be assigned as the cause of death. Indefinite or unsatisfactory terms, such as "heart failure," "old age," "senility," "paralysis," "convulsions," "cancer," "tumor," "infection," "septicemia," "blood poisoning," "childbirth," "abortion," "pregnancy," "tuberculosis," "meningitis," "pneumonia," "hemorrhage," "accident," "fracture," "burns," "drowning," "suffocation," "homicide," "suicide," "gunshot wound," "stab wound," "poisoning," "asphyxia," "anemia," "debility," "exhaustion," "malnutrition," "starvation," "dropsy," "uremia," "gangrene," "jaundice," "hydrothorax," "ascites," "carcinomatosis," "sarcomatosis," "multiple neuritis," "multiple abscesses," "multiple contusions," "multiple injuries," "multiple fractures," "multiple lacerations," "multiple wounds," "multiple burns," "multiple hemorrhages," "multiple infections," "multiple septicemia," "multiple blood poisoning," "multiple childbirth," "multiple abortion," "multiple pregnancy," "multiple tuberculosis," "multiple meningitis," "multiple pneumonia," "multiple hemorrhage," "multiple accident," "multiple fracture," "multiple burns," "multiple drowning," "multiple suffocation," "multiple homicide," "multiple suicide," "multiple gunshot wound," "multiple stab wound," "multiple poisoning," "multiple asphyxia," "multiple anemia," "multiple debility," "multiple exhaustion," "multiple malnutrition," "multiple starvation," "multiple dropsy," "multiple uremia," "multiple gangrene," "multiple jaundice," "multiple hydrothorax," "multiple ascites," "multiple carcinomatosis," "multiple sarcomatosis," "multiple multiple neuritis," "multiple multiple abscesses," "multiple multiple contusions," "multiple multiple injuries," "multiple multiple fractures," "multiple multiple lacerations," "multiple multiple wounds," "multiple multiple burns," "multiple multiple hemorrhages," "multiple multiple infections," "multiple multiple septicemia," "multiple multiple blood poisoning," "multiple multiple childbirth," "multiple multiple abortion," "multiple multiple pregnancy," "multiple multiple tuberculosis," "multiple multiple meningitis," "multiple multiple pneumonia," "multiple multiple hemorrhage," "multiple multiple accident," "multiple multiple fracture," "multiple multiple burns," "multiple multiple drowning," "multiple multiple suffocation," "multiple multiple homicide," "multiple multiple suicide," "multiple multiple gunshot wound," "multiple multiple stab wound," "multiple multiple poisoning," "multiple multiple asphyxia," "multiple multiple anemia," "multiple multiple debility," "multiple multiple exhaustion," "multiple multiple malnutrition," "multiple multiple starvation," "multiple multiple dropsy," "multiple multiple uremia," "multiple multiple gangrene," "multiple multiple jaundice," "multiple multiple hydrothorax," "multiple multiple ascites," "multiple multiple carcinomatosis," "multiple multiple sarcomatosis," "multiple multiple multiple neuritis," "multiple multiple multiple abscesses," "multiple multiple multiple contusions," "multiple multiple multiple injuries," "multiple multiple multiple fractures," "multiple multiple multiple lacerations," "multiple multiple multiple wounds," "multiple multiple multiple burns," "multiple multiple multiple hemorrhages," "multiple multiple multiple infections," "multiple multiple multiple septicemia," "multiple multiple multiple blood poisoning," "multiple multiple multiple childbirth," "multiple multiple multiple abortion," "multiple multiple multiple pregnancy," "multiple multiple multiple tuberculosis," "multiple multiple multiple meningitis," "multiple multiple multiple pneumonia," "multiple multiple multiple hemorrhage," "multiple multiple multiple accident," "multiple multiple multiple fracture," "multiple multiple multiple burns," "multiple multiple multiple drowning," "multiple multiple multiple suffocation," "multiple multiple multiple homicide," "multiple multiple multiple suicide," "multiple multiple multiple gunshot wound," "multiple multiple multiple stab wound," "multiple multiple multiple poisoning," "multiple multiple multiple asphyxia," "multiple multiple multiple anemia," "multiple multiple multiple debility," "multiple multiple multiple exhaustion," "multiple multiple multiple malnutrition," "multiple multiple multiple starvation," "multiple multiple multiple dropsy," "multiple multiple multiple uremia," "multiple multiple multiple gangrene," "multiple multiple multiple jaundice," "multiple multiple multiple hydrothorax," "multiple multiple multiple ascites," "multiple multiple multiple carcinomatosis," "multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple contusions," "multiple multiple multiple multiple injuries," "multiple multiple multiple multiple fractures," "multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple wounds," "multiple multiple multiple multiple burns," "multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple infections," "multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple abortion," "multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple accident," "multiple multiple multiple multiple fracture," "multiple multiple multiple multiple burns," "multiple multiple multiple multiple drowning," "multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple homicide," "multiple multiple multiple multiple suicide," "multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple anemia," "multiple multiple multiple multiple debility," "multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple starvation," "multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple uremia," "multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple ascites," "multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple 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multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple infections," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple septicemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple blood poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple childbirth," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abortion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pregnancy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple tuberculosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple meningitis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple pneumonia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhage," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple accident," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fracture," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple drowning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suffocation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple homicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple suicide," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gunshot wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple stab wound," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple poisoning," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple asphyxia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple anemia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple debility," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple exhaustion," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple malnutrition," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple starvation," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple dropsy," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple uremia," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple gangrene," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple jaundice," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hydrothorax," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple ascites," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple carcinomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple sarcomatosis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple neuritis," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple abscesses," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple contusions," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple injuries," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple fractures," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple lacerations," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple wounds," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple burns," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple hemorrhages," "multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple multiple infections

72552

HEALTH DEPARTMENT—CITY OF BALTIMORE

72552

CERTIFICATE OF DEATH

159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ...Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Girl Wall

If U. S. Veteran specify WAR.....

(a) Residence: No. 13 Carrollton Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 12 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Robert Emory Wall

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha Maine Hohldorf

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 4 1940

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED SEP 4 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1940 to 9-3, 1940

I last saw her alive on 9-2, 1940 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis C. Garis M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be given for every case, so that it may be properly classified. Exact statement is required. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

5879

5879

72553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C

F 72553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Myers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	myers	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1940

8. AGE: Years	Months	Days	If less than one day
		13½ 13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Myers
13. Birthplace Balto

MOTHER
14. Maiden Name Bernice Owens
15. Birthplace Balto

16 (a) Informant Walter Myers
(b) Address 1037 W. Saratoga St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 4 1940

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) SEP 4 – 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

5880

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 09 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Sept 3 1940, and that I last saw him alive on Sept 2 1940.

Immediate cause of death Obstructive jaundice — Duration since birth 13½ days.

Due to Hemorrhagic disease of new born.

Due to

Other Conditions Slight prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Gore, M.D. H. Brennan, M.D.
Address University Hosp. Date signed 9-3-40

VS 3

5886

F 72554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 72554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use information should be obtained. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 N. Schroeder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wells

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/30/40

8. AGE: Years | Months | Days | If less than one day 14 hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Floyd Wells
13. Birthplace Maryland

MOTHER 14. Maiden Name Edwina Forrester
15. Birthplace

16 (a) Informant Grandmother - Wells
(b) Address 238 N. Schroeder St. (?)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 4 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

5877

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1940, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 30 1940, to August 31 1940, and that I last saw h[illegible] alive on August 31 1940.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Frank Thompson M. D.
Address University Hospital Date signed 8-31-40

MARYLAND STATE DEPARTMENT OF HEALTH

VS 3

5877

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 54-B

CERTIFICATE OF DEATH

F 72555

72555

PLACE OF DEATH:

(a) County BALTIMORE

(b) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 6000 Baltimore Ave — EDGEWOOD NURSING HOME

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 DAYS

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town SUNNYBROOK (RURAL) (If outside city or town limits, write RURAL and give town)

(d) Street No. JARRETTSVILLE PIKE (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

(a) FULL NAME OLGA ALSRUHE

(b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

(b) Name of husband or wife URBAN SYLVESTER ALSRUHE

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 17, 1864

AGE: Years	Months	Days	If less than one day
75 76	11	17	hr. min.

8. Birthplace GERMANY (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name FRANK

13. Birthplace UNKNOWN

14. Maiden Name UNKNOWN

15. Birthplace UNKNOWN

16 (a) Informant LEONARD ALSRUHE

(b) Address SUNNYBROOK, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 5, 1940 (month) (day) (year)

(c) Cemetery or crematory MT. MARIE

Location TOWSON, MD.

18 (a) Funeral director John Burns Sons

(b) Address TOWSON, MD.

19 (a) SEP 4 - 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death SEPT. 3, 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1939, to Sept 3 1940, and that I last saw her alive on Sept 2 1940

Immediate cause of death Generalized Arteriosclerosis — Duration

Due to

Due to

Other conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ira A. Sedlacek M. D. or other

Address Towson Md Date signed Sept 3, 1940

72556
384662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63-B

F 72556
Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item must be answered. Where there is information under any item, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Montgomery Rd — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth McMullen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lee

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 9-21-96

8. AGE: Years: 43 44 | Months: 11 | Days: 27 1 | If less than one day: hr. min.

9. Birthplace: Penn — (Town, county, and state)

10. Usual Occupation: housework

11. Industry or business:

FATHER
12. Name: John Nelson
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Cath. McCann
15. Birthplace: Ireland

16 (a) Informant: Records — JOHNS HOPKINS HOSPITAL
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-5-40 (month) (day) (year)
(c) Cemetery or crematory: Old Bloomingdale
Location: Baltimore Md

18 (a) Funeral director: Geo. A. Stanley
(b) Address: Fulton & Fayette

19 (a) (Date received by Registrar) (b) [illegible] Registrar

SEP 4 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 3 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940 to Sept 3 1940, and that I last saw h[illegible] alive on Sept 3 1940.

Immediate cause of death: Thyreotoxicosis — Duration: 8 yrs.
Due to: diffuse toxic goiter
Due to:
Other Conditions: Myocardiopathy
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Hermann Bellinger M.D.
Address: Johns Hopkins Date signed: 9-3-40

F 72557

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 72557

Registered No.

PLEASE WRITE PLAINLY, WITH CAPTAINS INK. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 147 S. Morley St. 207
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kila Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
76	?	?	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Thomas Lyons
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Bower
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City hospitals

17 (a) Burial (b) Date thereof 9-5-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore Md

18 (a) Funeral director Geo. A. Fasley
(b) Address Fulton Ave & Lafayette

19 (a) (b)
(Date rec'd by registrar) Registrar

SEP 4 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2- 1940, at 12:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24-1936 to 9-2-1940 and that I last saw h[illegible] alive on 9-2-1940.

Immediate cause of death Bronchopneumonia — Duration 7

Due to Gen. A-S.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murphy Goldstein M. D.
Address Balto City Hosp Date signed 9-3-40

VS 1940 8

F 72558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-C

Registered No. 72558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Gen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 N Lee st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada Rowe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colrd | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Amelia Co Va (Town, county, and state)

10. Usual Occupation Domestics

11. Industry or business

FATHER 12. Name Wm Gibbins
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant History
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Jas Ign Skinner
(b) Address 927 W Lexington St

19 SEP 4 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1940, to Sept 3 1940, and that I last saw h[illegible] alive on Sept 2 1940.

Immediate cause of death	Duration
Status epilepticus	2
Due to Hypertrophy of CNS	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C B Burdine M.D.
Address 1356 Lt Date signed 9/4/40

VS 8

F 72559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Begin to the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4662 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Washington Mc Bride

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name George W. Mc Bride
13. Birthplace Asheville, S.C.

MOTHER
14. Maiden Name Mamie ?
15. Birthplace

16 (a) Informant Dorine Mc Bride
(b) Address 4662 Falls Road.

17 (a) Burial (b) Date thereof Sept. 5, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (d) SEP 4 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1940, at 3.07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Sept. 2 1940, and that I last saw him alive on Sept. 2 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertensive Cardio-vascular disease	?
Due to	
Other Conditions: Right Hemiplagia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D. Mussenden M. D.
Address Provident Hosp. Date signed 9-2-40

F 72560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 72560

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 E. 28th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amy Cooper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Phillip Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1888

8. AGE: Years 56 | Months 52 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Boones
13. Birthplace Anne Arundel Co. Md.

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Grace Brown
(b) Address 626 E. 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

SEP 4 - 1940 (b) Registrar Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 2 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1940, to 8-3 1940, and that I last saw her alive on 8-1 1940.

Immediate cause of death	Duration
Cachexia	
exhaustion	
Due to Carcinoma, Stomach &	
metastases to Ovaries	
Due to lymph glands, Bones	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. Stomach - Resection Metastases of Ovaries & Lymph Gld Metastases
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dorsey Woodruff M. D.
Address Johns Hopkins Hospital Date signed 9-3-40

VS 3

385042
72561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45-F

Registered No. F 72561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to state the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Fairmount
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Merle Denver Rider
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-17-36
8. AGE: Years 4 Months 5 Days 16 If less than one day hr. min.
9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name of FATHER Merle Rider
13. Birthplace P.G.
14. Maiden Name of MOTHER Marine Costello
15. Birthplace W. Va.
16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Fairmont West Virginia
18 (a) Funeral director John A. Mutchelson
(b) Address 400 Eutaw Place
19 (a) SEP 4 1940 (Date rec'd by registrar) Huntington West Virginia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 3 1940, at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940 to 9-4 1940 and that I last saw him alive on 9-4- 1940.

Immediate cause of death Carcinoma of the nasopharynx — Duration 3 mos +

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry P. Goldberg
Address Johns Hopkins Hosp. Date signed 9.4.40

VS 3

72562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Baltimore - Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) just came

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Rural Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 39 Union St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Margaret Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Austin Howard
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) July 14, 1909

8. AGE: Years	Months	Days	If less than one day
31	1	21 30	10 hr. 47 min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Luther Woodyard
13. Birthplace ?

MOTHER
14. Maiden Name Blanche Squirrel
15. Birthplace Md.

16 (a) Informant Austin Howard
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7. 40 (month) (day) (year)
(c) Cemetery or crematory Elmwood Cem.
Location Westminster Md.

18 (a) Funeral director J. E. Myers, Jr.
(b) Address Westminster, Md.

19 SEP 4 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1940, at 10:42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Sept 4 1940, and that I last saw h[illegible] alive on Sept 4 1940.

Immediate cause of death Hypertensive cardio vascular disease — Duration 5 yrs.
Due to Arteriosclerosis
Due to
Other Conditions Chronic Progressive Congestion Bronchopneumonia both bases
(Include pregnancy within 3 months of death)
Major findings: Dilated left & rt. hearts Chronic passive cong. all viscera.
Of autopsy Bronchopneumonia both bases.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Meade M. D.
Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every detail. Underline the causes of death clearly and legibly. Physicians: please write the cause of death, correct age is especially important.

VS 3

VS 3

F 72563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164

Registered No. F 72563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 E Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 E Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA MORRIS or MORRES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Catholic Charities
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) SEP 4-1940 (b) Huntington Williams, M.D. Registrar
Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2, 1940, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Hanging by rope	
Due to Suicide - mental depression.	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept 2, 1940
(c) Where did injury occur? 1002 E Chase St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Gas of clothesline

23. Signature H. L. Wallenmeyer M.D. asst Medical Examiner.
Date signed 9-2-40

VS 6

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72564 Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1-0
(e) Length of stay in Baltimore (yrs., mos., or days) 27-1-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) **FULL NAME** Bridget Mullin

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1894

8. AGE: Years 46 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Mullin

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Fitzpatrick

15. Birthplace Ireland

16 (a) Informant Records of Mount Hope

(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md

18 (a) Funeral director STEWART & BOWEN COMPANY

(b) Address (U. F. BOWEN SUC.) 100 W. SOUTH AVENUE

19 (a) SEP 5 - 1940 (Date received by registrar) (b) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1940, at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Sept. 4 1940, and that I last saw h er alive on Sept 4 1940.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Chronic Interstitial nephritis & Hypertension	Years.
Due to	
Other Conditions Feebleminded	Life

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Embolism.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond P. Magin M. D.
Address 326 Frederick Ave Date signed

VS 3 40

72565

Patrick

HEALTH DEPARTMENT—CITY OF BALTIMORE

72565

CERTIFICATE OF DEATH

√ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W. Cross St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bessie Pittrick

If U. S. Veteran specify WAR

(a) Residence: No. 507 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Randolph

6. DATE OF BIRTH (month, day, year) Jan 8 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Joseph Tinsley

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Bessie Ashford

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Tillie Wilson

(Address) 507 W Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch Mem. Pk. Date 9/5/40 19

19. UNDERTAKER Isaiah L. Brown Mem

(Address) 108 W Montgomery

20. FILED ... 19... [illegible] Registrar.

SEP 5 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1940, to 9/2, 1940

I last saw her alive on 9/2, 1940. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) [illegible] M. D.

(Address) 737 [illegible]

N. B.—WHITE PLAINLY, with pen and ink. PHYSICIANS should be stated EXACTLY. PHYSICIANS assigning information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72566 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Write the causes of death clearly and legibly. Give full name of deceased, and if a married woman, the name of her husband. Do not use initials but write out full name. If the deceased was a child, state whether male or female, white or colored, and correct age is especially important. Physicians: please write the cause of death in such terms as can be understood by the laity. Do not use indefinite or unknown.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 S Athol Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Jennings Adams

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry N Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1868

8. AGE: Years 71 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Fort Deposit Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name T C Jennings

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Harry N Adams

(b) Address 108 S Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1940 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill Cem

Location Towson Md

18 (a) Funeral director John Cook

(b) Address 1219 St Paul St

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

SEP 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1940, at 5:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Sept 4 1940, and that I last saw h alive on Sept 4 1940.

Immediate cause of death: Cerebral Hemorrhage — Hypertension. — Duration 8/20/40

Due to Sen. arteriosclerosis

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John C Duncan M. D.
Address 104 W. Madison St Date signed 9/4/40

F 72567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 72567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information on this certificate is required by law. Please write the cause of death clearly and legibly. Give full name of deceased. If not known, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2735 Hugo Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 Hugo Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-6

3 (a) FULL NAME George W Sharrett
3 (b) If veteran, name war 10
3 (c) Social Security Account No. none
4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ina F Sharrett
6 (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) Feb 27 1861
8. AGE: Years 79 | Months 6 | Days 7 | If less than one day hr. min.
9. Birthplace Portsmouth Va (Town, county, and state)
10. Usual Occupation Retired Supt
11. Industry or business National Lead Co
FATHER 12. Name John W Sharrett
13. Birthplace New York
MOTHER 14. Maiden Name Jennette Culpepper
15. Birthplace Va
16 (a) Informant Harry Sharrett
(b) Address 217 Funkhouser Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1940 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Va
Location Portsmouth Va
18 (a) Funeral director Wilson Cook
(b) Address 1317 St Paul St
19 (a) (Date received by Registrar) (b) Clinton Williams, M.D. Registrar

SEP 5 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1940, at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Sept 3 1940, and that I last saw h[illegible] alive on Sept 3 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas L Boyle
Address 6077 Hanford Rd Date signed 9/7/40

VS 3 1940

Dr. Deibel 1224 Hanover st South 0440

F 72568

F 72568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertakers who will correct any information entered incorrectly. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4303 Cook ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Cook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry P. Profft

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7122

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Maggie Profft

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 11 1873

8. AGE: Years 66 | Months 8 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: Federal Tin Co

FATHER
12. Name: William Profft
13. Birthplace: D. C.

MOTHER
14. Maiden Name: Augusta Macke
15. Birthplace: Unknown

16 (a) Informant: Elsie Hamberry
(b) Address: 4303 Cook Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) SEP 5 — 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3rd 1940, at 10:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2/40 19... to 9/3/ 1940, and that I last saw him alive on 9/2/ 1940.

	Duration
Immediate cause of death: Carcinoma of lower colon, (inoperable)	?
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St. Date signed 9/4/40

VS 3

F 72569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72569 — Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6413 Rosemont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6413 Rosemont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew M. Ulrich

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3270 A.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Ulrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2 1874

8. AGE: Years 66 | Months 11 10 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Wholesale Lumber

FATHER
12. Name John Ulrich
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C. Herget
15. Birthplace Germany

16 (a) Informant Mrs Mary Ulrich
(b) Address 6413 Rosemont Ave

17 (a) Burial (b) Date thereof 9-5-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director J. Heemann & Son
(b) Address 32 S. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

REC'D SEP 5 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1, 1940, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Sept 1 1940, and that I last saw living alive on Sept 1 1940.

Immediate cause of death: Gastroenterosis
Chr. Intestinal Neph

Duration: 1 yr 6 mos

Due to

Due to

Other Conditions Myomata.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F. Cavanagh M.D.
Address 3328 McElderry St Date signed 9/3/40

SEP 5 1940

72570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 72570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2603 Puget St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 Puget St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-10-3854

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1889

8. AGE: Years 51 | Months 0 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Va. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edward Robinson
13. Birthplace Va.

MOTHER 14. Maiden Name Henrietta Fox
15. Birthplace Va.

16 (a) Informant Ruth Robinson
(b) Address 2603 Puget St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 8, 1940 (month) (day) (year)

(c) Cemetery or crematory Warrenton, Va.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 SEP 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3 1940 at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 9/3 1940 and that I last saw him alive on 9/3 1940

Immediate cause of death: Apoplexy - (Duration: 8 days)
Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos T Hawkins
Address 1600 W Saratoga St Date signed 9/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

72571 Grave #9

Grave #9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72571

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Empty house at 230 S Spring St
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 S. Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME UNKNOWN WHITE MALE (Body decomposed)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	- ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location PUBLIC CEMETERY SEP 5 1940

18 (a) Funeral director Commissioner of Health

(b). Address Per H. A. Moore

19 (a) SEP 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1st 1940, at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wallenmeier M.D. Medical Examiner.
Date signed 9-3-40

VS 6

VS 6

F 72572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 72572
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Loyola S. Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 1919 Bentalou ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Samuel Baum

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sarah Baum

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Grocery
11. Industry or business Merchant

FATHER
12. Name Maris L. Baum
13. Birthplace Russia

MOTHER
14. Maiden Name Fabia Womick
15. Birthplace Russia

16 (a) Informant Kenny Baum
(b) Address 4626 Pennington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/40 (month) (day) (year)
(c) Cemetery [redacted] Rosedale
Location Shonts Hazelrigg

18 (a) Funeral director Jack Lewis Jr
(b) Address 1439 E. Baltimore

19 (a) _____ (b) _____ Registrar
(Date rec'd by registrar)
SEP 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1940, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1935, to Sept 4 1940, and that I last saw him alive on Sept 4 1940.

Immediate cause of death Thrombosis of Coronary Artery — Duration

Due to Hypertension

Due to Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Lowitz M. D.
Address 2301 Harlem Ave Date signed 9/5/40

F 72573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 72573

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Evergreen Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Evergreen Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jelena A. Snyder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Adam S. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7th. 1874

8. AGE: Years	Months	Days	If less than one day
66	7	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Reinig
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Zamzow
15. Birthplace Germany

16 (a) Informant Mrs. Ben. Krause
(b) Address 3011 Evergreen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Edward J. Kuck.
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1940 at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, Sept 4 1940, and that I last saw her alive on Sept 4 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krause M.D.
Address Med. Art Bldg. Date signed 9/4/40

SEP 5 - 1940

F 7257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 7257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made for the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Boone St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Boone St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Jane Creighton

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John F. Creighton
6 (c) If alive, give age: 83 years
7. Birth date of deceased (mo., day, yr.): May 5, 1865
8. AGE: Years: 75 Months: 4 Days: 29 If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business:

FATHER
12. Name: John Callaghan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Beatrice Reilly
15. Birthplace: Ireland

16 (a) Informant: Mrs. Ennis
(b) Address: 2102 Boone St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/40 (month) (day) (year)
(c) Cemetery or crematory: PARKWOOD
Location: TAYLOR AVE

18 (a) Funeral director: J. Liston Redfield
(b) Address: 1501 E 22nd St

19 (a) SEP 5 1940 (Date received by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4, 1940, at 11:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940, to Sept 4, 1940, and that I last saw her alive on Sept 4 1940.

	Duration
Immediate cause of death: Myocardial Insufficiency	7 hrs
Due to: Myocarditis	9 mos
Due to: Arteriosclerosis	1 year
Other Conditions: Arthritis Deformans	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thomas F. Ward M. D.
Address: 532 E 22nd St Date signed 9/4/40

F 72575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

F 72575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH WALLS

3 (b) If veteran, name war

3 (c) Social Security Account No. 224-14-0867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Margaret Walls
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
26.			hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name Herley Walls
13. Birthplace N. C.

MOTHER
14. Maiden Name Rosetta
15. Birthplace N. C.

16 (a) Informant Sally M. Davis
(b) Address 603 W. Mulberry St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 5 1940 (month) (day) (year)
(c) Cemetery or crematory Durham, N. C.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) SEP 5 1940 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of spinal cord	
Due to Stab wound of neck	
Due to homicide	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations hemorrhage
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence September 2, 1940
(c) Where did injury occur? Corner Penn & Saratoga (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? No (Specify type of place)
(e) Means of injury stabbed with pen knife during altercation

23. Signature H. L. Williams Jr. M.D. Medical Examiner.
Date signed 9-2-40

VS 6

72576 58387 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 72576 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 S. Maderia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Gernhardt

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rose Gernhardt
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 4-17-70

8. AGE: Years 70 | Months 4 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation RETIRED TAYLOR
11. Industry or business

FATHER
12. Name Jacob Gernhardt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Meyer
15. Birthplace Germany

16 (a) Informant records
(b) Address 4940 Eastern Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 7 /40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zielasko
(b) Address 403 S. WOLFE ST.

19 (b) Hunting Ter Williams, M.D. Registrar
SEP 5 - 1940 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/4 1940, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1940 to 9/4 1940 and that I last saw him alive on 9/3 1940.

Immediate cause of death: Carcinoma of stomach & metastases — Duration: 5 months+
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 9/4/40

72577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 72577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland Sts.
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hr 40min
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Second Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Michael Sneeringer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-40

8. AGE: Years	Months	Days	If less than one day
			4 hr. 40 min.

9. Birthplace Baltimore, Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Sneeringer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mildred Trill
15. Birthplace Pennsylvania

16 (a) Informant Mother, Mildred Sneeringer
(b) Address 2nd Ave., Catonsville, Md.

17 (a) Removal (b) Date thereof 9-5-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) SEP 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

15885

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1940, at 4^00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 4 1940, and that I last saw him alive on Sept 4 1940.

Immediate cause of death	Duration
Asphyxia	
Due to Prematurity. Fetal atelectasis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Fetal atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifton C. Fiemeyer M.D.
Address 1014 W. Lexington St. Date signed 9/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

72578

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 22578

92-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 W. Franklin St. 20-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Giesemann

If U. S. Veteran specify WAR.....

(a) Residence: No. 1838 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of August L. Giesemann

6. DATE OF BIRTH (month, day, year) Oct 28 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman H. Leer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wesselman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Harvey
(Address) 1838 W. Franklin St.

18. BURIAL, CREMATION OR REMOVAL
Place Baltimore Date Sept 7 40

19. UNDERTAKER Chas. H. Grandt & Sons Inc
(Address) 118 W. Mt. Royal Ave

20. FILED SEP 5 - 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1940 to Sept. 4, 1940

I last saw her alive on Sept. 4, 1940 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and (Indefinite)	
Mitral Regurgitation	3/16/40
Other contributory causes of importance: Exhaustion	9/3/40

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) W. L. Campbell M. D.

9/5/40 (Address) 1644 Hanover St

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-3-41-6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B Registered No. F 72573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Bluefield (If outside city or town limits, write RURAL and give town)
(d) Street No. 65 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sula Virginia Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert —

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 10-9-92

8. AGE: Years 47 | Months 10 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace W. Va — (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ed. Heneden
13. Birthplace W Va

MOTHER
14. Maiden Name —
15. Birthplace W. Va

16 (a) Informant Records — JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 6, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Bluefield, W. Va.

18 (a) Funeral director A. J. Lee Oder
(b) Address 4644 York Road

19 (a) SEP 5 - 1940 (Date rec'd by registrar) Huntington Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940 at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1940 to Sept 7 1940, and that I last saw her alive on Sept 7 1940.

Immediate cause of death Myocardial Failure — Duration

Due to Uremia Emaciation Mal-nutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clemmie Bolding M.D.
Address Johns Hopkins Date signed 9-6-40

58736 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72580 — 186-a — Registered No. F 72580

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Fill all blanks. Prepare in duplicate. Use separate certificate for each death. Do not abbreviate. Write the cause of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Do not report symptoms of senility, old age, or infirmity. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Robb St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Windnagel

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Davia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1859

8. AGE: Years	Months	Days	If less than one day
81	1	10	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Marbach
15. Birthplace New York

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Location Baltimore Md

18 (a) Funeral director Williams Cook
(b) Address 2367 St Paul St

19 (a) SEP 5 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3 1940, at 12.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 9/3 1940, and that I last saw her alive on 9/3 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Diabetes mellitus	1 yr.
Due to Fracture neck of Rt. femur	5 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug. 29. 1940
(c) Where did injury occur? 2111 Robb st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell out of Bed

23. Signature Sidney R. Gilbert Jr.
Address Balto City Hosp. Date signed 9/3/40 (M. D.)
Joseph J. Madden, M.D. Chief Medical Examiner per E. Brate

Chief Medical Examiner pro E. Brantz

F 72581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 72581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A.
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Leroy Gillen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-0916

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1922

8. AGE: Years 18 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Sparrows Pt Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Packing house

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Martha Gillen
15. Birthplace Maryland

16 (a) Informant Mr Frank Gillen
(b) Address 1112 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

SEP 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3- 1940, at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-3-40
(c) Where did injury occur? Patapsco River Anne Arundel Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Lost his balance & fell overboard

23. Signature Howard J. Mueller M.D. Medical Examiner

Date signed 9-4-40

VS 6

72582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. 72582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Do not omit any item or make any mark unless your statement is based on knowledge. Do not leave any space blank. If unknown, write "unknown." Fill in all items, including the causes of death clearly and legibly. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Patapsco
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Meyers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia Kraiselburd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1868

8. AGE: Years	Months	Days	If less than one day
72	1	5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Die Setter

FATHER
12. Name Charles A. Meyers
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kopff
15. Birthplace Germany

16 (a) Informant Mrs. Sophia Meyers
(b) Address 1603 Patapsco St

17 (a) Burial (b) Date thereof 10/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md.

18 (a) Funeral director John J. Fahey Sons
(b) Address 1131 E. Biddle St

19 (a) Filed SEP 5 1940 (b) Huntington Williams M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940, to Sept 3 1940, and that I last saw him alive on Sept 3 1940.

Immediate cause of death: Cerebral Hemorrhage
Hemiplegia — Duration 6 days. 6 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Wheeler M. D.
Address 1279 William St. Date signed 9-5-40

~~73558~~ 69

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-a

Registered No. F 72583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N Port (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Josephine Briza

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Briza
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1864

8. AGE: Years	Months	Days	If less than one day
76	7	1	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Thomas Stiegler
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Tuma
15. Birthplace Bohemia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8/40 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Gallows Rd
18 (a) Funeral director Frank Brach & Son
(b) Address 900 N Eutaw St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

SEP 9 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 1 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940, to Sept 5 1940, and that I last saw her alive on Sept 5 1940

Immediate cause of death: Myocardial insufficiency — Duration: 16 hrs
Due to: Post Operative Shock — 24 hrs
Due to: Strangulated Femoral Hernia, Rt. — 1 wk.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Strangulated Femoral Hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Sturgis Jr.
Address Johns Hopkins Hosp Date signed 9/5/40

F 72584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 72584
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any copies are made. Answer each question in full. Use figures for dates, ages, street number, etc. Fill in all blanks if the information is known or can be ascertained. Physicians: please write the causes of death clearly and legibly. Please state the disease causing death, or in deaths from violence, state the nature of injury, and means of injury. Do not use only the words "Heart Disease," "Cancer," "Stroke," "Old Age," "Pneumonia," "Tuberculosis," "Accident," "Fracture," "Homicide," or "Suicide" as the cause of death, but state the actual disease or injury. Please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1814 N. Charles St. Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Helen B. Sprague (Hard)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: John J. Hard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1899

8. AGE: Years 40 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Barrett
13. Birthplace ?

MOTHER
14. Maiden Name ? Laughlin
15. Birthplace ?

16 (a) Informant John J. Hard
(b) Address 1814 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6, 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Albert Arnegar
(b) Address 440 E. Fayette St

SEP 6 - 1940
(Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2, 1940, to Sept 3 1940, and that I last saw her alive on Sept 3 1940.

Immediate cause of death: Pulmonary Edema — Duration: 18 hr.
Due to: Chr. Myocarditis — 2 yr.
Due to: Post Rheumatic Epilepsy following a grand mal seizure — 4 yr.
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Vollmer M. D.
Address Mercy Hosp Date signed 9-3-40
Howard D. Mansfield M. D.
Chief Medical Examiner

VS 3 — Howard D. Smith M. D. Chief Medical Examiner

F 72585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 N. LONGWOOD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N. LONGWOOD ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE ALBERT RICE SR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1910

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ANNA WILHELMINA RICE

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 8, 1886

8. AGE: Years 53 | Months 2 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace FREDERICK MD. (Town, county, and state)

10. Usual Occupation INSURANCE AGT.

11. Industry or business

FATHER 12. Name DAVID S. RICE
13. Birthplace FREDERICK MD.

MOTHER 14. Maiden Name ORIE B. FOUT
15. Birthplace FREDERICK MD.

16 (a) Informant George Albert Rice JR.
(b) Address 1201 N. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Albert W Gregory
(b) Address 440 E. Mount St

19 (a) SEP 6 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 5 1940, at 4 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1940, to SEPT. 5 1940, and that I last saw HIM alive on SEPT. 5 1940.

Immediate cause of death CORONARY THROMBOSIS — Duration LESS THAN 12 Hrs.

Due to

Due to

Other Conditions NONE

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roland E. Bierer M.D.
Address University Hospital Date signed 9/5/40 M. D.

F 72586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93-D

F 72586 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Preston apts Preston St & Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Mary Redwood (MARY BUCHANAN Coale Redwood)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Francis T. Redwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1861

8. AGE: Years	Months	Days	If less than one day
79	2	6	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Geo Buchanan Coale
13. Birthplace Md

MOTHER 14. Maiden Name Caroline Dorsey
15. Birthplace Md

16 (a) Informant Mr John Redwood
(b) Address Ruxton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry N. Filkins Sons Co
(b) Address McCulloh & Richard Sts

(a) Date SEP 6 - 1940 (b) Registrar Hattie F. Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not abbreviate the causes of death clearly and legibly. Exact age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1940, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3/40 19 , to 9/4/40 19 , and that I last saw her alive on 9/4/40 19 .

Immediate cause of death Cerebro-vascular accident, probably cerebral thrombus — Duration 1 Mos

Due to Arteriosclerotic cardio-vascular disease — Duration ?

Due to —

Other Conditions ① paroxysmal auricular fibrillation ② atrophic arthritis
(Include pregnancy within 3 months of death)

Major findings: ③ uremia

Of operations —

Of autopsy not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Pierce

Address University Hospital Date signed 9/4/40

F 72587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 72587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and every question answered. Give the correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Bouldin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Bouldin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Gustav Adolph Wirth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary E. Wirth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1854

8. AGE: Years 86 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Wirth
13. Birthplace Germany

MOTHER 14. Maiden Name Unterwurf
15. Birthplace Germany

16 (a) Informant Mrs Angela
(b) Address 104 S. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director L. Neumann & Son
(b) Address 32 S. Broadway

SEP 6 — 1940 (Date rec'd by local registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1940 at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1938 to Sept 3 1940; and that I last saw h[illegible] alive on Sept 3 1940.

Immediate cause of death	Duration
Encephalomalacia	
Due to Arteriosclerosis	
Due to	
Other Conditions Chronic myocardial degeneration (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 14 N. Eutaw Ave. Date signed 9-4-40

VS 3

F 72588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V46-B

Registered No. F 72588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered, or the certificate will be returned. Be sure to give the causes of death clearly and legibly. Do not use abbreviations or symbols. Do not leave any blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3330 Chestnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3330 Chestnut Ave. 1956
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip F. Justice.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Frances V. Justice
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1857

8. AGE: Years	Months	Days	If less than one day
83	7	2	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Produce Dealer

FATHER
12. Name Mahlon Justice.
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Shipley.
15. Birthplace Md.

16 (a) Informant Frances V. Justice.
(b) Address 3330 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Poplar
Location Balto Co. Md.

18 (a) Funeral director Shenowith & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) SEP 6 – 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1940 at 1 45/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1940 to Sept 5 1940 and that I last saw h. l. M. alive on Sept 5 1940.

Immediate cause of death Cardiac Decompensation — Duration

Due to Arteriosclerotic Cardio-vascular Renal Disease — Duration 7

Due to — Duration

Other Conditions Generalized Carcinomatosis — Duration 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurence J. Shumaker M. D.
Address 3711 Falls Rd. Date signed 9-6-40

VS 3

VS 3

F 72589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

F 72589
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willis a Dorman
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-3396

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1900
8. AGE: Years 40 | Months | Days | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Dorman
13. Birthplace Baeta, Md

MOTHER
14. Maiden Name Carie ?
15. Birthplace Md

16 (a) Informant William S Cott
(b) Address 2005 Bordon Court
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7th /40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans
18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley
19 (a) SEP 8 1940 (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 4 1940 at 1 Fa M
21. I certify that death occurred on the date above stated; that I attended deceased from 9-3- 1940, to 9-4 1940, and that I last saw him alive on 9-4-1940.

Immediate cause of death	Duration
Laceration of Brain, Sub- + Extradural hemorrhage	24hrs
Due to fall	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations as above
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-3-40
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No 311 Pratt St
(e) Means of injury fell from a porch on
23. Signature Frank J. O'Connell M. D. 3885
Address J. H. H. Date signed 9-5-40

Harry L. Mullen M.D. Asst Medical Examiner

VS 3

F 72590
3&3376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 7 3-D

F 72590
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 Colvin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Wheeler
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-8-21
8. AGE: Years 19 | Months 7 | Days 26 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business
FATHER 12. Name Arthur Wheeler
13. Birthplace Va -
MOTHER 14. Maiden Name Emily Monroe
15. Birthplace Va -
16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wenona
18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ave Huntington Woodlawn, M.D.
19 SEP 6 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 4 1940 at 5:07 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Sept 4 1940, and that I last saw her alive on Sept 4 1940.
Immediate cause of death Aplastic anemia — Duration six weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sam A. Asper Jr M. D.
Address Johns Hopkins Hospital Date signed 9-4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-9

Registered No. F 72591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvidere & Greenspring
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hyman Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Ida.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Chaim Baer
13. Birthplace: Russia

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Russia

16 (a) Informant: Sigmund Feinblatt
(b) Address: Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-40 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Hamilton, Phil. Rd.

18 (a) Funeral director: Jack Levin Co.
(b) Address: 1439 E. Baltimore St.

19 (a) SEP 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 5 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1933, to Sept 5 1940, and that I last saw him alive on Sept 5 1940.

Immediate cause of death: Chronic Valvular heart disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Edmund Levin M. D.
Address: Levindale Date signed

VS 8

F 72592 Ray Teter

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 72592 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Be sure to state the causes of death clearly and legibly. Use no abbreviations or symbols except such as are approved by the Health Department. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3350 Belvedere Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray Teter

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lora Teter
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Sept. 16, 1877
8. AGE: Years 62 | Months 11 | Days 18 | If less than one day ... hr. ... min.
9. Birthplace U. S. A. (Town, county, and state)
10. Usual Occupation Trucks
11. Industry or business

FATHER
12. Name Sirus Teter
13. Birthplace U. S. A.

MOTHER
14. Maiden Name Hannah ?
15. Birthplace U. S. A.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows
Location E. Chas St. Va
18 (a) Funeral director George H. Tittle
(b) Address 2700 Edmondson Ave
SEP 6 — 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6- 1940, at 3 A.M. 45
21. I certify that death occurred on the date above stated; that I attended deceased from 5-16- 1940 to 9-6- 1940, and that I last saw h alive on 9-6- 1940

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Cardiac failure — 7
Due to: Hypertensive CVD
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address Balt. City Hosp. Date signed 9-6-40 M. D.

VS 8

F 72593

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 72593

(Date received by Registrar) (b) Registrar

VS 3

Address Baltimore City Hosp Date signed 9-6-40

72593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 72593

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3936 Norfolk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3936 Norfolk Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-9

3 (a) FULL NAME HENRY CARROLL WEAVER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-8497

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Georgiene Weaver

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May 10, 1884

8. AGE: Years 56 | Months 3 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual Occupation Supervisor

11. Industry or business Montgomery-Ward &Co.

FATHER
12. Name William H. H. Weaver
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Fannie Martin
15. Birthplace Middleburg, Md.

16 (a) Informant Mrs. Edna G. Weaver
(b) Address 3936 Norfolk Ave.

17 (a) Burial (b) Date thereof Sept. 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

SEP 6 - 1940 (c) [signature] Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1940, at 2.10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940, to Sept 4 1940 and that I last saw h[illegible] alive on Sept 4 1940.

Immediate cause of death	Duration
Coronary Occlusion	2 days
Due to Coronary Occlusion	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address 2220 Garrison Blvd. Date signed Sept 5, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72594

F 72594

VS 3

72594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 72594 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Prepare the original only. Do not use pencil. Be sure to state the causes of death clearly and legibly. Items of identification must be correct; age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Calvert and Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 28 E. Mt. Vernon Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. INA B. JUMP

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Samuel Jump

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 18-1875

8. AGE: Years 64 | Months 9 | Days 5,7 | If less than one day ..... hr. ..... min.

9. Birthplace: Easton, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: own home

FATHER 12. Name: Perry Leonard

FATHER 13. Birthplace: Easton, Md.

MOTHER 14. Maiden Name: Mary Harrington

MOTHER 15. Birthplace: Easton, Md.

16 (a) Informant: Mrs. Adele Dayford

(b) Address: 1813 St. Paul

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1940 (month) (day) (year)

(c) Cemetery or crematory: Spring Dell

Location: Easton, Md.

18 (a) Funeral director: James A. Spence

(b) Address: Easton, Md.

19 (a) ..... (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

SEP 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1940 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Sept. 5 1940 and that I last saw h[illegible] alive on Sept. 5 1940.

Immediate cause of death: Cardiac Failure — Duration: 1 hour

Due to: .....

Due to: .....

Other Conditions: Generalized Carcinoma — Duration: ± 3 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: .....

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: .....

(b) Date of occurrence: .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury: .....

23. Signature: John F. Schaefer M. D.

Address: Mercy Hospital Date signed 9/5/40

VS 3

72595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. E 72595

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore harbor
(b) Street address — foot of Bay st.
(c) Hospital or institution: — by police boat Robert E. Carter.
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. — 929 North Eden st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LOUIS SUNKEET

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-1813

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1898

8. AGE: Years: 42 | Months | Days | If less than one day: hr. min.

9. Birthplace — Baltimore Md
(Town, county, and state)

10. Usual Occupation — Laborer

11. Industry or business — W. P. A. Camp Hilabird

FATHER
12. Name — Henry Sunkeet
13. Birthplace — Virginia

MOTHER
14. Maiden Name — Mary Johnson
15. Birthplace — Dorchester Md

16 (a) Informant — Mother Mary Sunkeet
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1940 (month) (day) (year)
(c) Cemetery or crematory — Mt Calvary Cem
Location — Brooklyn Ave. & C.O. Md

18 (a) Funeral director — Byd or Dramier & Wright
(b) Address — 1218 McElderry St

19 (a) SEP 6 - 1940 (Date received by registrar) — Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH — September 4 1940; at 6 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an — autopsy — (Autopsy or Inquiry) thereon and from the evidence obtained by said — ? — (Autopsy or Inquiry) find that said deceased came to — his — death on the day stated above.

Immediate cause of death — Drowning / accidental — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide — accident
(b) Date of occurrence — estimate about 9-1-40
(c) Where did injury occur? — foot of Bay st. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — Public place (Specify type of place) While at work? —
(e) Means of injury — Drowning

23. Signature — H. L. Wallace Jr. M.D. Medical Examiner.
Date signed — 9-4-40

E 72596

VS 6.

F 72596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 72596

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 S. Spring St.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-
(e) Length of stay in Baltimore (yrs., mos., or days) 3-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 S. Spring St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NIKOLAI SAWITZKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1889

8. AGE: Years	Months	Days	If less than one day
51 50	-		hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ignace Sawitzky
13. Birthplace Russia

MOTHER
14. Maiden Name Helen
15. Birthplace Russia

16 (a) Informant Vincent Sawitzky
(b) Address 20 S. Rehestor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 6 40 (month) (day) (year)
(c) Cemetery or crematory National (Fred'k Rd.)
Location FREDERICK RD.

18 (a) Funeral director Martin W. E. Uppal
(b) Address Lombard & Ann Sts

19 (a) SEP 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1940, at 1:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 9-5-40

VS 6

VS 6

72597

58613
LD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

F 72597
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 16-24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Parrish St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
WILLIE Will Roberts

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Lula Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1889

8. AGE: Years	Months	Days	If less than one day
51	?	?	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Relief
11. Industry or business

FATHER
12. Name Albert Roberts
13. Birthplace North Carolina

MOTHER
14. Maiden Name Ellen Holeman ?
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 7, 1940
(month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St
19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar
SEP 8-1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24-1940 to 9-2-1940 and that I last saw h[illegible] alive on 9-2-1940.

Immediate cause of death	Duration
Cardiac failure	?
Uremia	?
Due to Hypertensive CVD	?
Due to Arteriolar nephrosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J Murray Hebster M. D.
Address Balto City Hosp. Date signed 9-4-40

F 72598

VS 3

F 72598

F 72598

39006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Do not write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mth. 16 days 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Garage #24, 24 Kresson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Beaureyard Greenwood

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married ~~single~~

6 (b) Name of husband or wife Eugenia Greenwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/19/1861

8. AGE: Years	Months	Days	If less than one day
79	3	12	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name John Greenwood
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Hunter
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1100 W. Lombard St.

19 (a) SEP 6 - 1940 (Date rec'd by registrar) (b) Flemington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1- 1940, at 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15- 1938 to 9-1- 1940, and that I last saw h[illegible] alive on 9-1- 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Hypertensive CVD	?
Due to Gen. A-S.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 9-5-40

VS 3

VS 3

F 72599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 72599

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 145 Siegwart Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 Siegwart Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY VENETTA HELM MILLER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Herbert C. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Franklin Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Wright
15. Birthplace Maryland

16 (a) Informant Mrs. Marie V. Montgillion
(b) Address Washington Road, Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
(d) Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b) Huntington Williams, III Registrar

S60

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4, 1940, at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26, 1937, to Sept. 4, 1940, and that I last saw her alive on Sept. 4, 1940:

Immediate cause of death	Duration
Cerebral Hemorrhage	16 months
Due to Hypertension	16 mos.
Due to Arterio-sclerosis	16 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ogden, M. D.
Address 2701 N. Calvert St. Date signed Sept 6, 1940

VS 2 40 Baltimore, Md.

F 72600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 72600
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Owings (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriett M. Kemp.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-03-6369

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Henry Kemp
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 18, 1865
8. AGE: Years 74 | Months 8 | Days 17 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Lochrield, John Co.
FATHER 12. Name Joseph Elliott
13. Birthplace Md.
MOTHER 14. Maiden Name Catherine Clayton
15. Birthplace Md.
16 (a) Informant Mrs. Edna L. Bourne
(b) Address Owings, Calvert Co. Md.
17 (a) Burial (b) Date thereof 9-7-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.
18 (a) Funeral director Wm. J. Dickey & Son
(b) Address North & Pulaski Sts.
19 (a) (b) Registrar
(Date rec'd by registrar)
SEP 6
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1940, at 1:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1940, to Sept. 5 1940, and that I last saw her alive on Sept. 5 1940.
Immediate cause of death Bronchopneumonia, Toxemia — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Henry Haase M. D.
Address University Hosp Date signed 9-5-40

72601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

127-13 F 72601
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E Eyerly

3 (b) If veteran, name war
3 (c) Social Security Account No. 705-09-2715

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/13/1898

8. AGE: Years 42 | Months 3 8 | Days 24 | If less than one day 2 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation B & O.
11. Industry or business Laborer

FATHER
12. Name Chas J. Eyerly
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Conway
15. Birthplace Baltimore

16 (a) Informant Mrs. M Eyerly
(b) Address 1327 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month), (day), (year)
(c) Cemetery or crematory Cedar Hill
Location Balto. Md.

18 (a) Funeral director J. Fahey Sons
(b) Address 1218 Light St.

19 (a) (Filed) (b) Registrar

SEP 6 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to Sept 5 1940, and that I last saw h alive on Sept 5 1940.

Immediate cause of death: Puerperal Sepsis — Duration: 4 hrs.
Due to: Rupture of Cholecystic pustule
Due to:
Other Conditions: Thrombo-angiitis obliterans
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cholecystectomy & Thrombo-angiitis obliterans
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Sabatini
Address St Jos Hosp
Date signed 9-6-40 M. D.

F 72602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 72602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Holbrook Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Holbrook Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 Years years

9 9

3 (a) FULL NAME Robert Tweedy

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary McGonigle
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 24 1868

8. AGE: Years	Months	Days	If less than one day
72	5	11	~~Hr.~~ ~~min.~~

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Stationary (School)

FATHER
12. Name George Tweedy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Tweedy
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Tweedy
(b) Address 1720 Holbrook Street

17 (a) Burial (b) Date thereof Sept. 7, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balto.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) SEP 6 1940 (b) Hunting for Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/3/1940 to 9/4/1940 and that I last saw h— alive on 9/4/1940

	Duration
Immediate cause of death Myocardial Insufficiency	5 days
Due to Myocarditis	5 mos
Due to Arteriosclerosis	2 years
Other Conditions Chronic Arthritis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Kelly
Address 632 E. 22nd Date signed 9/5/40

VS 3

No. 72603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72603

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in Baltimore (yrs., mos., or days) ? 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County None

(c) City or town Baltimore (City)
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3016 Harford ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Minnie Bischoff Schuppner (Mrs. John)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mr. John Schuppner

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 6th, 1861

8. AGE: Years 79 | Months 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name Mr. Gottfried Bischoff

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Neiderhoffer

15. Birthplace Germany

16 (a) Informant Hospital History

(b) Address Union Memorial Hospital

17 (a) Burial (b) Date thereof Sept 9 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine Park,

Location Windsor Mill Road Baltimore Co.

18 (a) Funeral director George J. Quirk Inc.

(b) Address 1735 Harford Ave.

19 (a) SEP 9 — 1940 (b) Huntington Williams M.D.
(Date received by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1940, at 7:00½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17th 1940, to Sept 5th 1940, and that I last saw h[illegible] alive on Sept 5th 1940

Immediate cause of death Pulmonary edema — Duration 6 days

Due to Cardiac decompensation — 2 weeks

Due to Arteriosclerotic heart disease — years

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Ferdinand E. Chatard IV M.D.

Address Union Memorial Hosp. Date signed 9-6-40

VS 3

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-C F 72694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 Northway Guilford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Northway Guilford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur E. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Charlotte A. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 - 1880

8. AGE: Years	Months	Days	If less than one day
60	4	3	— hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Book Keeper
11. Industry or business

FATHER
12. Name Edward Martin
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ann Dentry
15. Birthplace Phila. Pa.

16 (a) Informant Miss Lydia Martin
(b) Address 216 Northway Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9. 1940 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location Baltimore Md

18 (a) Funeral director Jeremiah E. Lyter
(b) Address 1660 W. North Ave.

19 (a) SEP 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1930 to Sept 4 1940, and that I last saw h im alive on Sept 4 1940.

Immediate cause of death Cardio Renal Disease — Duration 7 yrs 5 days

Due to Gangrene of Leg — 12 hours

Due to Cardiac arthritis — over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Thomas
Address 3136 Lanford Rd Date signed Sept 9/40

VS 3

VS 3

3852 02
72605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-F

Registered No. F 72605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Pr. Geo's
(c) City or town Tacoma Pk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor R Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1-24

8. AGE: Years 16 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Ralph C Miller

13. Birthplace Ill.

MOTHER 14. Maiden Name Edith Barrett

15. Birthplace Ontario

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Hoch Memorial Park
Location Riggs Road, Pr. Geo. Co. Md.

18 (a) Funeral director J. Herbert Walton
(b) Address 254 Carroll St. Takoma Park, D.C.

19 (Date rec'd by local registrar) SEP 7 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 8 1a PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940, to Sept 6 1940, and that I last saw him alive on Sept 6 1940.

	Duration
Immediate cause of death: Glioma of pineal (malignant)	1 yr.
Due to:	
Due to:	
Other Conditions: Post-operative shock	8 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Huge inoperable tumor
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. O'Hern M. D. 3853
Address J.H.H. Date signed 9-6-40

VS 3

F 72606 — BALTIMORE CITY HEALTH DEPARTMENT / 183 — Registered No. F 72606

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Patapsco River -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Harbor Boat 7 Fell St. - Schooner Catherine 1402 Towson St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Gibson

3 (b) If veteran, name war — No —
3 (c) Social Security Account No. 213-12-2203 —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed —

6 (b) Name of ~~husband~~ or wife Grace Gibson —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 25 1885 —

8. AGE: Years 54 | Months 11 | Days 76 | If less than one day hr. min.

9. Birthplace Charlottesville Va
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Ford Mill Packing Co

FATHER
12. Name Richard Carter Gibson
13. Birthplace Charlottesville, Va.

MOTHER
14. Maiden Name Anna Marie Cowley
15. Birthplace Charlottesville, Va.

16 (a) Informant Mr James H Mackey
(b) Address 1402 Towson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location J. A. Co.

18 (a) Funeral director William Cook
(b) Address 643 N. Stricker St

19 (a) SEP 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 - 1 - 1940, at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ? 9/1/40
(b) Date of occurrence as mentioned
(c) Where did injury occur? Balto - City Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Public (Specify type of place) While at work? ?
(e) Means of injury Found floating in harbor (Autopsy)

23. Signature Howard Jonsson M.D.
Medical Examiner.
Date signed 9-6-40

VS 6

VS 6

72607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 a

Registered No. 72607

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Mc Henry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Mc Henry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Michael Wachter

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Sara Wachter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16th 1862

8. AGE: Years	Months	Days	If less than one day
77	8	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name Lewis M. Wachter
13. Birthplace Lewistown Md

MOTHER
14. Maiden Name Maria C. Green
15. Birthplace Md

16 (a) Informant Mrs Helen Vaughn
(b) Address 2516 Mc Henry st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/7/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Zion Lutheran Church
Location mail Lewistown Frederick Co Md

18 (a) Funeral director William Cook
(b) Address 527 St. Paul st

19 (a) SEP 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5th 1940, at 8:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940, to Sept 5 1940, and that I last saw h~~im~~ alive on Sept 5 1940

Immediate cause of death	Duration
Coronary Sclerosis	1 Year
Cardiac Insufficiency	2 weeks
Due to Cerebral Hemorrhage	4½ mos.
Due to with Left Hemiplegia	
Other Conditions General Arteriosclerosis, Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Cooper M. D.
Address 2107 Park Ave. Date signed 9/6/40

VS 3

F 72608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/13-B

Registered No. F-72608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U.S.Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Shields Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? year

3 (a) FULL NAME William Arthur BOONE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1886

8. AGE: Years 54 | Months 6 5 | Days 8 28 | If less than one day hr. min.

9. Birthplace Calvert County, Maryland
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name William Boone
13. Birthplace Calvert County, Maryland

MOTHER
14. Maiden Name Jane (unknown)
15. Birthplace Calvert County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. National
Location Balto. City

18 (a) Funeral director Sam'l. M. Chase Son
(b) Address 638 W. Fayette St.

19 (a) SEP 7 1940 (Date rec'd by registrar) (b) Thurlow Tomlinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5, 1940 at 9:10PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5, 1940 to Sept. 5, 1940, and that I last saw him alive on Sept. 5, 1940.

Immediate cause of death	Duration
Pulmonary hemorrhage	1 hour
Due to Pulmonary tuberculosis, far advanced	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 9/6/40
Baltimore, Maryland.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Information should be complete in every respect. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

72609 F 72609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Preston a/t Preston & Linford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Preston Apts. Preston & Linford
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Newton Groff

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-9475

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Lillian G. Jordan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1871

8. AGE: Years	Months	Days	If less than one day
68	9	6	hr. min.

9. Birthplace Thurmont Md
(Town, county, and state)
10. Usual Occupation Mngr Wm H Ecker Sons
11. Industry or business Wholesale Hardware

FATHER
12. Name Newton C. Groff
13. Birthplace Frederick Co Md

MOTHER
14. Maiden Name Helen Key Landers
15. Birthplace Frederick Co Md

16 (a) Informant Mrs. Geo Newton Groff
(b) Address Preston Apartments

17 (a) Burial (b) Date thereof Sept 9 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Eutaw St

19 (a) SEP 7 1940 (b) Huntington Willis M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6 1940, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19— to Present 19— and that I last saw h.z alive on July 19 40.

Immediate cause of death: Coronary Thrombosis — Duration: —

Due to Arteriosclerotic Heart Disease — Duration: 2+ Yrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Jordan M. D.
Address 1129 St Paul St Date signed 9-6-40

N. L. Wollenweber M.D.
Assistant Medical Examiner — per E.L. Brantigan

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Accuracy in stating the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

Assistant Medical Examiner — E. R. Brueggeman

F 72610 58867--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 72610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 S. Fremont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT Albert Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-1898

8. AGE: Years	Months	Days	If less than one day
41	8	16	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Noah Taylor
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary
15. Birthplace N.C.

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 Date rec'd by local registrar SEP 7 1940 Katie R. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1940, at 6 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3- 1940, to 9-4- 1940 and that I last saw h[illegible] alive on 9-4- 1940.

Immediate cause of death	Duration
Asphyxia	?
Due to Carbon Monoxide poisoning	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-5-40

F 72611

DH 58737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

F 72611 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Mangold St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Kraemer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Bertha Kraemer
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 28, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Sewer
11. Industry or business

FATHER
12. Name George Kraemer
13. Birthplace Md. Germany

MOTHER
14. Maiden Name Henrietta Sparenberg
15. Birthplace Md. Richmond Va

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9. 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto City

SEP

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 W. Lafayette St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940 to 9/5 1940 and that I last saw him alive on 9/5 1940.

Immediate cause of death: Diabetes mellitus — 7 days
Due to: Arteriosclerotic cardio vascular renal disease — ?
Due to: Intertrochanteric fracture L/F femur — 7 days
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-29-40
(c) Where did injury occur? City - 819 Mangold St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall on floor or steps? Other
23. Signature Sidney R. Schloss Jr.
Address Balto City Hosp. Date signed M./D. 9/6/40

Sidney R. Schloss M.D
Chief Resident Examiner

VS 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 72612 — Registered No. F 72612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Eisel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Amalia Eisel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) april 4. 1882

8. AGE: Years	Months	Days	If less than one day
58	5	2	hr. min.

9. Birthplace Balto, md (Town, county and state)
10. Usual Occupation attendant
11. Industry or business gasoline station

FATHER
12. Name Nicholas Eisel
13. Birthplace germany

MOTHER
14. Maiden Name Barbara Bahnlein
15. Birthplace Balto, md

16 (a) Informant Joseph Eisel
(b) Address 1343 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10. 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Balto md

18 (a) Funeral director Margaret A. Flynn
(b) Address 422 Light St.

19 SEP 7 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 — 6 1940, at 5.20 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 - 6 1940 to 9 - 6 1940 and that I last saw h[illegible] alive on 9 - 6 1940.

Immediate cause of death — Duration

Cardiac decompensation

Due to arteriosclerotic

Due to cardio-Vas. disease Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address [illegible] Date signed 9-6-40

VS 3

F 72613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 13/a ✓ Registered No. F 72613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County — A.A.
(c) City or town ~~Baltimore~~ Brooklyn Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Arundel Road, Brooklyn Park
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James C. Moore
3 (b) If veteran, name war
3 (c) Social Security Account No. 705-09-1818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annabel Moore
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1893

8. AGE: Years	Months	Days	If less than one day
46	9	29	..... hr. ..... min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business B. & O. R.R.

FATHER
12. Name Buchanan Moore
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Preston
15. Birthplace Md.

16 (a) Informant Mrs. Anabel Moore
(b) Address 7 Arundel Road

17 (a) Burial (b) Date thereof Sept 9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Park Md.

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St.

SEP 7 1940

19 (a) ..... (b) Huntington Williams, M.D. Address Mercy Hospital
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1940, at 2.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940, to Sept. 6 1940, and that I last saw him alive on Sept. 6 1940.

	Duration
Immediate cause of death: Uremia	2 wks
Due to: Chronic Nephritis	3 mos.
Due to: Hypertensive Cardiovascular Renal disease	10 yrs.
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Primary Contracted Kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Wagner
Date signed 9/6/40 (M. D.)

VS 3

VS 3 540

72614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72614 Registered No. 483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 753 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 753 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Robinson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fe
5. Color or race: wh
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30 1902

8. AGE: Years 37 | Months 8 | Days 5 4 | If less than one day hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Factory Hand
11. Industry or business Canning Factory

FATHER
12. Name James Poles
13. Birthplace Md Co Md

MOTHER
14. Maiden Name Lottie Nolan
15. Birthplace Md Co Md

16 (a) Informant Annie Jordan
(b) Address 753 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-40 (month) (day) (year)
(c) Cemetery or crematory Jones Church Ct
Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 SEP 7 — 1940 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1940, at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Sept 4 1940, and that I last saw h alive on Aug 4 1940.

Immediate cause of death: Carcinoma of Uterus and Adnexa — Duration: abt 3 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Candler M. D.
Address 911 Warner Date signed 9/7/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

F 72615 — Registered No. F 72615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Wilmer
(b) Street address 1227 Wilmore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore 70 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Wilmore St (If rural give location)
Wilmer
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addison Manns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellen Manns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Magothy Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Nedrus

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Ellen Manns

(b) Address 1227 Wilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 8 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore

18 (a) Funeral director Mrs Oda Bailey

(b) Address 1421 Jefferson St

SEP 7 — 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1940 at 3.36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to Sept 3 1940 and that I last saw h[illegible] alive on Sept 3 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Coleman M. D.

Address 2039 McCulloh Date Sept 6 40

VS 3

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72616

CERTIFICATE OF DEATH

F 72616

1. PLACE OF DEATH — Baltimore City — 94a

CITY OF BALTIMORE: (No. 303 Wyman & Dodge St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Mae Baker

(a) Residence: No. 303 Wyman & K Drive St., 1247 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married Baker

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Harvey Rickard

6. DATE OF BIRTH (month, day, year) March 14 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) Balto Co (State or country)

MOTHER

15. MAIDEN NAME Ruth Alice Boulden

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge 9/9/40

19. UNDERTAKER A. S. Waxpall
(Address) 3539 Falls Road

20. SEP 7 - 1940 19.... Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1940 to Sept 5, 1940

I last saw her alive on Sept 5, 1940. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:
Hypertension
arterial sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. D. Fronfelter M. D.

(Address) 1123 St Paul St

VS 3

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 72617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 PARK AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) **FULL NAME** EMMANUEL WAD

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	DIVORCED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 10, 1862

8. AGE: Years	Months	Days	If less than one day
78	5	27	hr. min.

9. Birthplace DENMARK (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name MATHIAS WAD
13. Birthplace DENMARK

MOTHER
14. Maiden Name MARY FISTAINE
15. Birthplace DENMARK

16 (a) Informant Mand Schwartz
(b) Address 225 N Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore MD

18 (a) Funeral director Wilhelm Bros
(b) Address 217 N Howard St

19 (a) SEP 7 - 1940 (b) Huntington Williams, M.D. Registrar
(Date read by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 6, 1940, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from AUG. 25 1940, to SEPT. 6 1940, and that I last saw HIM alive on SEPT. 6 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	?
Due to ARTERIO-SCLEROTIC HEART DISEASE	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hydronephrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home and Infirmary Date signed 9/6/40

VS 3

F 72618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 72618

CERTIFICATE OF DEATH

46 G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5714 Kenmore Road Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Bruce Aldrich

If U. S. Veteran specify WAR Wald

(a) Residence: No. 5714 Kenmore Road St. 27-12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Riley Aldrich

6. DATE OF BIRTH (month, day, year) May 26, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 65	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive Resident Oil Company.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Christ Church England.

FATHER

13. NAME Frederick Ernest Poynter Aldrich

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Jessie Goddard

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Bruce Aldrich

(Address) 5714 Kenmore Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Druid Ridge Date 9/7/ 1940

19. UNDERTAKER William Cook

(Address) 1940 St Paul St

20. FILED SEP 7 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 15 1939 to September 6 1940

I last saw him alive on September 5, 1940. Death is said to have occurred on the date stated above, at 8 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Body of the Pancreas	12/15/39
Other contributory causes of importance: None	

Was an operation performed? yes Date of July 13, 1940

For what disease or injury? Exploratory Exploratory

Name of operation for Carcinoma Body of pancreas

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Grafton Hersperger M. D.

(Address) 214 Medical Arts Building

INSTRUCTIONS: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 72619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91a

F 72619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 Mosher St.
(c) Hospital or institution: W. Balt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Mc Sherry

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 214-12-3696

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-12-21

8. AGE: Years 19 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stepper

11. Industry or business Sheehan Sheet Metal Work

FATHER 12. Name Paul McSherry
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Blanche Watts
15. Birthplace Carroll Co, Md.

16 (a) Informant Bernie Lucas
(b) Address 2811 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) SEP 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 1940, at 7.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1940, to 9-5 1940, and that I last saw h~~im~~ alive on 9-5 1940.

	Duration
Immediate cause of death: Acute bacterial endocarditis	4 wks.
Due to: Staphylococcus aureus	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L E Bonnerthal M. D.
Address Date signed

M. D. D. 1265-9

VS 3

M. D. B. 1265-b

F 72620 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131aF 72620

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 Penna Ave St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Glover Smith

(a) Residence: No. 2340 Penna ave St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Walter Smith

6. DATE OF BIRTH (month, day, year) April 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	45	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cert Upholstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. upholstery Business

10. Date deceased last worked at this occupation (month and year) aug. 1940

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME William Henry glover

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Mary Obey

16. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va

17. INFORMANT James Walter Smith

(Address) 2340 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date 9/8 1940

19. UNDERTAKER Geo. L. Kelson

(Address) 1303 Pressman St

20. FILED SEP 7 - 1940 Huntington Williams Registrar

V. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.4.40 19

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1940 to Sept. 4, 1940 19

I last saw her alive on Sept. 4, 1940 Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	6.19.40
arteriosclerosis	6-19-40

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Pair M. D.

(Address) 400 N. Carrollton ave.

F 72621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

920 F 72621

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3108 Brentwood Ave (Ward) 12

Length of residence in city or town where death occurred 82 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Ellen Smith

If U. S. Veteran specify WAR.....

(a) Residence: No. 3108 Brentwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James 1858

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 82 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Henry Tabb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Frazer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Smith

(Address) 3108 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/9 19 40

19. UNDERTAKER Geo. L. Kelson

(Address) 1303 Presstman St

SEP 7 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1940

22. I HEREBY CERTIFY, That I Attended deceased from August 11 1940 to Sept 6 1940

I last saw h.. alive on Sept 6 1940 Death is said to have occurred on the date stated above, at 1:25 PM

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease — Date of onset (month or year)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Colegrove M. D.

(Address) 2037 McCulloh.

VS 3

WRITE PLAINLY, WITH PEN AND INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72622

384092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B Registered No. F 72622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Bertina Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 3-18-39

8. AGE: Years 1 | Months 175 | Days 17 | If less than one day .....hr. .....min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER 12. Name Arthur Mitchell
13. Birthplace Md

MOTHER 14. Maiden Name Gert Stanley
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location R. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) Wellington Williams Registrar (Date rec'd by registrar) SEP 7 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940, to Sept 5 1940, and that I last saw her alive on Sept 5 1940.

Immediate cause of death: Miliary Tuberculosis — Duration: 5 months

Due to.....

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Miliary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Henry P. Goldberg M.D.
Address Johns Hopkins Hosp Date signed 9-5-40

72623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

F 72623
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3518 Frankford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Frankford
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Gerald Ryan

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-12-6857

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katherine Ryan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8/26/1891
8. AGE: Years 49 Months 0 Days 10 If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation athletic instructor
11. Industry or business

FATHER
12. Name Martin J Ryan
13. Birthplace Baltimore - Md

MOTHER
14. Maiden Name Mary Foley
15. Birthplace Baltimore

16 (a) Informant Mrs Katherine Ryan
(b) Address 3518 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director J. J. Fahey Sons Inc.
(b) Address 1318 Eutaw St Huntington Williamsport, Md.
19 (a) SEP 9 - 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940, at 4:1 M
21. I certify that death occurred on the date above stated that I attended deceased from June 1 1940 to Sept 5 1940 and that I last saw h alive on Sept 5 1940.

Immediate cause of death: Acute Hodgkins Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frances L. Bagli M. D.
Address 6077 Harford Rd Date signed

Vacher Foster.

F 72624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 72624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Balto. Jail Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 W. West St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vacha Foster

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-7675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Annapolis, Md (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Wm H. Foster
13. Birthplace Md

MOTHER
14. Maiden Name Alice Day
15. Birthplace Md

16 (a) Informant Carrie Pindell
(b) Address 25 Perkins St. Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1940 (month) (day) (year)
(c) Cemetery or crematory Bruers Cem.
Location Annapolis, Md

18 (a) Funeral director James A Stamps
(b) Address 142 Wood St

19 (a) Filed SEP 7 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1940 at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940 to Sept 5 1940 and that I last saw h alive on 19

Immediate cause of death Pulmonary Hemorrhage

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 612 G St Date signed 9-7-40

SEP 7 1940
VS 3

F 72625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 81a

Registered No. F 72625

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the cau e causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 months

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Moreland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sara Jane Hack
3 (b) If veteran, name war —
3 (c) Social Security Account No.
4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 21, 1939
8. AGE: Years 1 | Months 2 | Days 16 | If less than one day hr. min.
9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Hack
13. Birthplace Russia

MOTHER
14. Maiden Name Gertrude Siegel
15. Birthplace Baltimore

16 (a) Informant mother
(b) Address 1605 Moreland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parochial Vera Location Mt Carmel
18 (a) Funeral director Jos. L. Gunsky
(b) Address 1439 E. Balto St
19 SEP 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 12:45 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Sept 7 1940, and that I last saw her alive on Sept 7 1940.
Immediate cause of death meningitis — Duration 10 days
Due to cause undetermined
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —
23. Signature Maynard Cohen M.D.
Address Sydenham Date signed Sept 7, 1940

VS 3

72626

BALTIMORE CITY HEALTH DEPARTMENT

SS.SEC.# 212-01-0929 CERTIFICATE OF DEATH 121 Registered No. F 72626

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W. B. H. Hospital
(b) Street address Payne Ave.,
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Pk. Hgts. Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Scherr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-27-1905

8. AGE: Years 35 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER 12. Name Abraham Scherr
13. Birthplace Russia

MOTHER 14. Maiden Name Sophie —
15. Birthplace Russia

16 (a) Informant Regina Scherr
(b) Address 3804 Pk. Hgts. Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Memorial Park
Location Phil. Pa.

18 (a) Funeral director Jack Keiser Inc
(b) Address 1739 E. Balto. St

19 SEP 7 - 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 6 1940, at 6.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1940 to 9-6 1940, and that I last saw h.i.m alive on 9-6 1940.

Immediate cause of death	Duration
Circulatory Collapse	
Due to Ruptured Appendix with localized peritonitis	
Due to	
Other Conditions Fecal fistula Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ruptured Appendix & localized peritonitis.
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. E. Blumenthal M. D.
Address Date signed

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72627 — Registered No. F 72627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 S Sharp st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23rd
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 S Sharp (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Scribner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Scribner

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Oct 8 1885

8. AGE: Years 54 | Months 10 | Days 2928 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER
12. Name John Smith
13. Birthplace unknown
14. Maiden Name Lettie Smith
15. Birthplace unknown

16 (a) Informant William Savage
(b) Address 920 Warner st

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore Md

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W Hamburg St.

19 SEP 7 - 1940 Burial permit issued by Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to Sept 5 1940, and that I last saw h[illegible] alive on Sept 5 1940.

Immediate cause of death: Carcinoma of Uterus — Duration: 6 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Strauss, M. D.
Address 1111 W Lee st Date signed 9/6/40

VS 3

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 72628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY LANGFORD

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Washington Pratt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Pratt
15. Birthplace Baltimore, Md.

16 (a) Informant Beatrice Gray
(b) Address 203 N. Carey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calay
Location Balti.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Hamby St.

19 (a) SEP 7 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4, 1940, at 5.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Sudden

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 9-5-40

VS 6

VS 6

F 72629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. F 72629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2615 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 E. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Englebrecht.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife George
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Aug. 7- 1879
8. AGE: Years 61 Months Days 27 If less than one day 28 hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lutz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sophia Montlause
15. Birthplace Balto Md.

16 (a) Informant George Englebrecht
(b) Address 2615 E. Fairmount
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.
18 (a) Funeral director J. Moran
(b) Address 3007 E. Balto St.
19 SEP 7 - 1940 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5 1940, at 5:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to Sept. 5 1940, and that I last saw h[illegible] alive on Sept. 5 1940.

Immediate cause of death: Carcinoma Colon (Carcinoma of liver) — Duration: May 2-1940
Due to —
Due to —
Other Conditions Arteio-Sclerosis — 1 yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operation Carcinoma of Liver - Spleen - Intestinal Adh. -
* Autopsy — C.a. of Liver -

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Louis F. Krumrein M. D.
Address 722 N. Kenwood Ave Date signed Sept 6/40

* Material obtained for study C.H. of Liver -

VS 8

F 72630

LeCates

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72630 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bennington Ave & Wyman Park Dr
(c) Hospital or institution:
U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Snowell (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Snowell
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN LEKITES (John LeCates)

3 (b) If veteran, name war: WORLD WAR
3 (c) Social Security Account No.: ?

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 1898

8. AGE: Years 42 | Months 96 | Days 14 | If less than one day: hr. min.

9. Birthplace ? Delaware
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name SAM LEKITES
13. Birthplace DELAWARE

MOTHER
14. Maiden Name ANNIE LATCHUM
15. Birthplace MARYLAND

16 (a) Informant JOHN LEKITES
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/40 (month) (day) (year)
(c) Cemetery or crematory
Location Berlin Md.

18 (a) Funeral director BURBAGE Funeral Home
(b) Address Berlin, Md.

SEP 8 1940 (Date rec'd by registrar) (b) Registrar, Worcester Co., Md.

VS 3

MEDICAL CERTIFICATION 11.32 AM

20. DATE OF DEATH 9/7 1940, at 1.12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1940, to 9/7 1940, and that I last saw him alive on 9/7 1940.

	Duration
Immediate cause of death: PNEUMONIC TUBERCULOSIS	UNKNOWN
Due to: PULMONARY TUBERCULOSIS	UNKNOWN
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond S Roy M. D.
Address U S Marine Hospital Date signed 9/7/40

VS 3

72631 (Adelaide) BALTIMORE CITY HEALTH DEPARTMENT 131-a F 72631

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John W. Barber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1902

8. AGE: Years 38 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Clarence S Brown
13. Birthplace N. Y.

MOTHER
14. Maiden Name — Williamson
15. Birthplace N. Y.

16 (a) Informant John W Barber
(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Grove
Location Near Westminster Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville Md.

19 (a) (Date rec'd by registrar) (b) (Registrar)

SEP 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1940, to Sept 7 1940, and that I last saw h-r alive on Sept 7 1940.

	Duration
Immediate cause of death Acute pulmonary Edema	12 hrs.
Due to Chronic nephritis and hypertension	
Due to Pregnancy	26 wks.
Other Conditions Pregnancy 26 wks. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address University Hospital Date signed 9-7-40

F 72632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Garrett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~husband or wife~~ mother Beatrice Garrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 17 1938

8. AGE: Years 2 | Months - | Days 18 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Garrett
13. Birthplace Virginia

MOTHER 14. Maiden Name Beatrice Bland
15. Birthplace Virginia

16 (a) Informant Edward Garrett
(b) Address 1334 N. Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn cemetery
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Preston St.

(Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1940, to 9- 1940, and that I last saw h[illegible] alive on 9-5 1940.

Immediate cause of death: Cardiac failure — Duration: 1 hr.
Due to: Convulsions
Due to:
Other Conditions: Intoxication
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9-7-40

VS 8 —

72633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 72633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Canterbury Rd. & 39th St
(c) Hospital or institution: Ambassador Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Canterbury Rd. & 39th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilmer Berry Waters

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-8936

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gladys K. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1887

8. AGE: Years	Months	Days	If less than one day
53	1	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Baker Waters
13. Birthplace Montgomery Co., Md.

MOTHER
14. Maiden Name Lydia Wilmer Berry
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mrs. Gladys White Waters
(b) Address Ambassador Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Greenmount Ave & Oliver St.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street

19 (a) (Date received by local registrar) (b) Huntington Hillsborough, W. Va.

SEP 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6, 1940, at 12.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1935 to Sept. 6, 1940, and that I last saw h. alive on Sept. 6, 1940.

Immediate cause of death: Renal Insufficiency — Duration 3 wks.
Due to —
Due to
Other Conditions Coronary Artery Disease — 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Strooman M. D.
Address 2340 Eutaw Pl Date signed Sept. 7, 1940

E 72634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

E 72634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland + Monument Sts
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Lee Polun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29. 1938

8. AGE: Years 2 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Harold Polun
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Bertha Holzman
15. Birthplace Norfolk Va

16 (a) Informant Harold Polun
(b) Address 3611 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Land

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 W North ave

SEP 8 — 1940 (Date rec'd by Registrar) (b) Huntington Nitkewicz Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7 1940, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1940, to 9/7 1940, and that I last saw h. alive on 9/7 1940.

Immediate cause of death pulmonary edema — Duration 30 minutes
from heart failure
Due to mitral stenosis and insufficiency — 2 months
Due to rheumatic fever

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein, M.D.
Address Sinai Hospital Date signed 9/9/40

VS 3

F 72635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 72635 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write plainly, with unfading ink.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2616 Loyola Northway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE COHEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7393

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Finisher

11. Industry or business clothing factory

FATHER
12. Name Abraham Cohen
13. Birthplace Poland

MOTHER
14. Maiden Name Eva ?
15. Birthplace Poland

16 (a) Informant Max Cohen - brother
(b) Address 3422 Holmes Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Road

18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 N Northern

19 (a) SEP 8 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 5:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions and	

(Include pregnancy within 3 months of death)

Major findings:
Of operations and
Of autopsy and

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-6-40

F 72636

SEP 8 1940
VS 6

72636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133-a F 72636
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Roslyn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Roslyn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Mary Taylor Robinson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/17/60
8. AGE: Years 79 | Months 11 | Days 19 | If less than one day ... hr. ... min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation -retired
11. Industry or business

FATHER
12. Name Jos. L. Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary S. Rice
15. Birthplace Va.

16 (a) Informant Grace Ritter
(b) Address 2401 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Spring Cemy.
Location Westmoreland Co. Va.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

SEP 8 - 1940 (Date rec'd by Registrar) (b) Huntingtown Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Sept 6 1940 and that I last saw her alive on Sept 6 1940

Immediate cause of death	Duration
Acute cardiac failure	1 day
Due to Arterio sclerosis	?
Hypostatic pneumonia	?
Due to Pyelitis	1 mo
Other Conditions Cystitis Colon infection bacillus infection	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace Riddick M. D.
Address 2220 Garrison Ave. Date signed

F 72637

V8 3

V 72637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-G

F 72637 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5258 St. Charles Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md~~ Pa. (b) County
(c) City or town Sewickley (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Maple Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Dorothy E. Reynolds

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16 1891

8. AGE: Years 68 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Mt. Savage, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business lived at home

FATHER 12. Name Thomas Callaghan

13. Birthplace Maryland

MOTHER 14. Maiden Name Eliz. Callaghan

15. Birthplace Ireland

16 (a) Informant Mrs. Felix N. Reynolds

(b) Address 5258 St. Charles Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)

(c) Cemetery or crematory St. Patricks.

Location Mt. Savage, Md.

18 (a) Funeral director L. Vernon Lemmon.

(b) Address 1424 Park Ave. Hunting 6th Hillsdale, N.Y.

19 (a) SEP 9 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPTEMBER 6 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/40 19 to Sept 6 1940 and that I last saw ~~him~~ her alive on 9/5/40 19

Immediate cause of death	Duration
Carcinoma (Pancreas)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Confirmation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Beatty M.D.
Address 1403 Park Ave Date signed 9/7/40

V 72638

F 72638

(Date rec'd by registrar) Registrar Address

VS 8

F 72638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 72638

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 339 S Bentalou Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Since 1891

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 339 S Bentalou St (If rural give location)

(e) If foreign born, how long in U. S. A.? Since 1891 years

3 (a) **FULL NAME** Mrs Margaret A Lang

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Christopher Lang

6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Sept 3 1867

8. AGE: Years 73. Months - Days 3. If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Christian Wittemann

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Dorsch

15. Birthplace Germany

16 (a) Informant Son Conrad Lang

(b) Address 339 S Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 40 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Baltimore City

18 (a) Funeral director F B Weppert & Son

(b) Address 1320 Eutaw Pl

19 (a) (b) Registrar

SEP 8 1940

VS 8

Hunting Park Millville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6, 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to Sept 6 1940, and that I last saw her alive on Sept 6 1940.

Immediate cause of death Cardio-Vascular Renal

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

6 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Albert Scagnetti

Address 1722 W Lombard St Date signed 9/7/40

VS 3

F 72639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 72639

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Hanover ave
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Hanover Ave. 2nd
(If rural give location) Mitchell Pl
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Byrne Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1932

8. AGE: Years 2 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John A Byrne

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Irene Egan

15. Birthplace Baltimore Md.

16 (a) Informant John A Byrne

(b) Address 1706 Hanover ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd

18 (a) Funeral director Edward Foulger

(b) Address 2359 West Blvd

19 (a) (Date received by registrar) SEP 8 1940 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Sept 7 1940, and that I last saw him alive on Sept 7 1940.

Immediate cause of death: Respiratory failure — Duration: 2 days

Due to: Epidemic of cerebro-spinal meningitis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cerebellar tumor.
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Macumber M. D.
Address Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 72640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Hanover ave
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Hanover Ave. 2nd
(If rural give location) Mitchell Pl
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Byrne Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1932

8. AGE: Years 2 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John A Byrne

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Irene Egan

15. Birthplace Baltimore Md.

16 (a) Informant John A Byrne

(b) Address 1706 Hanover ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd

18 (a) Funeral director Edward Foulger

(b) Address 2359 West Blvd

19 (a) (Date received by registrar) SEP 8 1940 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Sept 7 1940, and that I last saw him alive on Sept 7 1940.

Immediate cause of death: Respiratory failure — Duration: 2 days

Due to: Epidemic of cerebro-spinal meningitis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cerebellar tumor.
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Macumber M. D.
Address Date signed

19 (a) Date received by registrar) Huntingtown Williamsport Md.

SEP 8 1940

VS 3

Address ..... Date signed .....

M. D.

PLEA

F 72640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9th a

F 72640 Registered No.

F 72640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 876 W. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Israel Caplan

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Upholstera

11. Industry or business .....

FATHER 12. Name Simin Caplan
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Caplan
15. Birthplace Russia

16 (a) Informant Simon Caplan
(b) Address 876 W. Balto St

17 Burial (Burial, cremation, or removal) (b) Date thereof 9/8-40 (month) (day) (year)
(c) Cemetery or crematory Beth Israel Cem
Location Herring Run

18 (a) Funeral director Jacob Fenn & Co
(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) Huntingtown Williamsport Md.

SEP 8 - 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1940, at 6.35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm B Vandegrift M.D.
Medical Examiner
Date signed 9/8/40

F 72641

SEP 8 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 6

Date signed 9/8/40

F 72641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 72641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Anthony Ave
(c) Hospital or institution:
26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Anthony Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara L. Franz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Timothy P. Franz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19-1886

8. AGE: Years 54 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Frederick Kosman

13. Birthplace md

MOTHER 14. Maiden Name Matilda Singlbach

15. Birthplace Md

16 (a) Informant Timothy P. Franz

(b) Address 5102 Anthony Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Runkin

(b) Address 5305 Harford Rd

19 (a) SEP 9 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/6/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 35 to 9/6 19 40, and that I last saw her alive on 9/5/ 19 40

Immediate cause of death Carcinoma Liver — Duration 6 mo

Due to Metastasis from Uterus

Due to Carcinoma Uterus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Uterus

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J S Hardesty M. D.

Address 4810 Belair Rd Date signed Sept 7/40

F 72642 Copy. F 72642

F 72642

Ceshy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

✓ F 72642

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Ceshy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Marie K. Wohrna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1869

8. AGE: Years 71 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation
11. Industry or business Barber

FATHER
12. Name Carl Ceshy
13. Birthplace Bohemia

MOTHER
14. Maiden Name Wohrna
15. Birthplace Bohemia

16 (a) Informant Frank J. Ceshy
(b) Address Linthicum P.O. Md.

17 (a) Burial (b) Date thereof 9-10-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Corsine
Location Leonard Kuck

18 (a) Funeral director
(b) Address 2305 Harford Rd.

19 (a) SEP 8 - 1940 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/ x 1940, to 9/7 1940, and that I last saw h alive on 9/7 1940.

Immediate cause of death Carcinoma of stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) KYLE W. GALLEY
(e) Means of injury
23. Signature Kyle Galley M. D.
Address 2305 Harford Rd Date signed 9/7/40

VS 3

F 72643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72643

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 79

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Tellmull

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Tellmull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13 1861

8. AGE: Years 79 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Jno Wrenlein
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mrs Tellenbrunner
15. Birthplace Balto Md

16 (a) Informant Henry Tellmull
(b) Address 1841 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Maryland

18 (a) Funeral director John C Miller Inc.
(b) Address 2435 E Oliver Street

(a) Date received SEP 9 — 1940 (b) Registrar Huntington Willard Registered No. 172

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6 19 40 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1938 to 9-6 1940.
and that I last saw her alive on 9-6 19 40

Immediate cause of death
Due to Coronary thrombosis
Due to Senile Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration 3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Fred Rugnitz M. D.
Address 1841 N Milton Ave Date signed

#2. Bollenweber, MD visit indicated to time of death

2644 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 72644

CERTIFICATE OF DEATH V 83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2344 Wilkens Ave 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Matilda Simon

If U. S. Veteran specify WAR

(a) Residence: No. 2344 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Simon

6. DATE OF BIRTH (month, day, year): Apr. 9th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	2827	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frederick Sadovsky

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Klaus

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Walter Simon
(Address) 2344 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Sept 9 1940

19. UNDERTAKER: George L. Lekwart
(Address) 2101 Frederick Rd.

20. FILED SEP 9 - 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/6/40

22. I HEREBY CERTIFY, That I attended deceased from 7/1/40 to 9/5/40

I last saw her alive on 9/5/40 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/40
Other contributory causes of importance: Arteriosclerosis	7/1/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mildred Dean M. D.

(Address) 2344 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B Registered No. F 72645

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME ROMAINE E. GOODRICH

3 (b) If veteran, name war –
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife. Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1925

8. AGE: Years	Months	Days	If less than one day
15	4	21/20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name George R. Goodrich
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Agnes M. McNeir
15. Birthplace Baltimore Md.

16 (a) Informant Mr. George R. Goodrich
(b) Address 714 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4500 Belair Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) SEP 9 - 1940 (b) Filed (Date rec'd by registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 9:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Valvular heart disease mitral; rheumatic	
Due to	
Other Conditions ns	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ns
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 9-6-40

VS 6

F 72646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72646

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 577 Presstman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN KNIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1901

8. AGE: Years	Months	Days	If less than one day
38 39	9	17	hr. min

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name John Knight
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Robinson
15. Birthplace Va.

16 (a) Informant Emma Franklin
(b) Address 1121 Whatcoat St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn Md.

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave.

19 Date received by registrar SEP 9 - 1940 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1940 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D. Medical Examiner.

Date signed 9-3-40

F 72647

F 72647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 72647

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 S.Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip Homberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1870

8. AGE: Years	Months	Days	If less than one day
69	10	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business

FATHER
12. Name Henry Homberg
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Schmidt
15. Birthplace Germany

16 (a) Informant Elizabeth Homberg
(b) Address 1707 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway.

SEP 9 1940
(Date received by registrar) Wilbur for William Hartzler, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1940 to Sept 6 1940, and that I last saw him alive on Sept 6 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Myocardial degeneration & Chronic Nephritis	1 yr
Due to	
Other Conditions Diabetes	3 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. V. Clift
Address 5010 Greenleaf Road Date signed 9/7/40

VS 3

F 72648

VS 3

16

F 72648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 72648

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Halcyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Halcyon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Elizabeth Neumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Henry Hofferbert
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Lingelbach
15. Birthplace Germany

16 (a) Informant Louis C. Neumann
(b) Address 2500 Halcyon Ave

17 (a) Burial (b) Date thereof Sept. 10, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemt.
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

SEP 9 - VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940, to Sept 7 1940, and that I last saw h alive on 19

Immediate cause of death	Duration
Uremia	
Due to Nephritis	5 yrs
Due to Valvular Heart disease	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jane Tinsley M. D.
Address 1825 Y Madison Date signed 9/8/40

SEP 9 - VS 1940

16

52878--FD

F 72649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 72649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aye.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo. 24das.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 N. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Strube

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-1862

8. AGE: Years	Months	Days	If less than one day
77	8	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Strube
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemt.
Location E. North Ave.

18 (a) Funeral director Selma F. Hoffman
(b) Address 1639 N. Broadway

19 (a) (Date received by registrar) (b) Registrar

SEP 9 1940
VS 8

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 9-8- 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14- 1940, to 9-8- 1940, and that I last saw h[illegible] alive on 9-8- 1940.

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to Gen. A. S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9-8-40

VS 3

12

F 72650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. F 72650

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Erdman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Erdman Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME a Elmer Erdman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Jessie H Erdman
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1880

8. AGE: Years	Months	Days	If less than one day
59	11	20	... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Florist
11. Industry or business "

FATHER
12. Name John G Erdman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Christiana Schlau
15. Birthplace Balto. Md.

16 (a) Informant Mrs Jessie H Erdman
(b) Address 2109 Erdman Ave

17 (a) Burial (b) Date thereof Sept 10, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto.

18 (a) Funeral director Bertram W. Gore
(b) Address 2224 N. Charles St.

19 (a) SEP 9 - 1940 (b) ... Registrar
(Date rec'd by Registrar)

Huntingdon Hillsboro, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1936 to Sept 7 1940 and that I last saw h[illegible] alive on Sept 7 1940

Immediate cause of death Myocardial failure — Duration ...
Due to Cardiac Arrhythmia - Eclerosis — ...
Due to Coronary Thrombosis — ...
Other Conditions ... — ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Harold W. White M.D.
Address 2800 N. Paca St. Date signed 9/9/40

F 72651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72651

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2524 Mc Elderry St., 1 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Marcyan Rybakiewicz

If U. S. Veteran specify WAR

(a) Residence: No. 2524 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Walter Hague (Son in law)

(Address) 2524 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Sept 11, 1940

19. UNDERTAKER John M Weber

(Address) 401 S Chester St

20. FILED 19 Registrar.

SEP 9 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10 1940 to Sept 8 1940

I last saw her alive on Sept 7 1940 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	2 days
Other contributory causes of importance: Pneumonia of Stomach and Colon	1 year

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Hague M. D.

(Address) 5624 Eastern Ave

F 72652

BALTIMORE CITY HEALTH DEPARTMENT

SEP 9 - 1940

F 72652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V172

F 72652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address S.S. Oromea. - at
(c) Hospital or institution: in 3 anchorage.. off Quarantine
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State England (b) County Northumberland
(c) City or town Northshield (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2563

3 (a) FULL NAME ANTHONY SARGINSON

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Kate Sarginson
6 (c) If alive, give address Unknown

7. Birth date of deceased (mo., day, yr.) May 1. 1880

8. AGE: Years 60 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace North Shields England (Town, county, and state)

10. Usual Occupation Sailor (Lookout Man)
11. Industry or business S.S. Oromea

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant British Consul
(b) Address Baltimore MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson & Gould
(b) Address 129 E. Fayette St

19 SEP 9 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8th 1940, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic

Due to Avulsion of left arm (left arm torn off)

Due to .....

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 8, 1940
(c) Where did injury occur? shaft alley of S.S. Oromea (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? Yes (Specify type of place)
(e) Means of injury piece of rope turned on drop fall

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed

shaft pulled arm off

ITEM, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

shaft pulled arm off

St Ewalt

F 72653

St Landon / Sister Mrs Ore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 72653

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Harford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

10 61

3 (a) FULL NAME Thomas Wilborne Cattell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Cattell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1871

8. AGE: Years 68 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Deltona Ohio (Town, county, and state)

10. Usual Occupation Carpenter Retired

11. Industry or business

FATHER 12. Name Delormos Cattell
13. Birthplace Mich

MOTHER 14. Maiden Name Lydia Workman
15. Birthplace Pennsylvania

16 (a) Informant Mary E Cattell
(b) Address 1215 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Baltimore County Md

18 (a) Funeral director Wilson Corp
(b) Address 127 E Fort St

19 (a) SEP 9 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1- 1940 to 9-7 1940
and that I last saw h alive on 9-6- 1940

	Duration
Immediate cause of death: Myocardial insufficiency -	1 days
Due to: Chronic myocarditis	since 9/1/40
Due to: Chronic cholecystitis.	" "
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Landon.
Address 1517 E Northern Date signed 9/9/40

Every item of information is especially important. Physicians: please write the causes of death clearly and legibly; WITH UNFADING INK.

F 72654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72654

CERTIFICATE OF DEATH

V131-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 E. Federal St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margie Jane Barnes

If U. S. Veteran specify WAR No

(a) Residence: No. 1727 E. Federal St., Ward. S.S.No. Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joshua R. Barnes.

6. DATE OF BIRTH (month, day, year) March 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

FATHER

13. NAME Unknown "Evans"

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hazel Small (daughter)

(Address) 1727 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Sept 9 1940

19. UNDERTAKER Pelham & Ford

(Address) 1314 E Ford St

20. FILED SEP 9 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1940 to Sept 7, 1940

I last saw her alive on Sept 6, 1940. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Medical Requisitation Decompensated	12
Arteriosclerosis - Hypertension	12
Other contributory causes of importance: Chronic Interstitial Nephritis	12

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Autopsy? No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Hartford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 72655 55737 LD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193D

F 72655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Parrish St. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Myrian Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1897

8. AGE: Years	Months	Days	If less than one day
43	7	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Kitty ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E Kelly
(b) Address 1313 Aliceanna St

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7- 1940, at 1.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1940, to 9-7- 1940, and that I last saw h~~im~~ alive on 9-7- 1940.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Carcinoma Prostate	5 "
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight Goldstein M.D.
Address Belle City Hospital Date signed 9-8-40

Every question must be answered, and the cause of death clearly and legibly written. Use only black ink. DO NOT USE PENCIL, WITH UNFADING INK. Please write the causes of death clearly and legibly. Street age is especially important. Physicians: please write

VS 3

F 72656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1950

F 72656
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 W. Lafayette Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Beulah Hawkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Robert Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1892

8. AGE: Years 48 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Rope maker

11. Industry or business

FATHER 12. Name unknown
13. Birthplace unknown

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Robert Hawkins
(b) Address 1322 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Wm. E. Keelan
(b) Address 1303 Presstman

19 (a) Filed by (Registrar) SEP 9 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated that I attended deceased from June 5 1940 to Sept 6 1940 and that I last saw h. alive on Sept 6 1940

Immediate cause of death
Carcinoma of Breast

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 yr.?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Pigott M. D.
Address 1306 Law Bldg. Date signed 9/9/40

VS 3

F 72657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

F 72657 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Monument and Rutland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Bentalou St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs

3 (a) FULL NAME Dora Lipsitz
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Barney Lipsitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
46+	?	?	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Abraham Rosen
13. Birthplace Russia

MOTHER
14. Maiden Name Katie Radovitch
15. Birthplace Russia

16 (a) Informant Barney Lipsitz
(b) Address Husband

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mitzpo Kodosh
Location Fairview Ave

18 (a) Funeral director John Lewis Inc
(b) Address 1139 E. Baltimore St

19 (a) SEP 9 - 1940 (Date rec'd by registrar) (b) Wellington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1940 to Sept 8 1940, and that I last saw h.. alive on Sept 8 1940

Immediate cause of death	Duration
Intestinal obstruction	
Due to Carcinoma of Colon (ascending) & rectum	
Due to	
Other Conditions Recto-Vulvic fistula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor mass in sigmoid attached to ileum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Milton J. Wilder M. D.
Address Sinai Hosp. Date signed 9-8-40

CORRECT AGE IS ESPECIALLY IMPORTANT. PHYSICIANS: PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

VS 3

VS 3

F 72658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 72658 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME AMALIA NAPOLEONE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~xxxx~~ Gaetano Napoleone

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) August 22 1882

8. AGE: Years 58 | Months | Days 13 15 | If less than one day: hr. min.

9. Birthplace Ateleta (Italy) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Felice Rossi
13. Birthplace Ateleta Italy

MOTHER
14. Maiden Name Almerinda Donatelli
15. Birthplace Italy

16 (a) Informant Gaetano Napoleone (Husband)
(b) Address 706 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) SEP 9 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7, 1940, at 5.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28/1940, to 9/6/1940, and that I last saw h[er] alive on Sept 6 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 da.

Due to: Hypertensive Cardio Vascular Renal disease — 6 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank Virgilio M. D.
Address Dundalk Date signed 9/9/40

VS 3

59215--FD

F 72659

58215--FD

F 72659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160-a

F 72659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Bentley (Mary Bentley)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-40

8. AGE: Years	Months	Days	If less than one day
X	X	X	14 hr. 31 min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Crawford
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Bentley
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 9-6-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location B. C. H.

18 (a) Funeral director
(b) Address

19 SEP 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1940, to Sept. 1 1940, and that I last saw her alive on Sept. 1 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 9/3/40

PRINT PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 8

F 72660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-C

F 72660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2336 E Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SYLVIA HORWITZ

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 23 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Louis Jacob Cohen

13. Birthplace Russia

MOTHER 14. Maiden Name Sadie

15. Birthplace Russia

16 (a) Informant Jacob Cohen

(b) Address 2336 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnel St.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

(a) SEP 9 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9th 1940, at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Contusions, multiple

Due to future body

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 9, 1940
(c) Where did injury occur? Washington Blvd near Dead man's Curve (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place. While at work? — (Specify type of place)
(e) Means of injury Auto - head-on collision

23. Signature H. L. Wallenweber M.D.
Medical Examiner.

Date signed 9-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 72661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 78-P

Registered No. F 72661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Swann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 22, 1938

8. AGE: Years 2 | Months 4 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Emanuel Harris
13. Birthplace Virginia

MOTHER 14. Maiden Name Pearl Swann
15. Birthplace Virginia

16 (a) Informant mother
(b) Address 1806 Madison St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-9-40 (month) (day) (year)
(c) Cemetery or crematory Swanns
Location Farmville Va

18 (a) Funeral director Mr Frances A Hemsley
(b) Address 578 W Biddle St

19 (a) ..... (Date filed by registrar) (b) Hunting ... Williams, Registrar

SEP 10 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1940, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940 to Sept 8 1940, and that I last saw her alive on Sept 8 1940.

Immediate cause of death: Lead encephalopathy — Duration: 6 days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy not done

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Maynard Cohen M.D.

Address Sydenham Date signed Sept 9 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Enter the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

SEP VS 1940

72662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Dr Jas Julian 334 E 23rd St

83 W

Registered No. E 72662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 E 20½ St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. 20½ St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war — No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31 1866

8. AGE: Years	Months	Days	If less than one day
74		6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Amos Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Martha Jackson
15. Birthplace Md

16 (a) Informant Elizabeth Trust
(b) Address 322 E 20½ St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Paynter Sanders
(b) Address 1412 E Preston St

19 (a) (Date rec'd by registrar) Huntington Williams

SEP 9 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 6 1940, and that I last saw him alive on Sept 6 1940.

Immediate cause of death	Duration
Cerebral Apoplexy	3 mos.
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas L Julian Jr M.D.
Address 334 E 23rd St Date signed 9/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

SEP 9 - 1940

F 72663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 72663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry write "None." Where unknown, write "Unknown." Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances E. Hantske

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frederick H. Hantske
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 12 1876

8. AGE: Years: 64 | Months: 1 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Howard Co. Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Evans Roberts Hughes
13. Birthplace: Howard Co. Md.

MOTHER
14. Maiden Name: Jerusha Ijams
15. Birthplace: Howard Co. Md.

16 (a) Informant: Mr. Eugene Hantske
(b) Address: 2203 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves

19 (a) (Date received) SEP 9 1940 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8 1940, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1940 to Sept 8 1940 and that I last saw her alive on Sept 8 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hours
Due to Arteriosclerosis	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. C. Samuels M. D.
Address: 4209 Edmondson Ave Date signed 8-4-9

VS 2

F 72664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital 2500 E. A
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington and Baltimore Aves. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLINTON KING.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-3051

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1919

8. AGE: Years 21 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Bar Keeper.

11. Industry or business

FATHER
12. Name Harvey King
13. Birthplace Damascus Md

MOTHER
14. Maiden Name Annie Hall
15. Birthplace Balto.

16 (a) Informant Mrs. Harvey King
(b) Address Washington Ave Lans.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)
(c) Cemetery or crematory Damascus Cem.
Location Damascus, Md

18 (a) Funeral director F. J. McCarthy
(b) Address 130 E. Fort Ave.

19 (a) SEP 9 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7th, 1940, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Laceration of blood vessels of neck.	
Due to Broken windshield of car.	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence September 7, 1940
(c) Where did injury occur? Hammonds Ferry Rd Baltimore County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? —
(Specify type of place)
(e) Means of injury Passenger in car which struck fence Auto

23. Signature F. J. Wollenweber M.D. Asst Medical Examiner.

Date signed 9-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct and legible. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

VS 6

F 72665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 72665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Monkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Big Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Marie Cromwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1940

8. AGE: Years	Months	Days	If less than one day
3wks	0	20	hr. min.

9. Birthplace MONKTON, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name MARY ROSELLA CROMWELL
15. Birthplace NOT KNOWN

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Whitehall Balto 6, Md

18 (a) Funeral director Lauchheimer & Bro
(b) Address Epsley, Md.

19 (a) (Date rec'd by Registrar) (b) Registrar
SEP 9 - 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and fully. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940 at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8-1940, to 9-8 1940, and that I last saw her alive on 9-8 1940.

Immediate cause of death	Duration
Dehydration	
PREMATURITY	LIFE
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Johns Hopkins Hospital Date signed 9-9-40

VS 5 H. K. Oliver Hamilton for H. K. Oliver Hamilton, M.D. Asst Medical Examiner

H. K. Slaughter, M.D. Asst Medical Examiner

CGK

72666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

15794 E 72666
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1883

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1881

8. AGE: Years 58 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frank Hawkins
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Gray
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 9 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

5888

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-28 1940, at 8 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1929, to 8-28 1940, and that I last saw her alive on 8-28 1940

Immediate cause of death: Diabetes Mellitus — Duration: ?
Gen. arteriosclerosis — ?
Due to Abscess of left thigh — 2 months
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney W. Eckert Jr. M. D.
Address Balto. City Hosp. Date signed 8/29/40

F 72667 58778 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. F 72667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 University Pkwy.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Neal (Lizzie)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Benjamin Neal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1890

8. AGE: Years	Months	Days	If less than one day
49	10	28	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Horace Bullock
13. Birthplace North Carolina

MOTHER
14. Maiden Name Elizabeth Henderson
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location
18 (a) Funeral director Robert L. Grund & Sons
(b) Address 801 E. Caroline St.

SEP 9 — 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

V8.3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8-40 19 , at 12:59 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31-40 19 , to 9-8 1940, and that I last saw her alive on 9-8 1940.

Immediate cause of death: Cerebral thrombosis — Duration: 8 days
Uremia — 8 days
Due to Hypertensive C.V. disease — 1-2 yrs.
Due to — over
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Goldstein M. D.
Address Balto City Hosp. Date signed

PLEASE WRITE PLAINLY, WITH ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 V

Registered No. F 72668

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete items. Give the causes of death clearly and legibly. Use no abbreviations or terms of personal opinion. Do not state "Heart Failure" without stating the cause which produced it. Indicate whether puerperal, specifying time after labor. Indicate whether accident, suicide, or homicide. Fill all blanks. Be sure that every statement is full, true, and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Eutaw Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MORRIS LEVY

3 (b) If veteran, name war: World War.
3 (c) Social Security Account No. 216-03-0236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Wilhelmina —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Taxie Cab Operator
11. Industry or business

FATHER
12. Name Nathan Levy
13. Birthplace Poland

MOTHER
14. Maiden Name Bessie Reuschbach
15. Birthplace Poland

16. (a) Informant Wilhelmina Levy
(b) Address 622 N Eutaw Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Sept 11/40 (month) (day) (year)
(c) Cemetery or crematory Fairview Friendship Cemet
Location 3600 E Balto st.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

SEP 9 - 1940
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner
Date signed 9-9-40

VS.6

VS 6

72669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-VF 72669

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. Potomac St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Walenty Wankowski

(a) Residence: No. 734 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josephine

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor
10. Date deceased last worked at this occupation (month and year): 1938
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Mary Keidel 734 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL: Place St Stanislaus Date 9-11 19 40

19. UNDERTAKER (Address): John J Puda 2826 Hudson St

Huntington Williams, M.D. Registrar.

SEP 9 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938 to Sept. 7, 1940

I last saw him alive on Sept 7, 1940. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chronic Myocarditis	Aug. 1938
Other contributory causes of importance: Chronic Bronchitis	Aug. 1938
Terminal Broncho-Pneumonia	Sept 5, 1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Autopsy? No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph F. Drenga M. D.

(Address) 209 S Chester St

information should be carefully supplied, so that it may be properly classified. Fully state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 5

2670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 72670

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Matson St. 25-6 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Charles E Carroll

If U. S. Veteran specify WAR.....

(a) Residence: No. 3211 Matson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Sarah Carroll.

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Geo B Warfield

(Address) 3211 Matson St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/10 1940

19. UNDERTAKER J C Hug undertaker

(Address) Ellicott City, Md

20. FILED Huntington Williams, M.D. Registrar.

SEP 10 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug ~ 1940 to Sept 7, 1940

I last saw h... alive on Sept 7, 1940 Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:

Asthma
Myocarditis, prostate enlarged

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) Samuel Rubin M. D.

(Address) 203 Depaca ene

No. 8. Information should be carefully supplied. And it may be properly classified. Exact statement of information should be carefully supplied. And that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 10 1940

F 72671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 72671 Registered No.

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the causes of death clearly and give age correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3713 Hanover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23 J

3 (a) FULL NAME Charles Clayton

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Annie Clayton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1857

8. AGE: Years	Months	Days	If less than one day
83	5	23	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Track Hand
11. Industry or business Balto Transit Co.

FATHER
12. Name Joseph Clayton
13. Birthplace England

MOTHER
14. Maiden Name Margaret Palmer
15. Birthplace Cecil Co. Md.

16 (a) Informant Mrs Katie Klein
(b) Address 3713 Hanover St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

SEP 10 1940 (Date received by Registrar) (Huntington Williams, M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8th 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940, to Sept 8 1940, and that I last saw ~~him~~ alive on Sept 8 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	min. hr. days
Due to arterio sclerotic cardio vascular disease	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Fleming MD M. D.
Address 1904 W Balt St Date signed 9-9-40

VS 3

F 72672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72672 Registered No. 119-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~11 mos. 3 days~~ Life 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gordon Campbell Jr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1939

8. AGE: Years | Months: 11 | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None - Infant
11. Industry or business

FATHER
12. Name Gordon Campbell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Larkin
15. Birthplace Balto., Md

16 (a) Informant Mrs. Mary Campbell
(b) Address 211 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. & Mo

18 (a) Funeral director Wilhoyte
(b) Address 1217 E. Pratt St.

19 (a) SEP 10 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and report correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9th 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1940 to Sept 9th 1940, and that I last saw h[illegible] alive on Sept 9th 1940.

Immediate cause of death	Duration
Exhaustion	10 hr.
Due to Diarrhea	1 mo.
Due to Alimentary Intoxication	1 mo.
Other Conditions Bilateral Otitis Media	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Microscopic Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Vallmer M. D.
Address Mercy Hosp. Date signed 9-9-40

F 72673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 72673 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all blanks. Give the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Do. Balt. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Holbrook St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian L. Hale

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1927

8. AGE: Years 13 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Wilbur A. Hale
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Lillian R. Harwood
15. Birthplace Philadelphia Pa

16 (a) Informant Wm A. Hale
(b) Address 1712 Holbrook St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11/40 (month) (day) (year)
(c) Cemetery or crematory Mayland Cem
Location Forest Park Md

18 (a) Funeral director Wilbur Coe
(b) Address 1217 E Fayette

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

SEP 11 1940

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1940 at 3:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 1940 to 9/9 1940, and that I last saw her alive on 9/9 1940.

Immediate cause of death: Uremia — Duration: 2 days

Due to: Chronic Nephritis

Due to: Generalized Peritonitis

Other Conditions: Bilateral Empyema, Tuberculosis Peritonitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Appendectomy, Nephrectomy, Tuberculosis
Of autopsy: Bilateral Empyema, Tuberculosis Peritonitis, Chronic Nephritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Bernstein M.D.
Address 1 E Gay St. Date signed 9/9/40

F 72674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1X 94 — F 72674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50-0-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50-0-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Abingdon (If outside city or town limits, write RURAL and give town)
(d) Street No. 2461 (If rural give location)
(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME Rev. John J. Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug. 27-1852

8. AGE: Years 88 | Months — | Days 1213 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation clergyman

11. Industry or business

FATHER 12. Name John Murray
13. Birthplace Ireland

MOTHER 14. Maiden Name Marie Kerry
15. Birthplace Ireland

16 (a) Informant Mt St Reeves
(b) Address city

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 9-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Buels Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. F. MOWEN SUC.) 100 W. NORTH AVENUE
(c) Huntington Williams M.D.

SEP 10 1940 (Date received by Registrar) Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of this certificate must be answered. Write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1928, to 9/9 1940 and that I last saw him alive on 9/9 1940

	Duration
Immediate cause of death: Coronary Thrombosis	1 dy
Due to Arteriosclerosis	?
Due to	
Other Conditions Senile Dementia	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas P. Hayes M. D.
Address 336 Frederick Ave Date signed

F 72675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 168

Registered No. F 72675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Do not use words "same," "do," "ditto," or initials. If born dead, write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Tolliver

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-6447

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Grlee Tolliver

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1892

8. AGE: Years 47 | Months 8 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Levi Tolliver
13. Birthplace S. C.

MOTHER
14. Maiden Name Martha ?
15. Birthplace S. Carolina

16 (a) Informant Grlee Tolliver
(b) Address 1217 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location G. G. County

18 (a) Funeral director Mrs. R. D. Elliott Daughter
(b) Address 1129 W. Carlton St.

19 (c) SEP 10 1940 (Registered by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940 at 7:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Multiple abscess, Left Lung	
Empyema, Left Lower Chest	
Due to Syphilitic aortitis	
Pathomyelitis and non-union	
Due to old fracture of left mandible	

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/2/40
(c) Where did injury occur? Balto (City or town) 1727 Ashland Ave (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? No (Specify type of place)
(e) Means of injury Struck with fist
23. Signature Wm B. Anderson M.D. Medical Examiner
Date signed 9/9/40

VS 6

VS 6

F 72676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193-D F 72676
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Claremont St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Claremont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. Crockett
3 (b) If veteran, name war
3 (c) Social Security Account No. 088-09-5598

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Isabelle Crockett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 16 1882
8. AGE: Years 58 Months 5 Days 21 If less than one day hr. min.
9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Hopeman Bros.

FATHER
12. Name John Crockett
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth McMann
15. Birthplace Scotland

16 (a) Informant Isabelle Crockett
(b) Address 3409 Claremont St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md
18 (a) Funeral director Duncan D. Covington
(b) Address 21 W. 25th St
19 (a) SEP 8 1940 (Date rec'd by registrar) (b) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-40 19 at 6:15 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1940 to Sept 6 1940, and that I last saw him alive on Sept 6 1940.

Immediate cause of death: Coronary occlusion
Due to: chron hypertension
Due to: arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 7 da / 1 yr

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Virgilio M. D.
Address Dundalk Md Date signed 9/7/40

PLEASE WRITE PLAINLY with ink or indelible pencil. Do not use abbreviations or terms of doubtful meaning. Fill all blanks. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V157-E

F 72677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 251 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 & 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 251 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irvine Martin Layman Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 - 1940

8. AGE: Years | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Irvin H. Layman
13. Birthplace Bayard, W. Va.

MOTHER
14. Maiden Name Mary Catherine Myers
15. Birthplace Balto. Md.

16 (a) Informant Parents
(b) Address 251 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave. & S.

18 (a) Funeral director John G. Connelly
(b) Address Eastern Ave. & Ch.

19 (a) SEP 10 1940 (Date rec'd by registrar) (b) [illegible] Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Be sure the causes of death clearly and legibly. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 8 1940, and that I last saw him alive on Sept 8 1940.

Immediate cause of death	Duration
Due to Congenital Heart Trouble	June 6 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Roane M. D.
Address 9012 Kenwood Ave Date signed Sept 10/40

F 72678
385-285-

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

424 B

Registered No. F 72678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Penn. Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Pearl Smith Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Norman
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
31			..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace Md -

MOTHER
14. Maiden Name Pinky Bannan
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a)..... (Burial, cremation, or removal) (b) Date thereof Sept 10 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location.....
18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St
19 (a)..... (Date received by Registrar) (b)..... (Registrar)
SEP 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940. at 2.55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1940. to Sept 6 1940. and that I last saw h.e.r alive on Sept 6 1940.
Immediate cause of death Hodgkin's Disease c. massive
Due to invasion of all lymphatic tissue, the lungs + mediastinum
Due to Anemia from bleeding nodes
Other Conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operation Biopsy 2 mos ago revealed Hodgkins disease.
Of autopsy.....

Duration
2 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature Mitchell H. Mullen M. D.
Address Johns Hopkins Hosp Date signed 9-6-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and correct age is especially important.

VS 3

F 72679

F 72679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193-D

Registered No. .....

F 72679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Bertha Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Fisher

6 (c) If dead, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 3, 1900

8. AGE: Years 37 | Months 2 | Days 6 | If less than one day: hr. ..... min. .....

9. Birthplace Marlboro S.C.
(Town, county, and state)

10. Usual Occupation Home Duty

11. Industry or business

FATHER 12. Name Silas Bristow
13. Birthplace S.C.

MOTHER 14. Maiden Name Cora Jackson
15. Birthplace S.C.

16 (a) Informant Henry Bristow
(b) Address Hamlet N.C.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Sept 10 1940 (month) (day) (year)

(c) Cemetery or crematory Hamlet, N. C.,
Location .....

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams Md

SEP 10 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940, to Sept 8 1940 and that I last saw her alive on Sept 6 1940

Immediate cause of death .....
Coronary Thrombosis
Due to .....

Due to .....

Other Condition Hypocandelia
(Include pregnancy within 3 months of death)

Major findings:
Of operation Hypocandelia

Of autopsy .....

Duration
.....
.....
.....
.....
.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. J. Howell M. D.

Address 601 Cathedral St Date signed 9/9/40

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the cause of death clearly and correct age is especially important.

F 72680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 72680 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 W. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isiah J. JONES

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 216-09-4524

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: EVA FREELAND

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 1, 1891

8. AGE: Years 49 | Months 4 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Laundry

11. Industry or business New Method

FATHER
12. Name Isiah Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Cook
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/11/1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

SEP 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1940, to Sept. 7, 1940, and that I last saw him alive on Sept. 7, 1940.

Immediate cause of death: Cardiac decompensation — Duration: Unknown

Due to: Cardiac disease, myocarditis and Arteriosclerosis — Duration: Unknown

Due to: — Duration:

Other Conditions: Aortic insufficiency — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 9/9/40 M. D.

F 72684

SEP 10 1940 VS 3

Baltimore, Maryland.

72681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 E. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 E Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-9

3 (a) FULL NAME John Emory Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret M. Maer

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 13 1871

8. AGE: Years 69 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired (Coal & Ice)

11. Industry or business In business forself

FATHER
12. Name Columbus Wilson
13. Birthplace Port Deposit Md.

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Port Deposit Md.

16 (a) Informant Mrs. Margaret M. Wilson
(b) Address 1122 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date rec'd by registrar) (b) Huntington, West Virginia, M.D.

SEP 10 1940 VS

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1940 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to Sept. 9 1940, and that I last saw him alive on Sept. 3 1940.

Immediate cause of death: Myocarditis - Arteriosclerosis - Pneumonia - Probable

Duration

Due to Broncho Pn

Due to Bronchiectasis

Other Conditions Senile Dementia

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Bruce M. D.
Address 1813 N. Broadway Date signed

Wilcox

F 72682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 72682 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Paul & 23rd Streets

(c) Hospital or institution: Dr. Becks

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4100 N. Charles Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME LOUIS CASPER WILCOX

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9858

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret B. Wilcox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1875

8. AGE: Years	Months	Days	If less than one day
65	3	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Pres. Wilcox & Ziegler Inc.

11. Industry or business

FATHER 12. Name Peter E. Wilcox

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Louisa M. Ruegg

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Margaret B. Wilcox

(b) Address 4100 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

16 (a) (b)

SEP 10 1940 (Date received by Registrar) Registrar

Baltimore, Md.

VS 3

PLEASE WRITE PLAINLY. Fill in the blanks by typewriter or with pen and ink and correct age is especially important. Physicians: please write the causes of death clearly and

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1940 to Sept 9 1940 and that I last saw h[illegible] alive on Sept 9 1940.

Immediate cause of death Cerebral edema — Duration 2 dy

Due to Cerebral thrombosis — Duration 3 wks

Due to Arteriosclerosis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Brom M. D.

Address St Paul & 22 Date signed 9/9/40

F 72683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

F 72683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all blanks. Give the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure to correct age is especially important. Physicians; please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Frances St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Frances St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHRISTOPHER SCHUBERT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Isabelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1857

8. AGE: Years 83 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Hair Spinner - Retired

11. Industry or business

FATHER
12. Name Israel Schubert
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Jeannette Schnick
(b) Address 3006 Rockwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date received by local registrar) (b) Huntington Williams, Md.

SEP 10 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1940, at 10 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-9-40

VS 6

72684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D F 72684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Forest Park Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Forest Park Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 6

3 (a) FULL NAME VINOLA EVELYN SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec., 12, 1907

8. AGE: Years	Months	Days	If less than one day
32	8	27/6	hr. min.

9. Birthplace Kane, Pennsylvania
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. J. Robert Avery
(b) Address 3703 Forest Park Avenue

17 (a) Burial (b) Date thereof 9/11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (b)
(Date rec'd by registrar) Registrar

SEP 10 1940

PLEASE WRITE CLEARLY. Use ink. Do not use pencil. Be sure to fill in correct age. Every question must be answered. Write "None" where necessary. If unknown, or if doubtful, say so. Do not leave any blanks. Be sure to fill in correct age is especially important. Physicians: please write the cause of death clearly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8, 1940, at 6:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to Sept 8 1940, and that I last saw her alive on Sept 8 1940.

Immediate cause of death: Myocardial Insuff. — Duration: 4 yrs
Due to: Chr. arthritis — 20 yrs
Due to: Chr. endocarditis — 10 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer L. Todd, M. D.
Address 735 N. Fulton Ave. Date signed 9/8/40

SEP 11 1940

F 72685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-P

F 72685
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & St. Paul Streets
(c) ~~Hospital or institution~~ Jefferson Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32nd & St. Paul Streets (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 12

3 (a) FULL NAME ANNA R. LIDDLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	12	hr. min.

9. Birthplace Watervelite, N. Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Liddle
13. Birthplace New York

MOTHER
14. Maiden Name Anna Ruckle
15. Birthplace Amsterdam, N. Y.

16 (a) Informant Miss Eleanor Liddle
(b) Address Jefferson Apts, 32nd & St. Paul

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)

(c) Cemetery or crematory
Location Amsterdam, N. Y.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 11 1940

VS-2

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1939 to Sept. 9 1940, and that I last saw her alive on Sept. 8 1940.

Immediate cause of death Uremia

Due to Carcinoma of Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Bladder

Of autopsy None

Duration
aprx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilmason Hundley M. D.
Address 622 Medical Arts Bldg. Date signed Sept. 10, 1940

VS 3

F 72686 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 72686

1. PLACE OF DEATH

Registered No. 494-a

CITY OF BALTIMORE: (No. 1224 McCulloh St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie B. Jefferson

If U.S. Veteran specify WAR

(a) Residence: No. 1224 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Jefferson

6. DATE OF BIRTH (month, day, year): Sept 1881

7. AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Phil Wyatt

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mildred Smith

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mildred Lowe (Daughter)
(Address) 1224 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Ct Date: 9/11/40

19. UNDERTAKER: Isaiah L. Brown & Son
(Address) 108 W Montgomery St

20. SEP 10 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 19 to Sept 8 1940

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	9/4/40

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas. S. Julian M. D.
(Address) 434 E 23rd St.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 72687

2687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 72687
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 Boyle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

24

3 (a) FULL NAME Joseph {Ware / Saunders}
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-10-5389

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 7, 1904
8. AGE: Years 36 | Months 6 | Days 3 ~~or~~ | If less than one day ... hr. ... min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business Buck Shanks

FATHER
12. Name Wm. Ware
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabel Romans
15. Birthplace Balto Md

16 (a) Informant Mrs Isabel Ware
(b) Address 1536 Boyle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. G. L.

18 (a) Funeral director A. Howard Evans & Son
(b) Address 1400 - 02 S. Charles St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1940, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940, to Sept 9 1940 and that I last saw h~~e~~ alive on Sept 9 1940.

	Duration
Immediate cause of death Cardiac failure	over
& Pneumonia With Pulmonary edema.	
Due to Pulmonary Emphysema	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy (Same as above)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — ? (Specify type of place) While at work? ?
(e) Means of injury

23. Signature Harold A. Gatt M. D.
Address West Balto. Gen. Hosp. Date signed Sept 9 1940

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correctly. Age is especially important.

Sept 9 1940

72688 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 72688

CERTIFICATE OF DEATH V 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Mosher St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Carter

If U.S. Veteran specify WAR

(a) Residence: No. 1341 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Carter

6. DATE OF BIRTH (month, day, year) Aug 29, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Wallace Carter 1341 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date 9-10 1940

19. UNDERTAKER Wm. Geo. H. Holland (Address) 1631 Druid Hill Ave

20. FILED SEP 10 1940 Huntington Williams, Asst.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1940 to July 7, 1940 I last saw her alive on July 7, 1940 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardiac
Vascular Disease.

Date of onset 6 Years

Other contributory causes of importance: Multiple Arthritis & Neuritis

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. McDonald M. D.

(Address) 1341 Mosher St

information should be carefully supplied. Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

F 72688

3868309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a Registered No. F 72689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 87 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4913 Toone St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 — years

3 (a) FULL NAME Thomas Ross

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-05-2071

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-27-87

8. AGE: Years 53 | Months 1 | Days 12 11 | If less than one day ..... hr. ..... min.

9. Birthplace: AUSTRIA (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Joseph Ross
13. Birthplace: Austria

MOTHER
14. Maiden Name: Helen Gasch
15. Birthplace: Austria

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11-1940 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: German Hill Road

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. Wolfe St.

19 (a) Date received by registrar SEP 10 1940 (b) ..... Registrar

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1940, at 1.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Sept 8 1940, and that I last saw him alive on Sept 8 1940.

Immediate cause of death: Terminal cirrhosis of liver LAENNEC'S — Duration: over

Due to.....

Due to.....

Other Conditions: Latent Syphilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature: Mitchell A. Miller M.D.
Address: [illegible] Date signed 9-8-40

SEP 10 1940
VS 3

F 72690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. F 72690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos. or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Augusta St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Myer Malin
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓ None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of ~~husband~~ or wife Rebecca Malin
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Samuel Malin
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Samuel Malin
(b) Address 124 Augusta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Shaarshaki Shull
Location Mt. Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) SEP 10 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandenhurst M.D. (Medical Examiner.)
Date signed 9/10/40

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the cause of death carefully. Correct age is especially important.

VS 6

F 72691 ✓ F 72691

(Date rec'd by Registrar) ... Date signed ...

VS 6

F 72691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 72691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 Eagle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Eagle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Henry Chirstian Muhlbach

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Olga Astfalk
6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1873

8. AGE: Years 67 | Months 6 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Storekeeper
11. Industry or business: Own Store

FATHER
12. Name: Chirstian Muhlbach
13. Birthplace: Germany

MOTHER
14. Maiden Name: Johanna ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Olga Muhlbach
(b) Address: 1836 Eagle St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10 '40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Frederick G. Cole
(b) Address: 1200 West Lombard St. City

19 (a) SEP 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Be sure to give the causes of death clearly and correctly. Please write the correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/6 1940 at ... P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1938 to Sept 6 1940 and that I last saw h[illegible] alive on Sept. 8 1940

Immediate cause of death: Arteria sclerotic Cerebro vascular disease — Duration: 2 yrs.

Due to:

Due to:

Other Conditions: Cerebral thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Benjamin Miller M. D.
Address: 2230 Nelson Conn. Date signed: 9/6/40

F 72692

VS 3

72692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 72692

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Hampton

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-03-0848

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1906

8. AGE: Years 34 | Months 6 | Days 13 15 | If less than one day hr. min.

9. Birthplace Remini, S.C. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Lewis Hampton
13. Birthplace Remini, S.C.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Remini, S.C.

16 (a) Informant Annie Hampton (W)
(b) Address 1406 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 11 1940 (month) (day) (year)
(c) Cemetery or crematory Remini Methodist Cem.
Location Remini S.C.

18 (a) Funeral director Charles G. Cooper
Address 514 N. Calhoun St.

19 (a) [illegible] (b) [illegible]'d by registrar Huntington Williams, M.D. Registrar

SEP 10 1940

correct age is especially important. Physician, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/ 1940. at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31/ 1940 to 9/8/ 1940.
and that I last saw h[illegible] alive on 9/8/ 1940.

Immediate cause of death: Broncho Pneumonia
Due to Exposure.

Duration: 9/31/40.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Bunn M. D.
Address 522 N. Arlington Ave

VS 3

VS

F 72693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1637

Registered No. F 72693

F 72693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 day 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 So Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olga Mazen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1922

8. AGE: Years	Months	Days	If less than one day
17	8	29	hr. min.

9. Birthplace Simsbury, Conn. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Anthony Mazepa
13. Birthplace Lith

MOTHER
14. Maiden Name Eva Belesky
15. Birthplace Lith

16 (a) Informant Anthony Mazen
(b) Address 424 S. Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Black Road

18 (a) Funeral director Joseph Kaminskas Inc.
(b) Address 682 Darlington Blvd.

SEP 10 1940

(a) (Registrar) (b) Henry J. Williams Deputy, M.D.

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important. Give the causes of death clearly and completely.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 4:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bichloride of Mercury Poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? suicide
(b) Date of occurrence 8/31/40
(c) Where did injury occur? 424 So Paca St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Bichloride Mercury by mouth

23. Signature Wm B Vandegrift M.D. Medical Examiner.
Date signed 9/10/40

VS 6

VS 6

72694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72694 Registered No. AF 72694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 Darley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Darley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine J Yost

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: ~~Sex~~ Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Yost
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 25. 1866
8. AGE: Years 74 | Months 1 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Hechter
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Kreutzer
15. Birthplace Germany

16 (a) Informant Geo J Zimmerman
(b) Address 1208 Dudley Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 11/40 (month) (day) (year)
(c) Cemetery or crematory Mustard
Location Baltimore

18 (a) Funeral director Wilhoyte Co
(b) Address 1217 E Pratt St

SEP 10 1940 (Date rec'd by Registrar) for Wm. Phillippus, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Sept 9 1940, and that I last saw her alive on Sept 8 1940.

Immediate cause of death Carcinoma — Duration 10 mos.
Due to Hemorrhage
Due to Arteriosclerosis — 2 mos
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Zimmerman M. D.
Address 9955 Reisterstown Rd Date signed

PLEASE WRITE CLEARLY. Physicians: please write the correct age is especially important.

72695

VS 3

F 72695

F 72695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. West Balto. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2853 N. Mulberry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rena Baughman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-01-2299

4. Sex: F
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: William W. Baughman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23rd 1915

8. AGE: Years	Months	Days	If less than one day
25	7	16	hr. min.

9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: William H. Karchin
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Rena Laib
15. Birthplace: Balto. Md.

16 (a) Informant: Rena Karchin
(b) Address: 719. Bentalou St

17 Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Pellhorn & Co
(b) Address: 1219 E Fayette St

19 (a) Date received by Registrar: SEP 10 1940 (b) Registrar: Herrington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiating gas poisoning — Duration
Due to:
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/9/40
(c) Where did injury occur? 2853 W. Mulberry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home-kitchen (Specify type of place) While at work? No stove
(e) Means of injury: Gas turned on kitchen stove
23. Signature: W. H. Anderson M.D. Medical Examiner.
Date signed 9/9/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

F 72695

VS 6

F 72696 56053 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 N. Green St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William O'Neill

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1864

8. AGE: Years 75 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Old Age Pension
11. Industry or business

FATHER
12. Name: William O'Neill
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Anna James
15. Birthplace: Ireland

16 (a) Informant: Records
(b) Address: 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory: Gen Catholic
Location: Baltimore Md

18 (a) Funeral director: Wilson & Son
(b) Address: 1214 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

SEP 10 1940
VS 6

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 9-7- 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28- 1940, to 9-7- 1940, and that I last saw h[im] alive on 9-7- 1940.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to Hypertensive CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lebherz M. D.
Address Balto City Hosp. Date signed 9-10-40

Please answer correct age is especially important. Physicians, please w

X V F 72697

(Date rec'd by registrar) SEP 10 1940

VS 3

72697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 72697
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hour
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ hour

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk RFD #3
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wilburn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-40

8. AGE: Years	Months	Days	If less than one day
			1 hr. 15 min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business None

FATHER
12. Name Theato Wilburn
13. Birthplace Georgia

MOTHER
14. Maiden Name Maggie Jackson
15. Birthplace Georgia

16 (a) Informant Theato Wilburn
(b) Address Dundalk, Md. RFD #3

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 10 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 5891

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-40 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1940, to 9-7 1940, and that I last saw h~~im~~ alive on 9-7 1940.

Immediate cause of death Premature infant. — Duration

Due to Causes unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Mercy Hospital Date signed 9/9/40

VS 3

F 72698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 72698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Boyd St (Left in garage for 2 months) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~B~~ B. A. YANKAUS or B.A. JANKAUSKAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL SEP 10 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) SEP 10 1940 Huntington Williams, M.D.
(Date rec'd by registrar) 15892 Registrar

VS 6

PLEASE WRITE PLAINLY. Items must be answered or the certificate will be returned. The cause of death may require investigation before certification. Please write the cause of death in such terms as will convey a clear understanding to a person unfamiliar with medical terminology. Do not use abbreviations or symbols. Do not state the mode of dying, such as heart failure, asthenia, etc., but the disease, injury, or complication which caused death. Be sure that the cause of death is entered in the proper space. Do not enter more than one cause on a line. Indefinite statements, such as cancer, tumor, stroke, kidney disease, should be avoided. Operations performed only for the disease causing death should be reported. Write plainly with pen and ink. Do not use pencil. Be sure that your certificate is complete and correct before you sign it. Please write the correct age is especially important. Physicians: please write the cause of death in such terms as will convey a clear understanding to a person unfamiliar with medical terminology. Do not use abbreviations or symbols. Do not state the mode of dying, such as heart failure, asthenia, etc., but the disease, injury, or complication which caused death. Be sure that the cause of death is entered in the proper space. Do not enter more than one cause on a line. Indefinite statements, such as cancer, tumor, stroke, kidney disease, should be avoided. Operations performed only for the disease causing death should be reported. Write plainly with pen and ink. Do not use pencil. Be sure that your certificate is complete and correct before you sign it.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 3 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive Cardiovascular renal

Due to disease

Due to

Other Conditions nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wollenweber M.D.
Asst Medical Examiner.

Date signed 8-31-40

VS 6

F 72699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190 F 72699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto county
(c) City or town Cockeysville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard, Walter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1940

8. AGE: Years | Months: 2 | Days: 3 | If less than one day: hr. min.

9. Birthplace Cockeysville, Balto Co.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Walter Vernon Howard
13. Birthplace Balto county, Md.

MOTHER 14. Maiden Name Lillie M. ~~Howard~~ Thompson
15. Birthplace Carroll Co., Md.

16 (a) Informant Lillie M. Howard
(b) Address Cockeysville

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 10 40 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Sparks, Balto Co. Md.

18 (a) Funeral director Landon M. Bowles
(b) Address Sparks, Md.

19 (a) (Date rec'd by Registrar) (b) Hunting to Williams Registrar

SEP 10 1940

VS 6

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1940, to 9-9 1940, and that I last saw him alive on 9-8 1940.

Immediate cause of death (Enter) Diarrhoea — Duration

Due to Dietary cause

Due to

Other Conditions Dehydration, Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Gore M. D.
Address Univ. Hosp. Date signed 9-9-40

SEP 8 1940

72700 58454 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-P

F 72700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Potomac St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-0372

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Gladys Wheeler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1900

8. AGE: Years 40 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William H. Wheeler
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Marshall
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Sept. 11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. + Gay St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) SEP 10 1940 (b) Thomas J. Williams, M.D.
(Date rec'd by registrar) Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8- 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17- 1940, to 9-8- 1940, and that I last saw h~~im~~ alive on 9-8- 1940.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Chron. Hyp. Dis.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Goldstein M.D.
Address Balto City Hosp Date signed 9-8-40

correct age is especially important. Physicians, please

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 72701

F 72701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 S Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 S Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Gebhart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Warren Gebhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17-1861

8. AGE: Years	Months	Days	If less than one day
79	4	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Henry Osterloh
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Gebhart
(b) Address 1228 S Carey St

17 (a) Burial (b) Date thereof Sept 11-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Balto Md

18 (a) Funeral director Jos. Jourdenais & Son
(b) Address 1927 Park Ave.

19 SEP 10 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8 1940 at 8:50 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-10 1940 to 9-8 1940 and that I last saw h[illegible] alive on 9-8 1940

Immediate cause of death Acute Cardiac Failure — Duration 1 day

Due to Arteriosclerotic Cardio-Vascular Disease — Duration 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Rankard M.D.
Address 729 Washington Blvd Date signed 9/9/40

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 8

VS 3

F 72702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 29 Warrenton Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Warrenton Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Edwin Barnes River

3 (b) If veteran, name war: 1917 - 1918

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Cornelia Post River
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 9th 1863

8. AGE: Years	Months	Days	If less than one day
77	2	—	... hr. ... min.

9. Birthplace Scott, N. Y. (Town, county, and state)
10. Usual Occupation Clergyman of Prot. Epis. Church
11. Industry or business " " " " "

FATHER
12. Name William River
13. Birthplace near Scott, N. Y.

MOTHER
14. Maiden Name Nia Barnes
15. Birthplace N. Y. State

16 (a) Informant Charles M. S. River
(b) Address 29 Warrenton Road

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-12-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry W. Jenkins & Sons Co.
(b) Address Orchard & McCulloh Sts

SEP 13 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9th 1940, at 11.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1940, to Sept. 9, 1940, and that I last saw him alive on Sept. 9, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	5 months
Myocardial degeneration	6 months
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert St. Date signed Sept 10, '40

correct age is especially important. ... please ...

VS 3

72703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. E 72703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Druid St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 619 Mulberry st
619 W.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carol Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3 1940

8. AGE: Years | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Johnson
13. Birthplace N. C.

MOTHER 14. Maiden Name Daisy Braxton
15. Birthplace Va

16 (a) Informant Henry Johnson
(b) Address 619 W. Mulberry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 11 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) (b) Huntington Williams M.D.

SEP 10 1940
VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1940, at 10 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1940 to 9-9 1940, and that I last saw him alive on 9-9 1940

Immediate cause of death: Acute gastro-intestinal indigestion (Summer diarrhea) — Duration: 12 days

Due to non-specific

Due to

Other Conditions Upper Respiratory Infection, Otitis Media

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Musgrave M. D.

Address Provident Hospital Date signed 9-10-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

72704

CERTIFICATE OF DEATH

127-4 72704

1. PLACE OF DEATH Hospital for the Women of Maryland

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1727 St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Isabel Gary Gathmann

(a) Residence: No. Catonsville, Md. St., Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emil Gathman

6. DATE OF BIRTH (month, day, year) Aug 7, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Texas

FATHER

13. NAME Col. Nelson A. Bayly

14. BIRTHPLACE (city or town) (State or country) Leesburg Virginia

MOTHER

15. MAIDEN NAME Victoria Wallace

16. BIRTHPLACE (city or town) (State or country) Chickahominy Pennsylvania

17. INFORMANT Mrs. Gathmann (Address) Catonsville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Western Cemetery Date Sept 11 1940

19. UNDERTAKER Watts Brooks & Bradley (Address) 1922 W. North Avenue

20. FILED SEP 10 1940 Huntington Williams M.D. (Registrar)

VS 3

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1940 to Sept 9, 1940

I last saw her alive on Sept 9, 1940 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholecystitis, operative	
Local peritonitis	
Probable abdominal abscess.	

Other contributory causes of importance:

Was an operation performed? yes. Date of July 24, 40

For what disease or injury? Acute

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lymond W. Finn M. D.

(Address) Hospital for Women of Maryland

F 72705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72-B

Registered No. F 72705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light ST.
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W. Ostend St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME BERTHA. L BAILEY.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	MARRIED

6 (b) Name of husband or wife CLAUDE A BAILEY.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 19-1901

8. AGE: Years	Months	Days	If less than one day
39	6	20	hr. min.

9. Birthplace Balto MD
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name AUGUST C HOFFMAN
13. Birthplace BALTO MD

MOTHER
14. Maiden Name CATHERINE FRANK
15. Birthplace BALTO MD

16 (a) Informant CLAUDE A BAILEY
(b) Address 111 W OSTEND ST.

17 (a) BURIAL (b) Date thereof SEPT. 13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD

18 (a) Funeral director Wm Chas A & G Rohde
(b) Address 2327 Edmondson Ave

SEP 10 1940
(Date received by Registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1940, at 12 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940, to Sept 10 1940, and that I last saw h.e alive on Sept. 5 1940.

Immediate cause of death Hypostatic pneumonia
Duration
Due to Diabetes mellitus
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Sims M. D.
Address 50 Balto Gen Hosp Date signed

I certify that the above is a correct report of the cause of death. The information in items 21 and 22 above is based upon my knowledge, and I believe it to be correct. I was in attendance upon the deceased from Aug 26 1940 to Sept 10 1940. I last saw the deceased alive on Sept 5 1940. Death occurred at 12 30 A.M. on the date stated above. The cause of death and the time of death are based upon my professional opinion. Autopsy was not performed upon the body.

VS 8

72706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-N F 72706

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 62 Frankelintown Road Ward) 20-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sophie Wardell

If U. S. Veteran specify WAR

(a) Residence: No. 62 S. Franklintown Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Wardell

6. DATE OF BIRTH (month, day, year) Feb. 28-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Butler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna A. Frederick

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Charles F. Wardell

(Address) 62 S. Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 11 19 40

19. UNDERTAKER George E. Lefevre

(Address) 2101 Frederick Ave.

20. FILED SEP 10 1940 Registrar for Wills, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 19 40 to Sept 8 19 40

I last saw h alive on Sept 8 19 40 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Sclerosis	1 yr.
Chronic Interstitial Nephritis	3 Mos.
Pleurisy (dry)	1 Week

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leo J. Mayer M. D.

(Address) 1600 Eutaw Pl.

State CAUSE OF DEATH in plain terms. Indicate whether natural, accidental, or suicidal. Fill in also OCCUPATION is very important. See instructions on back of certificate.

VS 3

Spec.—8-16-29—L. F. S.—100 Blks.

72707

F 72707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-A

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1312 W Mount ST. 15-2 WARD)

2—FULL NAME Joseph Kiah

(a) RESIDENCE NO. 131½ W. Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 0 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Kiah

6 DATE OF BIRTH (month, day, and year) Aug 29. 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Kiah

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margarite Connick

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country) Northumberland

14 Informant Eva Kiah

(Address) 131½ W. Mount

SEP. 11 1940 Filed 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9-1940.

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 1940 to Sept 9 1940

that I last saw h[illegible] alive on Sept 9 1940

and that death occurred, on the date stated above, at 2.57 P. M.

The CAUSE OF DEATH* was as follows:

Toxaemia Gravis (Anemia) ovrs

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Cardiac Enlargement (duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm H. Wright, M. D.

, 19 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn cem	9-12 1940
20 UNDERTAKER George H Nelson	ADDRESS 1303 Presstman St

OF DEATH in plain terms, so that it may be properly classified. Exact information is important. See instructions on back of certificate.

F 72708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 72708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) H

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgia Bosley

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) April 11-1904

8. AGE: Years 36 | Months 4 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Farmer,

11. Industry or business

FATHER
12. Name Samuel F. Bosley
13. Birthplace Md

MOTHER
14. Maiden Name Anna Bosley
15. Birthplace Md

16 (a) Informant Samuel F. Bosley.
(b) Address Glyndon, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Pleasant Grove Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md.

19 (a) SEP 11 1940 (Date rec'd by registrar) (b) [illegible] Registrar

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10th 1940, at 7:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1940, to Sept 10 1940, and that I last saw h[illegible] alive on Sept 10 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 mo.

Due to:

Due to:

Other Conditions: Tuberculosis Genitalis — Duration: 4 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Brack M. D.
Address University Hospt Date signed 9-10-40

VS 3

VS 3

380470

F 72709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Prospect Hill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Goodie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-38

8. AGE: Years	Months	Days	If less than one day
1	8 17	26	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Goodie
13. Birthplace Md.

MOTHER
14. Maiden Name Mildred Thomas
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1940 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Balto Co. Md.

18 (a) Funeral director Byron Mamie H. Wright
(b) Address 1218 N. Eldersly St

19 SEP 11 1940 (b) Registrar
(Date received by Registrar)

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 9 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940 to Sept 9 1940 and that I last saw h-- alive on Sept 9 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration 9 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 9/9/40

VS 2

VS 3

72710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 159

F 72710

Registered No.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1397 N. Mopley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Kable

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife — —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-40

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace St Agnes Hosp (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Allen Kable
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Doris Trainer
15. Birthplace Norfolk Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 9 40 (month) (day) (year)
(c) Cemetery or crematory Buried on Hospital Grounds
Location
18 (a) Funeral director 9-10-40
(b) Address

19 (a) SEP 11 1940 (Date rec'd by registrar) (b) Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1940 at 1:15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1940, to 9-9 1940, and that I last saw h[illegible] alive on 9-8 1940.

Immediate cause of death: Immaturity — Duration: 4 days
6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks M. D.
Address St Agnes Hosp Date signed 9-9

VS 3

F 72711

VS 3

72711 40422 SD

BALTIMORE CITY HEALTH DEPARTMENT 46-E F 72711

CERTIFICATE OF DEATH ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue 6-1
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Streeper Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Calvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	widowed

6 (b) Name of husband or wife ...alter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1882

8. AGE: Years	Months	Days	If less than one day
58	4	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stephen Sandebeck
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location 5712 O'Donnell St.

18 (a) Funeral director Mister W. C. Engel
(b) Address 2½ S. Amer St.

19 (Date rec'd by registrar) Huntington Williams, M.D.

correct as to especially important. Physician's please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1940, at 4.32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1940 to 9/9 1940 and that I last saw her alive on 9/8 1940.

Immediate cause of death Adenocarcinoma of the sigmoid colon c metastases — Duration 2 yrs.
Due to Diabetes mellitus — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation 9/29/39 - transverse colostomy c/c of sigmoid c intestinal obstruction
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harvey W. Gehrke Jr.
Address Balto. City Hosp. Date signed 9/9/40

F 72712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 72712
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2345 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2345 Frederick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Sulkoski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ late Charles T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1871

8. AGE: Years	Months	Days	If less than one day
69	5	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name August Hastman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Charles T Sulkoski
(b) Address 2345 Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave + Longwood St

18 (a) Funeral director Henry H Withe
(b) Address 4101 Edmondson Ave

19 SEP 11 1940 (Date rec'd by Reg'r) (b) Huntington Williams M.D. Registrar

correct age is especially important. Any person giving

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1939 to Sept 8 1940, and that I last saw him alive on Sept 8 1940

Immediate cause of death: Hypostatic Pneumonia — Duration 2 days
Due to: Cerebral Hemorrhage
Due to: Sclerosis of Arteries
Other Conditions: Diabetes Mellitus 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Neill J. Edwards M. D.
Address 1946 W. Balto St Date signed 9/9/40

VS 3

72713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-H Registered No. F 72713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Shuter (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald McLean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-40

8. AGE: Years | Months | Days: 24 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER: 12. Name unk
13. Birthplace

MOTHER: 14. Maiden Name unk.
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL SEP 11 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) SEP 11 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar
5893

correct age is especially important. Physicians please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1940 at 12-45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1940 to Sept 7 1940 and that I last saw him alive on Sept 7 1940.

Immediate cause of death: Septicemia
Due to: Pyelonephritis
Due to: B. coli
Other Conditions: Congenital stricture of ureters & urethra (Include pregnancy within 3 months of death)

Duration: ? 1 day ? 3 wks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 9/9/40

VS 3

72714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-wF 72714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. and Lindenn Ave
(c) Hospital or institution:
Md Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3235 Mc Tague St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Casey

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Rena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1904

8. AGE: Years	Months	Days	If less than one day
36	4	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Blake Casey
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Henson
15. Birthplace Maryland

16 (a) Informant Blake Casey
(b) Address 2512 Baca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore Md

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 Mc Culloh St.

19 (a) Huntington Williams M.D. (Registrar) Registrar

SEP 11 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9, 1940, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Sept 9 1940 and that I last saw him alive on Sept 9, 1940.

Immediate cause of death Hemorrhage — Duration 9 days

Due to Gastric ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Johnston Jr. MD
Address Md General Hosp Date signed 9/9/40

correct age is especially important. Physicians, please

F 72715 — OK — 58465 — F 72715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Jackson st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Myers (Crossfiled with Evens)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1908

8. AGE: Years	Months	Days	If less than one day
31	10	16	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Louis Myers
13. Birthplace Germany

MOTHER
14. Maiden Name Lena ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Sept 14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Blvd

18 (a) Funeral director Margaret S. Flynn
(b) Address 1422 Light St.

19 (a) (b)
(Date received by registrar) Harriet Williams, Deputy

SEP 14 1940

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11- 1940, at 2 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17- 1940, to 9-11- 1940, and that I last saw h alive on 9-11- 1940.

Immediate cause of death Cardiac failure — Duration ?
Due to Rheum. Hrt. Dis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murphy Lobstein, M. D.
Address Balto City Hosp. Date signed 9-11-40

F 72716

BALTIMORE CITY HEALTH DEPARTMENT 42-D F 72716
CERTIFICATE OF DEATH 34943 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastrn Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 E. Fort Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Moeller, crossfiled with Catherine Miller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife First - Robert Moeller Second - George Moeller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1877

8. AGE: Years	Months	Days	If less than one day
62 ?	9	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Michael O'Boyle (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Murry
15. Birthplace Ireland

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St

SEP 11 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10-1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-1938 to 9-10-1940 and that I last saw h-r alive on 9-10-1940

Immediate cause of death: Cardiac failure — Duration ?
Due to Hypertension CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Meyer Goldstein M. D.
Address Balto City Hosp Date signed 9-10-40

correct age is especially important. Typewriter preferred.

VS 2

VS 3

F 72717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 72717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 N. Frankford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 N. Frankford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE SCHAUB

3 (b) If veteran, name war
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Louis E. Schaub
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	8	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Koppelman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kemp
15. Birthplace U. S.

16 (a) Informant Mr. Louis E. Schaub
(b) Address 4606 N. Frankford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

SEP 11 1940 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

SEP 12 1940

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9th 1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1940 to Sept 9th 1940 and that I last saw h-- alive on Sept 9th 1940

Immediate cause of death: Carcinoma of Gallbladder — Duration: Three Mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Benton, M. D.
Address 1W. Ostend Ave Date signed 9/11/40

VS 3

72718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Argyle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin E. Johnson

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 218-03-8969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Corine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name Georgia Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Maggie Parker
15. Birthplace Md

16 (a) Informant Maggie Mills
(b) Address 922 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12-40 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director James Astanza
(b) Address 142 Wolfe St

SEP 11 1940 (Date rec'd by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 9/9/40

VS 6

Please write the cause of death clearly; correct age is especially important. Physicians: please write the

72719 FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-W F 72719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Woodyear St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith (Alva Smith)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-4-40
8. AGE: Years | Months | Days | If less than one day: 12 hr. 2 min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Julius Gibson
13. Birthplace unk.

MOTHER
14. Maiden Name Alva Smith
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) BALTO CITY HOSPITALS (Burial, cremation, or removal) (b) Date thereof 9-10-40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory B.C.H.
Location

18 (a) Funeral director
(b) Address

19 (a) SEP 11 1940 (Date rec'd by Registrar) Hortense Tofflemire M.D. Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1940, at 8.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1940, to Sept. 4 1940, and that I last saw him alive on Sept. 4 1940.

Immediate cause of death: Intracranial hemorrhage — Duration: 12 hrs.
Due to
Due to
Other Conditions: Prolapsed cord
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. William Dorman Jr., M.D.
M. D.
Address Baltimore City Hospitals Date signed 9-5-40

72720

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

58981 F 72720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Wildberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6-40

8. AGE: Years	Months	Days	If less than one day
		1	30 hr.s min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Wildberger
13. Birthplace Balto.

MOTHER
14. Maiden Name Sophia Vasik
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BALTO CITY HOSPITALS (b) Date thereof 9-10-40
(Burial, (Cremation), or removal) (month) (day) (year)
(c) ~~Cemetery~~ crematory B.C.H.
Location

18 (a) Funeral director
(b) Address

19 (a) SEP 11 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1940, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1940, to Sept. 7 1940, and that I last saw her alive on Sept. 7 1940.

Immediate cause of death: Congenital heart disease — Duration: 32 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr., M.D.
M. D.
Address Baltimore City Hospitals Date signed 9/7/40

F 72721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓ 57

Registered No. F 72221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rebecca Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Annie Flaherty

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John F. Flaherty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months — | Days — | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Michael McDonnell
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mrs. N. Polte
(b) Address: 414 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 1940 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location

18 (a) Funeral director: Mary M. Kyhfeld
(b) Address: 307 E. 22nd St.

19 SEP 11 1940 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

correct age is especially important and should be obtained if it can be learned from any available source

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1940, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1940, to 9-10 1940, and that I last saw her alive on 9-10 1940.

	Duration
Immediate cause of death: Block - peripheral vascular collapse	2 days
Due to: Carcinoma of Stomach	
Due to:	
Other Conditions: Kidney failure (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations: Inoperable carcinoma of Stomach
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James M. Faulkner, M. D.
Address: University Hosp. Date signed 9-10-40

VS 8

VS 3

72722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

Registered No. F 72722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23rd Street, not known
(If rural give location)
Aunt lives at 4456 St. George Street
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claude Byrd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/15

8. AGE: Years	Months	Days	If less than one day
24	8	26	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Edward
13. Birthplace South Carolina

MOTHER
14. Maiden Name Bertha
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Greenville S. Carolina

18 (a) Funeral director Mrs. R. A. Elliston Daughter
(b) Address 1129 St. Caroline St

19 (a) (Date rec'd by registrar) (b) Huntington Williams (Deputy)
SEP 11 1940

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1940, to 9/9 1940, and that I last saw h[illegible] alive on 9/8 1940.

Immediate cause of death: Tuberculoma of the brain — Duration: 10 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Craniotomy 8/7/40 — Tuberculoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Bal'o City Hosp. Date signed 9/9/40

SEP 21 1940 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

72723

CERTIFICATE OF DEATH

93D F 72723

1. PLACE OF DEATH 6004 Sycamore Road

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-25

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Caroline K Fisher

If U. S. Veteran specify WAR .....

(a) Residence: No. 6004 Sycamore Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John Millard Fisher

6. DATE OF BIRTH (month, day, year) January 21 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mechanicsburg Ohio
(State or country)

FATHER

13. NAME James Murphy Kurtz

14. BIRTHPLACE (city or town) Gettysburg Pa
(State or country)

MOTHER

15. MAIDEN NAME Annetta Dimlap.

16. BIRTHPLACE (city or town) .....
(State or country) Ohio.

17. INFORMANT Wm Kurtz
(Address) 6004 Sycamore Road.

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Date Sept 12 1940

19. UNDERTAKER J. F. Schryer & Sons
(Address) Baltimore

20. FILED SEP 11 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940, to Sept 9th, 1940.
I last saw her alive on September 4th, 1940. Death is said to have occurred on the date stated above, at 9.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (over)	3 days
Other contributory causes of importance: Hypertension	First known 2 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road.

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

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F 72724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-9

Registered No. F 72724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Parkwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Mc Dowell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/19/1874

8. AGE: Years	Months	Days	If less than one day
66	7	21	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Oswald
13. Birthplace Ohio

MOTHER
14. Maiden Name Rachel [illegible] Colwell
15. Birthplace Ohio

16 (a) Informant Husband - Joseph A
(b) Address 2721 Parkwood Ave

17 (a) Burial (b) Date thereof 9/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) SEP 11 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1940, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1940, to 9/10 1940, and that I last saw her alive on 9/10 1940.

Immediate cause of death Obstructive Jaundice — Duration

Due to Carcinoma Head of Pancreas & Metastasis

Due to [illegible] Liver

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Cholecystitis & Lithiasis on 8/3/40 + above.
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. F. Johnston Jr.
Address Md General Hospital Date signed 9/10/40 M. D.

F 72725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 72725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4120 Kathland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 yrs 2
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ANNESLIE (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Dunkirk Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME SAMUEL SUTTON

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah E. Sutton
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 1, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	8	..... hr. ..... min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Self

FATHER
12. Name James Sutton
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Lewin
15. Birthplace Baltimore Co., Md.

16 (a) Informant Mrs. Sarah E. Sutton
(b) Address 227 Dunkirk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (D) 11 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1940, at 11 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1940 to Sept. 9 1940, and that I last saw him alive on Sept 9 1940

Immediate cause of death Auricular fibrillation — Duration 4 days
cbr. myocarditis — 7 days
Due to Incomplete heart block — 1 mo.
Paralytic ileus
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Leo Schlenger M.D.
Address 46 W. Lib[illegible] St. Date signed 9/11/40

VS 3

F 72726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

F 72726
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Aisquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 + years

3 (a) FULL NAME Elizabeth Rowe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Herbert A. Rowe
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 9, 1878

8. AGE: Years	Months	Days	If less than one day
62	2	1	....hr. ....min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Hugh McCall
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McCallen
15. Birthplace Ireland

16 (a) Informant Mrs. Herbert A. Rowe
(b) Address 1042 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Road

18 (a) Funeral director Edgar W. Conklin Sr.
(b) Address 924 E. Eager St.

19 SEP 11 1940 Huntington Williams, M.D.
Date received by registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1940 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1940 to Sept 10 1940, and that I last saw h[illegible] alive on Sept 10 1940.

Immediate cause of death Bronchopneumonia — Duration 1 wk

Due to

Due to

Other Conditions Carcinoma of Esophagus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia, Esophagus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fernando Salvatino M.D.
Address 1401 Hoff Date signed 9-10-40

72727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 72727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 E. Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E. Oliver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Irene Norwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm. E. Norwood
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 10 - 1890

8. AGE: Years	Months	Days	If less than one day
50	0	29	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Burl R. Ely
13. Birthplace Md.

MOTHER
14. Maiden Name Lizzie E. Gray
15. Birthplace Md.

16 (a) Informant Wm. E. Norwood
(b) Address 1604 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 | 13 | 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Graul & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) (Date received by Registrar) SEP 14 1940 (b) Hunting for Williams, M.D.

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 - 1940 at 8. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1939, to Sept 9 1940, and that I last saw her alive on Sept 8 1940.

Immediate cause of death Carcinoma uterus — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Hunting M.D.
Address 1206 E. Lee St. Date signed 9/10/40

F 72728

F 72728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Clifton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1604

3 (a) FULL NAME Samuel Bridle

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1891

8. AGE: Years 49 | Months 1 | Days 10 25 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Hod carrier

11. Industry or business

FATHER
12. Name Louis Bridle
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Emma Mills.
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore Md

18 (a) Funeral director Samuel C. Byer
(b) Address 1605 N. North Ave

19 (a) (Date received by registrar) (b) Huntington Willia Registrar

SEP 11 1940

VS 3

correct age is especially important. Typewriter preferred.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1940, at 9:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4, 1940, to Sept. 10, 1940, and that I last saw him alive on Sept. 10, 1940

Immediate cause of death	Duration
Brain tumor, right frontal lobe	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Adetsu M. D.

Address U. S. Marine Hospital, Baltimore, Md. Date signed 9/10/40

72729 88 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 72729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S. Gilmor Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Richardson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/7/40

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Ruby
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Sept 11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Lot 74 Sec BB
18 (a) Funeral director Charles P Towell
(b) Address 2427 Calhoun Ave Huntington Williams, M.D.

SEP 11 1940
(Date rec'd by registrar) Registrar

VS 2

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1940, at 1.55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1940, to Sept. 10 1940, and that I last saw him alive on Sept. 10 1940.

	Duration
Immediate cause of death: Aspiration pneumonia	
Due to: Prematurity	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 9-10-40

M. D. B. 1268-9

72730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72730

CERTIFICATE OF DEATH

1. PLACE OF DEATH Convent of the Good Shepherd 13B

CITY OF BALTIMORE: (No. 15 South Mount St., Ward 19-H)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sister Mary of St. Teresa of the Child Jesus

(a) Residence: No. 15 S. Mount St., Ward 19-H

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Eberling

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Winifred Mulcahy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of Good Shepherd

(Address) 15 S. Mount St. (or Rollins)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/12/40 19....

19. UNDERTAKER J. J. Tighe & Son

(Address) 28 W. Lexington St.

20. FILED SEP 11 1940 19.... Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938 to Sept 11 1940

I last saw her alive on Sept 10th 1940. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Jan 40

Other contributory causes of importance: 0

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) J. J. Tighe

(Address) 1300 N. Calvert St. M. D.

information should be carefully supplied. AGE should be stated so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 72731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Guilford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME EDWARD A. NORTON

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 1/9/1886

8. AGE: Years 54 | Months 8 9 | Days 2 | If less than one day .....hr. .....min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Un-Employed

11. Industry or business

FATHER
12. Name Patrick Norton
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dooley
15. Birthplace Ireland

16 (a) Informant Miss J. Norton
(b) Address 1812 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt Moriah Cemetery
Location Baltimore Md

18 (a) Funeral director J. J. Foley & Sons
(b) Address 1210 Light St.

19 (a) (Signature of informant) (b) Huntington Williams M.F. Registrar

SEP 11 1940

VS 6

correct age is especially important. Physicians: please write the cau

MEDICAL CERTIFICATION

20. DATE OF DEATH September 11 1940, at 3:20 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I, find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration .....

Due to.....

Due to.....

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-11-40

VS 6 F 11340

F 72732

BALTIMORE CITY HEALTH DEPARTMENT F 72732 Registered No.

CERTIFICATE OF DEATH 157a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-17
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Andrew

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 11 - 1940

8. AGE: Years | Months: 4 | Days: 30 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none.

FATHER 12. Name Thomas Andrew
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Ellen Hamp.
15. Birthplace Baltimore, Md.

16 (a) Informant Thomas Andrew
(b) Address 3003 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Long & Byers
(b) Address 5005 Park Heights Ave.

19 (a) SEP 11 1940 (Date rec'd by registrar) (b) Permit to Bury issued by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1940 at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940 to Sept. 10 1940 and that I last saw him alive on Sept. 10 1940.

Immediate cause of death: Internal hydrocephalus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Internal hydrocephalus

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raven McSwain M. D.
Address University Hospital Date signed 9-10-40

correct age if obviously impossible

VS 3

72733

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183a Registered No. F 72733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 W Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W Fayette st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Southey H Turner
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-10-7026

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Kathrine Turner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 19 890

8. AGE: Years	Months	Days	If less than one day
50	—	21	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or Business

FATHER
12. Name Wm Turner
13. Birthplace Virginia

MOTHER
14. Maiden name Emma Gaulding
15. Birthplace Virginia

16 (a) Informant Mrs Kathrine Turner
(b) Address 520 W Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Jno C Farley
(b) Address Fulton & Fayette

19 SEP 11 1940 (Date rec'd by Registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10. 1940, at 10 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10. 1940, to Sept 10. 1940, and that I last saw him alive on Sept 10. 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage.	1 hour.
Due to Chronic Hypertension.	1 Mo.
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Rhea Norton, M. D.
Address 888 N Eutaw St. Date signed 9/11/40

correct age is especially important. Physicians: please write plainly.

VS 3

72734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. E 72734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 125
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) C[redacted]
(c) City or town Balto (If outside city or town limits, write RURAL and give town) Charles St
(d) Street No. The Walbert Apts Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** ANDERSON, NETTIE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) about 1885

8. AGE: Years: 55 | Months | Days | If less than one day: hr. min.

9. Birthplace: Penna. (Town, county, and state)
10. Usual Occupation: Registered Nurse
11. Industry or business: On Call

FATHER
12. Name: John Anderson
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret Forrest
15. Birthplace: Penna

16 (a) Informant: Records
(b) Address: University Hospital

17 (a) Cremation (Burial, cremation, ~~or removal~~) (b) Date thereof 9/12/40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory: London Cook
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) FILED 1 1 1940 (Registrar's office) (b) Registrar

correct as to personally supervised

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 12 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1940 to Sept 9 1940 and that I last saw h[illegible] alive on Sept 9 1940

Immediate cause of death: Possible pulmonary embolus — Duration: 1 day ?

Due to: Resection of colon.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Annular carcinoma descending colon
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J R Kanne M. D.
Address: Univ. Hosp. Date signed 9/9/40

VS 3

2735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 12735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 Presbury
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Presbury (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Bennett

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-03-7783

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Lillie A

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 2 27 1882

8. AGE: Years 58 | Months 6 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Supt. of Schedules

11. Industry or business Balto Transit Co

FATHER
12. Name William Bennett
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jacobs
15. Birthplace Md

16 (a) Informant Lillie A Bennett
(b) Address 2826 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed 9 12 1940 (b) Registrar Huntington Williams M.D.
(Signature of registrar)

VS 40

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Landecraft M.D.
Medical Examiner.

Date signed 9/10/40

Please write correctly. Accuracy is especially important. Physicians: please write clearly.

72736

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

5789 F 72736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2043 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Bell Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NW	? NONE	Female	White	Widow

6 (b) Name of husband or wife Edward [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1863

8. AGE: Years	Months	Days	If less than one day
76	9	28	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Thorington
13. Birthplace Indianna

MOTHER
14. Maiden Name Alice Heath
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 40 (month) (day) (year)
(c) Cemetery or crematory Dal Lapse
Location Baltimore Co MD
18 (a) Funeral director Wilhelm & Gorsuch
(b) Address 1217 E Pont St
SEP 11 1940
19 (a) (Date received by registrar) (b) Huntington Ave (Registrar)

correct age if especially important

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/11 1940, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 1940, to 9/11 1940, and that I last saw h~~er~~ alive on 9/10 1940.

Immediate cause of death	Duration
Intestinal obstruction - Chronic	2 mo.
Due to Adeno-carcinoma of the stomach & metastases ??	?
Due to Arteriosclerotic heart disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Zachary R Gehlert
Address Balto City Hosp Date signed M 9 D 11 40

72737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

Registered No. F 72737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 E. 36th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md
(If outside city or town limits, write RURAL and give town)
Street No. 634 E. 36th
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Wilkenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.) april 12, 1874

8. AGE: Years: 66 | Months: 4 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Balto, Md. (town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Sheet metal Worker

FATHER
12. Name: Charles Wilkinson
13. Birthplace: St. Marys Co, Md

MOTHER
14. Maiden Name: Monk Knowe
15. Birthplace: Md.

16 (a) Informant: Mrs. Margaret Wilkinson
(b) Address: 634 E. 36th

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14/40 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor ave

18 (a) Funeral director: Margaret A. Elmer
(b) Address: 422 Light St.

19 (a) Date rec'd by reg.: SEP 11 1940 Huntington Williams M.D. Registrar

correct age is especially important. Physicians please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1940, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8 1940, to Sept. 10 1940, and that I last saw h[illegible] alive on Sept. 10 1940.

Immediate cause of death: Uremia Poisoning — Duration

Due to: Cerebral Hemorrage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature O. L. Long M. D.
Address 415 Fonthorop Date signed 9/11/40

VS 3

F 72738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 72738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. German St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Louis J. Levitt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15-1880

8. AGE: Years 60 | Months 2 1 | Days 26 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Moses Levitt

13. Birthplace Odessa, Russia

MOTHER 14. Maiden Name Marie Dubovitz

15. Birthplace Russia

16 (a) Informant Mrs Annie Leavitt

(b) Address 3451 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Cemetery Southern Ave

Location Southern Ave

18 (a) Funeral director Sol. Levinson & Bros

(b) Address 1124-26 W. North ave

19 (a) SEP 11 1940 (Date rec'd by Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1940 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Sept 11 1940, and that I last saw him alive on Sept. 11 1940.

Immediate cause of death	Duration
Rt Cerebral Hemorrhage	1 day.
Arteria Sclerosis	?
Due to	
Due to	
Other Conditions Dementia Presenile	38 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman P. Glazer M. D.
Address 2326 Fairmount Ave Date signed

PLEASE WRITE PLAINLY. Be sure to give the causes of death clearly and correct age is especially important. Physicians: please write the

VS 3

VS 3

72735 46303 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/16

Registered No. F 72735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 Essex Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME George Wisneski (WISNIEWSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Magdelene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1875

8. AGE: Years 65 | Months 5 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Unemployes

11. Industry or business

FATHER
12. Name Paul
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Plamoska
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Sept 14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore Md

18 (a) Funeral director John M Weber
(b) Address 461 S. Chester St

19 (a) Date received by local registrar SEP 11 1940 (b) Filing for Williams M.D.
(Registrar)

correct age is especially important. Physicians please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1940, at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1939, to 9-9 1940 and that I last saw him alive on 9-9 1940.

Immediate cause of death: Tuberculosis Peritonitis — Duration: 2 yrs (?)
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Tbc of bowel
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address Balto City Hosp Date signed 9-10-40

F 72740

VS 3 :

F 72740

F 72740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 Ansquith St.
(c) Hospital or institution:
At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Ansquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ambrose M. McIntyre

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 2nd

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower of

6 (b) Name of husband or wife: Catherine M. McIntyre

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1859

8. AGE: Years 80 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired Policeman

11. Industry or business Baltimore City

FATHER
12. Name James McIntyre
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dongyer
15. Birthplace Ireland

16 (a) Informant Mrs. Edward J. McIntyre
(b) Address 1040 Ansquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Eleanor W. Conklin & Son
(b) Address 924 E Fayette st.

SEP 12 1940 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 Th. 1940 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Sept 10 1940, and that I last saw him alive on Sept 10 1940.

Immediate cause of death: Ch Nephritis

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(d) Means of injury —

23. Signature A. L. Hornstein
Address 733 Ansquith St Date signed 9/14/40 (M. D.)

correct age is especially important

VS 3

72741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1033 N. Carey st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balte
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. Does not apply

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Estella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 1884

8. AGE: Years	Months	Days	If less than one day
56	1	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Ice Cream Maker

11. Industry or business

FATHER
12. Name Thomas Young
13. Birthplace Md

MOTHER
14. Maiden Name unk
15. Birthplace Known

16 (a) Informant Estella Young
(b) Address 1033 N Carey st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pleasant

19 (a) SEP 12 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 9:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Wandersleigh M.D.
Medical Examiner.
Date signed 9/10/40

Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

VS 6

VS 6

72742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-W F 72742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 N. Collington Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 & 2
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 N. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helena A. Crowe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lawrence L. Crowe
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 6. 1905

8. AGE: Years	Months	Days	If less than one day
34	9	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas McDowell
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary G. Dowger
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary Moorer
(b) Address 1706 N. Collington Ave

17 (a) Burial (b) Date thereof Sept. 14, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Greenmount Ave City

18 (a) Funeral director Elmer W Canfield Son
(b) Address 924 E. Eager st.

SEP 12 1940 (b)
(Date filed by registrar) Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11th 1940 at 5 o M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to Sept. 11 1940, that I last saw her alive on Sept 10 1940

Immediate cause of death
Endocarditis
Cerebral embolism — Duration ? 4-40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Elmer Moorer M. D.
Address 3105 Belair Rd Date signed 9-11-40

VS 3

2743-
384173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-D

F 72743
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 S. Castle (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Mackowiak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ignatius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-91

8. AGE: Years	Months	Days	If less than one day
49	4	10	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name Lawrence Romecki
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozasowski
(b) Address 1930 Eastern Ave

19 (a) (b)
(Date received by Registrar) Registrar

SEP 12 1940

VS 2

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1940 to Sept 10 1940, and that I last saw her alive on Sept 10 1940

Immediate cause of death	Duration
1 PULMONARY EMBOLUS?	12 HRS
2 CORONARY OCLUSION?	72 HRS
Due to	
Due to ADAMANTINOMA JAW,	3 YRS.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation ADAMANTINOMA of JAW
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Sturgis Jr.
Address Johns Hopkins Hosp Date signed 9/10/40

VS 3

72744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-W

F 72744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 S Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL LEWANDOWSKI

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas

13. Birthplace Germany

MOTHER 14. Maiden Name Frances Ogonek

15. Birthplace Poland

16 (a) informant Frank Lewandowski

(b) Address 221 S Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14-40 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore

18 (a) Funeral director Fred W. Czaguski

(b) Address 1930 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1940, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis	
Due to: general	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 9-11-40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 72745

SEP 12 1940

F 72745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

F 72745
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address S.S. New Westminster City
(c) Hospital or institution Pier 4 Locust Point 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~England~~ County Yorkshire
(c) City or town Goodle (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Bournville St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Ernest Heme

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband or wife Mary Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace ~~England~~ Sunderland England (Town, county, and state)

10. Usual Occupation Second Engineer
11. Industry or business Merchant

FATHER 12. Name Christopher Heme
13. Birthplace England

MOTHER 14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Capt A.W. Harris
(b) Address S.S. New Westminster City

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/17/1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Burial
Location Burial

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (b) Huntingtown, Calvert Co. Md.
(Date received by Registrar) Registrar

SEP 12 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 6.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing Injury of Chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes—fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/11/40 Pier 4 Locust Point
(c) Where did injury occur? S.S. New Westminster City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Undesignated (Specify type of place) While at work? Yes
(e) Means of injury Fly Wheel Flew Through

23. Signature W. VanderZwaag M.D. Medical Examiner.
Date signed 9/11/40

PLEASE WRITE the causes of death clearly and legibly. In case write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 6

72746 Sena

1009 unnamed Blvd 47th Dan Cantle Dr

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 442 Patapsaco Ave
(c) Hospital or institution: Brooklyn Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (Brooklyn) (If outside city or town limits, write RURAL and give town)
(d) Street No. 442 Patapsco Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Woods

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Bungle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1869

8. AGE: Years	Months	Days	If less than one day
71	4	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Zachariah Woods
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Amelia Sherman
15. Birthplace Germany

16 (a) Informant Mrs Emma Stolle
(b) Address 442 Patapsaco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by reg'r) (b) Registrar

SEP 12 1940
VS 3

Huntington Md

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1939 to 9-11 1940 and that I last saw her alive on 9-10 1940.

Immediate cause of death	Duration
Malignant Hypertension	1 yr.
Myocardial Decompensation	2 mo.
Due to —	
Arteriosclerosis	?
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Lawrence M. Sena M. D.
Address 104 W. Madison St. Date signed 9-12-40

F 72747

F 72747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

Registered No. F 72747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Tessier ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Adams

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Teresa Adams

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1879

8. AGE: Years: 61 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER — 12. Name: Benjamin Adams
13. Birthplace: Md.

MOTHER — 14. Maiden Name: Nora Banks
15. Birthplace: Md.

16 (a) Informant: Rosetta Johnson
(b) Address: 811 - Tessier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-40 (month) (day) (year)
(c) Cemetery or crematory: M.T. Calvary Cemetery
Location: Cedar Hill - Md.

18 (a) Funeral director: Elroy O. Wilson
(b) Address: 1000 N. Bradley ave.

19 (a) (Date rec'd by Registrar) SEP 12 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1940, at 10:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940, to Sept. 11, 1940, and that I last saw him alive on Sept. 11, 1940.

Immediate cause of death: Cerebro-Vascular Accident — Duration
Due to: Post - Operative
Due to: Carcinoma Penis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Squamous-cell Carcinoma of Penis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lester H. Caplan M. D.
Address University Hospital Date signed 9/12/40

correct age is especially important. Physicians: please write

F 72748

SEP 12 1940

72748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72748

Registered No. 133-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town ~~Baltimore~~ Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 61 Robins St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Evert Travers

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Mamie Kearn
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1888

8. AGE: Years	Months	Days	If less than one day
51	11	15	16 hr. ..... min.

9. Birthplace Cambridge, Maryland.
(Town, county, and state)
10. Usual Occupation Houseman
11. Industry or business

FATHER
12. Name James Nash
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Nora Travers,
15. Birthplace Dorchester County, Md.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 9-12-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cemetery
Location Cambridge Md.

18 (a) Funeral director Sewell A. Henry.
(b) Address 222 Cedar St. Cambridge, Md.

19 (a) SEP 12 1940 (Date received by registrar) (b) ..... Registrar

VS 3

correct age is especially important. Any

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1940, at 5:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 1940 to Sept. 11, 1940, and that I last saw him alive on Sept. 11, 1940.

Immediate cause of death	Duration
Uremia, acute	Unknown
Due to Pyelonephritis, acute; Cystitis, acute	Unknown Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Injection of diodrast
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Anderson M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 9/11/40

72749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1707 — F 72749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Decker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK WEIMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1868

8. AGE: Years	Months	Days	If less than one day
72 71	10	0	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Weiman
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Weckenpfenn
15. Birthplace Md

16 (a) Informant Emma Weiman
(b) Address 533 N. Decker Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 14 40 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location E NORTH AVE

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address LOMBARD & ANN ST

19 (a) (Date received by Local Registrar) SEP 12 1940 (b) Registrar

VS 6

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940, at 12 M

21. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple fractures, Acute dilatation of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/31/40
(c) Where did injury occur? Balto St + East Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto car
23. Signature [illegible] M.D. Medical Examiner.
Date signed 9/11/40

SEP 12 1940
VS 6

Moreland Park.

F 72750

BALTIMORE CITY HEALTH DEPARTMENT 133-B F 72750

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jones Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George D. Pearre

3 (b) If veteran, name war: Infant
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife: Infant
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 1940
8. AGE: Years | Months | Days: about 3 weeks. 21 | If less than one day: hr. min.
9. Birthplace Parkton, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Thomas C. Pearre
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E Stewart
15. Birthplace Md.

16 (a) Informant Thomas C. Pearre
(b) Address Parkton, Md.

17 (a) Burial (b) Date thereof Sept 14, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park Baltimore, Md.
Location Baltimore

18 (a) Funeral director Jacob Hartenstein.
(b) Address New Freedom, Pa.

SEP 12 1940 (b) Hunting for Highlands, Md.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 12 M P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 11 1940, and that I last saw h[illegible] alive on Sept 11 1940.

Immediate cause of death: Pyelitis — Duration: 3 weeks

Due to: Urethral obstruction resulting in urinary failure

Due to: Muscosis in urethra

Other Conditions: Distention? intestines, anuria?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Urethral obstruction by stone, abscess, infected

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dwight Goss M. D.
Address Redwood & Jones Sts Date signed 9-12-40

correct age is especially important. Physicians, please write

VS 3

VS 3

F 72751 — Chapline

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 9 days
(e) Length of stay in Baltimore (yrs., mos., or days): 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Frederick
(c) City or town: Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 115 W. 3rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: Harry Chapline

3 (b) If veteran, name war: C
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife:
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			... hr. ... min.

9. Birthplace: Cumberland
(Town, county, and state)

10. Usual Occupation: Reporter
11. Industry or business: newspaper (Retired)

FATHER
12. Name: Thomas Chapline
13. Birthplace: West Virginia

MOTHER
14. Maiden Name: Lena Libby
15. Birthplace: Frederick Md.

16 (a) Informant: Robert Coleman
(b) Address: Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 14, 40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Md.

18 (a) Funeral director: E. Coblentz & Son
(b) Address: Frederick, Md.

19 (a) 12 1940 (Date rec'd by registrar) (b) Hunter for Williams M.D. (Registrar)

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 12, 1940, at 5:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940, to Sept. 12, 1940, and that I last saw him alive on Sept. 11, 1940.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to: Post-Operative	
Due to: Carcinoma of Bladder	over 1
Other Conditions: Transplants of CA in Bladder (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Adenocarcinoma of Bladder with transplants
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Leaton H. Coplan, M. D.
Address: University Hospital Date signed: 9, 12, 40

72752

HEALTH DEPARTMENT—CITY OF BALTIMORE

72752

CERTIFICATE OF DEATH

V107

1. PLACE OF DEATH The Crawford Retreat

CITY OF BALTIMORE: (No. 2117 Denison St St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Rosaria Brocato

If U. S. Veteran specify WAR

(a) Residence: No. 1126 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late - Salvatore Brocato

6. DATE OF BIRTH (month, day, year) July 2 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1 2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Andrew Demarco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Son - Mrs Frank Brocato

(Address) 1126 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 13 19

19. UNDERTAKER John J. Edwards

(Address) 901 Fulton

20. FILED Huntington Williams, M.D.

SEP 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1940, to Sept 11 1940

I last saw her alive on Sept 11 1940. Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	

Other contributory causes of importance: Pemphigus Foliaceus

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi A. DeStefano M. D.

(Address) 407 S. Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite statements, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Uremia," "Convulsions," "Paralysis," "Cancer," "Tumor," "Abscess," "Infection," "Septicemia," "Pyemia," "Blood Poisoning," "Hemorrhage," "Shock," "Collapse," "Coma," "Asphyxia," "Suffocation," "Drowning," "Fracture," "Injuries," "Wounds," "Burns," "Scalds," "Poisoning," "Abortion," "Childbirth," "Puerperal," "Stillbirth," "Premature Birth," "Congenital Debility," "Marasmus," "Inanition," "Malnutrition," "Tuberculosis," "Pneumonia," "Nephritis," "Bright's Disease," "Diabetes," "Cirrhosis," "Jaundice," "Hepatitis," "Appendicitis," "Peritonitis," "Meningitis," "Encephalitis," "Myelitis," "Neuritis," "Rheumatism," "Arthritis," "Endocarditis," "Pericarditis," "Myocarditis," "Aneurism," "Embolism," "Thrombosis," "Phlebitis," "Anemia," "Leukemia," "Pernicious Anemia," "Sepsis," "Toxemia," "Uremia," "Eclamps

72753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 72753
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 S. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 S Carey
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolina M. Finke

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife late Joseph A. Finke
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	26 25 hr.	min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name John Michael
13. Birthplace Md.

MOTHER
14. Maiden Name Alexander
15. Birthplace Md.

16 (a) Informant Mrs. Charles E. White
(b) Address 1129 S. Carey Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East ave & North Ave.

18 (a) Funeral director John J. Cowan & Son.
(b) Address 901 Pulleus Street.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

SEP 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10th 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1940 to 9/10 1940 and that I last saw h[illegible] alive on 9/10 19 XO

Immediate cause of death Acute Cardiac Failure — Duration 1 da

Due to Arteriosclerotic Cardio Vascular Disease — Duration 5 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A. Laukaitis, M.D.
Address 6 Wadsworth Ave. Date signed 9/14/40

Please write clearly. Physicians: please write the cause of death in such a manner that the correct age is especially important.

F 72754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72754

159 Registered No.

1. PLACE OF DEATH: St. Agnes Hosp.
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Chathamo Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Keeney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/9/40

8. AGE: Years | Months — | Days | If less than one day 1/2 hr. min.

9. Birthplace St. Agnes Hosp., Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Calvin Amos Keeney
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Martha Rozaire (Hold a craft)
15. Birthplace Crapville Md.

16 (a) Informant Calvin A. Keeney
(b) Address 4008 Chatham Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) SEP 12 1940 (b) (Date received by Registrar) Registrar
Huntington Williams, M.D.

VS 3

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1940, at 5:40 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/9 1940 to 9/9 1940 and that I last saw h.e.r. alive on 9/9 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Laughlin M. D.
Address 4 W. N. Payson St Date signed 9/9/40

VS 3

2755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 N

F 72755

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St.
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 64 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

15-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 N Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A Drummey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Car Dispatcher
11. Industry or business Balto. Transit Co.

FATHER
12. Name Cornelius Drummey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Lorden
15. Birthplace Ireland

16 (a) Informant Thomas Drummey
(b) Address 1813 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14. 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) SEP 12 1940 (Date rec'd by Registrar) (b) Registered

correct age is especially important. If uncertain, please say so.

MEDICAL CERTIFICATION

20. DATE OF DEATH Septem 10 1940, at 10:- P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1940, to 9/10 1940, and that I last saw h-- alive on 9/10 1940:

Immediate cause of death	Duration
Myocardial failure	1 day
Due to arteriosclerosis	years
Due to	
Other Conditions Hypertrophy of Prostate Removed	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations Removal Hypertrophy of Prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Walter Mackey M. D.
Address St Josephs Hospital Date signed 9/10/40

VS 3

VS 3

72738 36 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 126

Registered No. F 72756

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 20-47
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 McHenry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? X 64 years

3 (a) FULL NAME Regina Voelker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John
6 (c) If alive, give age 0 years
7. Birth date of deceased (mo., day, yr.) Oct. 17, 1866
8. AGE: Years 73 x 73. Months 10 Days 24 23 If less than one day ..... hr. ..... min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ferdinand Drisel (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Kale (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City
18 (a) Funeral director J. B. Wippert & Son
(b) Address 1300 Eutaw Pl
19 (a) SEP 12 1940 (Date received by Registrar) (b) H. Huntington Williams M.D. Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1940, at 1:00 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from 9/5 1940, to 9/10 1940 and that I last saw her alive on 9/9 1940.

	Duration
Immediate cause of death: Acute cholecystitis	2 wks
Due to: Stone in common bile duct	2 wks
Due to: Jaundice	2 wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sidney V. Gehlert Jr.
Address Balto. City Hosp. Date signed M 9 D 10/40

VS 3

F 72757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 72757 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. South Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-1
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Seaden Hall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 26

8. AGE: Years 14 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name Peter Thompson
13. Birthplace S. C.

MOTHER 14. Maiden Name Louise Holliday
15. Birthplace S. C.

16 (a) Informant Peter Thompson
(b) Address 1109 Broadnhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. M. Co Md

18 (a) Funeral director Daisy L Brown Dow
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b)

SEP 15 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 3 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing Injury of Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/9/40
(c) Where did injury occur? Hanover and Hunt Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(c) Means of injury Bicycle struck by automobile

23. Signature [illegible] M.D. Medical Examiner.

Date signed 9/9/40

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72758

SEP 12 1940 (Date rec'd by registrar) Awaiting for Liquidation (Registrar)

Date signed 9-9-40

VS 6

F 72758

F 72758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Grundell Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-1882

8. AGE: Years 47 | Months 65 | Days 4 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Elizabeth Harvey
(b) Address 731 Grundell Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12, 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co Md

18 (a) Funeral director Isaiah L Brompton
(b) Address 108 W Montgomery St

19 (a) SEP 12 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilitic Aortitis with Aortic insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nyle Vandeventer M.D. Medical Examiner.

Date signed 9/9/40

Please write plainly and fill in all items. Be sure the causes of death clearly and logically correct age is especially important. Physicians: please write the

VS 6

F 72759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 S. Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 S. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James F. Morris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna Price Morris

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb. 2. 1875

8. AGE: Years 65 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name ~~Patrick~~ Edmond Morris
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Quirk
15. Birthplace Ireland

16 (a) Informant Mrs. Jas. F. Morris
(b) Address 1204 S. Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. Md

18 (a) Funeral director Margaret A. Hynes
(b) Address 1422 Light St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

SEP 12 1940

VS 1

correct age is especially important. Physicians, please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/11/40 19 , at 5.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/5 1940 to 9/11 1940, and that I last saw h alive on 9/11/40 19

Immediate cause of death	Duration
Central Hemorrhage	1 day
Due to Hypertension	1 yr
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M.

Address 122 E. Lexington St. Date signed 9/12/40

F 72760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a V

Registered No. F 72760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Old Orchard Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 55Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Old Orchard Rd. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William E. Chambers

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish-American	216-10-1130

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Edna G. Chambers
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1879

8. AGE: Years	Months	Days	If less than one day
60	9	28	..... hr. ..... min.

9. Birthplace Lynchburg Va. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Linen Supplies

FATHER
12. Name Robert M. Chambers
13. Birthplace Balto.

MOTHER
14. Maiden Name Lucy A. Vest
15. Birthplace Va.

16 (a) Informant Mrs. Edna G. Chambers
(b) Address 509 Old Orchard Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (a) SEP 9 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1940, at 5:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1940, to 9/12 1940.
and that I last saw h... alive on 9/11 1940.

Immediate cause of death Coronary Thrombosis — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ..... — .....
Of autopsy ..... — .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Alden H. Chambers M. D.
Address 4209 Hud. ave. Date signed 9/12/40

NUTTER

VS 8

NUTTER

BALTIMORE CITY HEALTH DEPARTMENT

72761 **CERTIFICATE OF DEATH** 46-D Registered No. F 72761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp. 12-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3. (a) FULL NAME Mr. William Nutter X

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-09-5273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of ~~husband~~ wife Mrs. Edith Nutter
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 22, 1873

8. AGE: Years	Months	Days	If less than one day
67	1	19	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Collector
11. Industry or business Hecht Bros.

FATHER
12. Name Samuel Nutter
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Clara E. Oppelt
15. Birthplace Pa.

16. (a) Informant Mrs. Edith E. Nutter
(b) Address 2317 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

SEP 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9, 11 1940, at 3° A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1940 to 9, 11 1940 and that I last saw him alive on 9, 10 1940.

	Duration
Immediate cause of death Bronchopneumonia	14 hours
Due to Carcinoma and Contusion and Burns Both Legs to Knees	1 week
Due to Carcinoma of Rectum Sigmoid Colon	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of the Rectum Sigmoid Colon.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Levin
Address S. Broad Gen. Hosp. Date signed 9-11-40

Correct age is especially important. Physicians: please write clearly.

F 72762

SEP 12 1940

F 72762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44-B

F 72762 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 S. Lehigh Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 S Lehigh Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEO DEMPSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-01-4440

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1898

8. AGE: Years 42 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Spottsylvania Co., Virginia (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name David Dempsey
13. Birthplace Virginia

MOTHER 14. Maiden Name Edmonia Childress
15. Birthplace Culpeper Co., Virginia

16 (a) Informant Miss Elsie Davenport
(b) Address Fredericksburg, Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/40 (month) (day) (year)
(c) Cemetery or crematory
Location Spottsylvania Co., Va.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues,

19 (a) (Registrar) (b) Huntington Williams, M.D.

SEP 12 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 12:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hodgkin's disease, General abdominal type — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory abdominal - General
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)

Date signed 9-12-40

Physicians: please write the causes of death clearly and legibly. Registrar's number is especially important, correct age is especially important.

F 72763

SEP 12 1940 VS

72763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72763 Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Street (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Naomi Doyle
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1930

8. AGE: Years 10 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Street, Harford Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jacob Kenneth Doyle
13. Birthplace Md.

MOTHER 14. Maiden Name Cora Miller
15. Birthplace Md.

16 (a) Informant Jacob Kenneth Doyle
(b) Address Street, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Emory Cem
Location Harford Co Md

18 (a) Funeral director H S Bailey
(b) Address Darlington Md

19 (a) (Date received by registrar) (b) Darlington Harford Co. Md.

SEP 13 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1940 to Sept 12 1940, and that I last saw her alive on Sept. 12 1940

Immediate cause of death: Acute appendicitis + localized peritonitis — Duration: 9 days
Due to
Due to
Other Conditions: Paralytic ileus
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Acute appendicitis Paralytic ileus
Of autopsy: Localized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L. Haylock, M. D. M. D.
Address Union Memorial Hosp Date signed 9-13-40

Strict age is especially important. Registrar please

F 72764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0

F 72764

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffmans Sanitarium
(c) Hospital or institution: 2101 Corthspring Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Woodward St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Catharine C Cadell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 27 — 1864

8. AGE: Years 76 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired House Wife

11. Industry or business

FATHER 12. Name Robert Harrington
13. Birthplace Ireland

MOTHER 14. Maiden Name Miss Logue
15. Birthplace Ireland

16 (a) Informant Frances C Cadell
(b) Address 715 Woodward St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) ..... (b) ..... (Date received by registrar) ..... Registrar

SEP 1 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1940, to Sept 10 1940, and that I last saw he/she alive on Sept 9 1940.

Immediate cause of death: cerebral hemorrhage — Duration: 8 days

Due to .....

Due to .....

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. N. Cutterman M.D.
Address 7324 Reisterstown Rd Date signed 9/12/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 - C Registered No. F 72765

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Jenkins Memorial
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 Churchill St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Porter

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. 220-03-4600

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24. 1917

8. AGE: Years	Months	Days	If less than one day
26	3	16	..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Retail Cigar Salesman
11. Industry or business .....

FATHER
12. Name Charles A. Porter
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Baltimore Md.

16 (a) Informant Jenkins Memorial
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light Street

19 (a) SEP 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 29 PM 9-12 1940, at 6 27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1940. to Sept 12 1940., and that I last saw him alive on 9-12 1940.

Immediate cause of death Cardiac Failure — Duration 13 yrs

Due to Auricular Fibrillation

Due to Rheumatic Endo-carditis

Other Conditions Para Bacterial Endocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature S Parks M. D.
Address St. Agnes Hosp Date signed 9-12

VS 3

F 72766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 72766

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland —

(b) Street address Monument St. & Rutland Ave

(c) Hospital or institution:

Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 603 Richwood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Hindel (Hindle)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Hindle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26 1878

8. AGE: Years	Months	Days	If less than one day
61 62	11	15	hr. min.

9. Birthplace Balto MD (Town, county, and state)

10. Usual Occupation Brush Maker.

11. Industry or business

FATHER 12. Name William Hindle

13. Birthplace France

MOTHER 14. Maiden Name Mary Carre

15. Birthplace France

16 (a) Informant Catherine Hindle

(b) Address 603 Richwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-40 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk.

Location Leonard J. Kucks

18 (a) Funeral director 5305 Harford Rd.

(b) Address

19 (a) SEP 13 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1940, at 1.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12 p.m. 9/11 to 1.00 p.m. 9/11 1940, and that I last saw him alive on Sept. 11 1940.

Immediate cause of death	Duration
Coronary occlusion	7
Due to Hypertension	7
Due to Arteriosclerosis	7
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Coronary occlusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Tom A. Cohen M. D.

Address Sinai Hospital Date signed 9/11

correct age is especially important. Physicians: please write the

F 72767

BALTIMORE CITY HEALTH DEPARTMENT

F 72767

Registrar ||| Address

VS 3

F 72767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 756 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY BELLE Riley GRAYSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Edward Grayson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Richmond, Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Rosa Richard
15. Birthplace Va

16 (a) Informant Martene Grayson
(b) Address 756 Vine St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 14-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) SEP 13 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1940, at 5:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Hypertensive cardio-vascular disease — **Duration**
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jd L. Wollenweber M.D.
Medical Examiner.
Date signed 9-11-40 Cor

PLEASE FILL IN ALL BLANKS. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

72768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 F 72768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 106 N. Schroeder St (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 | 14 | 40

8. AGE: Years | Months: 5 | Days: 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER — 12. Name Walter Carter

13. Birthplace Virginia

MOTHER — 14. Maiden Name Nicholas Walton

15. Birthplace Virginia

16 (a) Informant Nicholas Carter

(b) Address 106 N. Schroeder St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 13, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Kate R Williams

(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) (b) Livingston Phillips, M.D.

SEP 13 1940

VS 6

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1940, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 9-10 1940.

Immediate cause of death: Respiratory failure — Duration: 4 d.

Due to: Dehydration and anuria

Due to: Diarrhea, enteritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 9-11-40

F 72769

VS-3 1940

F 72769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 72769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Kathryn S. DeGraves

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas Degraves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1913

8. AGE: Years	Months	Days	If less than one day
27	3	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Walter Donaldson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Naomi Gleseme
15. Birthplace Baltimore

16 (a) Informant Records Md Gen'l Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) (b) Registrar

SEP 13 1940

VS-3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 1940, to 9-12 1940, and that I last saw her alive on 9-12 1940.

Immediate cause of death: Lobar Pneumonia Rt Diaphragmatic empyema — Duration: 3 wks
Due to
Due to
Other Conditions Infarct Rt lung — 1 mo
(Include pregnancy within 3 months of death)
Major findings:
Of operations Diaphragmatic empyema
Of autopsy Pneumonia Rt Lobar.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. McKenna M. D.
Address Md. Gen. Hosp. Date signed 9/12/40

F 72770

F 72770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13 a

F 72770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Hakesley Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Hakesley Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Fannie Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1857

8. AGE: Years	Months	Days	If less than one day
83	1	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Cigar Maker

FATHER
12. Name Walter Bell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Balto. Md.

16 (a) Informant Miss Alice Bell
(b) Address 1615 Hakesley Place

17 (a) Burial (b) Date thereof 9/14/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

SEP 19 1940 (Date rec'd by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12th 1940, at 4a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to Sept. 12 1940, and that I last saw him alive on Sept. 10 1940,

Immediate cause of death	Duration
Coronary Thrombosis	9/10/40.
Due to Aorta Cardiac Decompensation	5 Yrs.
Due to Cardio-Vascular Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —
23. Signature E. Lattman M. D.
Address 1304 E. Oues St. Date signed 9/13/40.

correct age is especially important. Physicians: please write

VS 8

F 72771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13/a

F 72771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2824 Lock Raven Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and Give town)
(d) Street No. 2824 Lock Raven Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Baker

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. ~~Sex~~: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George M Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1853

8. AGE: Years 87 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John T Baker
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace France

16 (a) Informant Mrs Joseph Baker
(b) Address 2824 Lock Raven Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director William Cox
(b) Address 1217 E Pratt St

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 17 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 9 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to Sept 12 1940 and that I last saw h. alive on Sept 12 1940.

Immediate cause of death	Duration
Senile Pneumonia	3 days.
Due to Chr. Nephritis & Arter. Sclerosis	?
Due to Pulmonary Edema	1 day.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Meyer M. D.
Address 15 E. 39th Date signed

Correct age is especially important. Physicians: please write plainly.

72772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 72772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Pickwick Road
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 3
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Pickwick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mark Jones Dorsey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Martha Rhoades
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1867

8. AGE: Years	Months	Days	If less than one day
73	8	1	..... hr. ..... min.

9. Birthplace Dresden, Ohio
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Carl A. Buchele
(b) Address 2432 Pickwick Road

17 (a) Burial (b) Date thereof Sept. 15, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location Pekin, Illinois

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balti[illegible]

19 (a) Sept 13 1940 (Date received by Registrar) (b) Huntington Williams Registrar

VS 2

correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940 to Sept 12 1940, and that I last saw h[illegible] alive on Sept 12 1942.

Immediate cause of death	Duration
Acute Pulmonary Edema	2 hours
Due to Chronic Myocardial Failure	8 days
Due to Cardio-Vascular Renal Disease	4 years
Other Conditions Left Cerebral Hemiplegia Cerebral Hemorrhage (Include pregnancy within 3 months of death)	Apr. 1939

Major findings:
Of operations —
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature M. Vinton Porter M. D.
Address 4822 Roland Ave. Date signed

F 72773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

✓ F 72773

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 N. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 N. Kenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver M. Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgeanna Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24/1859

8. AGE: Years	Months	Days	If less than one day
81	5	18	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Benj. Harrison
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ann Lowery
15. Birthplace Maryland

16 (a) Informant Mrs Sarah Yowell
(b) Address 819 F st. Sparrow Point

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Tilghman's
Location Talbot County, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 (a) (Date) rec'd by registrar SEP 17 1940 (b) Registrar

VS 8

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12th 19 40 at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9th 19 40 to Sept. 12 19 40, and that I last saw h[illegible] alive on Sept 12 19 40

Immediate cause of death Myocardial Degeneration — Duration 6 M

Due to Hypostatic Pneumonia — 1 Day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 171 E 32nd St Date signed 9/13/40

F 72774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

F 72774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N Carolina St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER FOX

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1891

8. AGE: Years 48 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business

FATHER
12. Name Thomas Fox
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Harrison
15. Birthplace Va.

16 (a) Informant Rosie A. Morris
(b) Address 412 Asquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location 5501 Fredrick Ave.

18 (a) Funeral director Mrs. R. A. Elliott & Wingate
(b) Address 1129 N. Carrollie St.

19 SEP 13 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9th 1940, at 11 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said to (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration:
Due to
Due to
Other Conditions: Carcinoma of maxillary sinus, right. (Include pregnancy within 3 months of death)
Major findings:
Of operations Hemorrhage, Main
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 8, 1940
(c) Where did injury occur? Front of 432 N Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No
(e) Means of injury Partially blind - fell down steps of above address

23. Signature H. L. Wellemeier M.D.
Post Medical Examiner.
Date signed 9-9-40

PLEASE WRITE PLAINLY, with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 6

Steps of above stairs

72775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. E 72775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2501 Crest Rd.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Crest Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Meletia Deptin Arnest

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph H. Arnest
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 27 1862

8. AGE: Years 77 | Months 10/11 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Henry Deptin
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Hossiter
15. Birthplace Germany

16 (a) Informant Mrs. Richard B. Tueton (Daughter)
(b) Address 2501 Crest Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-40 (month) (day) (year)
(c) Cemetery or crematory Wicomico
Location Westmoreland Co. Hague, Va

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (U. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) Date received by registrar SEP 13 1940 (b) Registrar Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 6.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Sept 12 1940, and that I last saw h[er] alive on Sept 12 1940.

Immediate cause of death: Cardiac Decompensation — Duration: —
Due to: Hypertension — Duration: —
Due to: Coronary Thrombosis — Duration: Dec 39
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Samuel N. Arnest M. D.
Address 56 11 Pauline Rd Date signed Sept 13 1940

Correct age is especially important. Physicians: please write plainly.

VS 3

F 72776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

F 72776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: N. Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore City
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 816 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME: Owen Butler 218-10-9486

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: May Y. Butler

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan-1-1876

8. AGE: Years: 64 | Months: 8 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual Occupation: Restaurant

11. Industry or business: Restaurant

FATHER
12. Name: Patrick Butler
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Bridget Faughnan
15. Birthplace: Ireland

16 (a) Informant: W. J. Dargeon, Inc.
(b) Address: New York City, N. Y

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Sept/15/40 (month) (day) (year)
(c) Cemetery or crematory: Calvery Cemetery
Location: New York City, N. Y.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (U. F. MOWEN SUC.) 100 W. PRATT AVENUE

19 (a) (Date rec'd by registrar) **(b)** Registrar

SEP 19 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept-13- 1940, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 19 40, to Sept 13 1940, and that I last saw h/w alive on Sept 13 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 hr

Due to: Hypertension Cardiovas. Disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Joseph Edward Schenthal M. D.

Address: Mercy Hospital Date signed: 9/13/40

Please correct age is especially important. Physicians, please

SEP 13 1940 Huntingtown Williams, Md.

F 72777

F 72777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Woodbrook Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Della Pullman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race ed | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband ~~or wife~~ Frank Pullman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3 1889

8. AGE: Years 51 | Months - | Days 8 | If less than one day hr. min.

9. Birthplace Hollywood, St. Mary Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Stevens
13. Birthplace Hollywood, St. Mary Co. Md.

MOTHER 14. Maiden Name Helena Barkins
15. Birthplace Hollywood, St. Mary Co. Md.

16 (a) Informant George S. Ralph
(b) Address 2405 Woodbrook Ave.

17 (a) Burial (b) Date thereof Sept 16 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location

18 (a) Funeral director Joseph A. Lively
(b) Address 4099 W. Mount St.

19 SEP 13 1940 (b) Huntingtown Md. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940 to Sept 11 1940, and that I last saw her alive on Sept 11 1940.

Immediate cause of death: Ruptured Appendix — Duration: 8 day

Due to: Peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ruptured Appendix, Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N Caroline St Date signed 9/11/40

correct age is especially important. Physicians: please write the cause

VS 3

72778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1243

Registered No. F 72778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jewish Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 E 35th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Allers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband or wife Tom Allers

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Carroll Co Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Lewis H Veitch

13. Birthplace Va

MOTHER 14. Maiden Name Katherine Wood

15. Birthplace New Windsor Md.

16 (a) Informant Tom Allers

(b) Address 706 E 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-1940 (month) (day) (year)

(c) Cemetery or crematory Presbyterian

Location New Windsor Md.

18 (a) Funeral director Pettingill & Dole

(b) Address 2230 N Charles St

19 (a) SEP 13 1940 (Date rec'd by registrar) (b) Filing No. 11 Burial Permit No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1940, to 9-12 1940, and that I last saw her alive on 9-12 1940.

Immediate cause of death: Portal Cirrhosis of Liver (Chronic alcoholism)

Duration: 7

Due to

Due to

Other Conditions: Intestinal adhesions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Intest. Adhesions
Of autopsy: Portal cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nelson C Nappenbach M. D.

Address Co Balto Gen Hosp Date signed 9-12-40

VS 3

copies age is especially important. Physicians: please write the cau

VS 3

F 72779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72779 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1643 N. Milton Avenue
(c) Hospital or institution: 8-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 N. Milton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LITTLETON LONG

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor E. Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1876

8. AGE: Years	Months	Days	If less than one day
63	11	0	hr. min.

9. Birthplace Trappe, Maryland
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Munsey Bldg.

FATHER
12. Name Littleton N. B. Long
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Jane Tucker
15. Birthplace Maryland

16 (a) Informant Mrs. Eleanor E. Long
(b) Address 1643 N. Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues.

SEP 13 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ~~9/10~~ 9/10 1940 to 9/10/40 19..., and that I last saw h[im] alive on 9/10/40.

Immediate cause of death	Duration
Coronary Occlusion	1 hr.
Due to Myocarditis	6 mo.
Due to Hypertension & Nephritis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Hartman M.D.
Address 1710 E. 33rd St. Date signed 9/11/40

correct age is especially important. Physicians: please write the

VS 3

VS 3

F 72780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 22780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 William St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1878

8. AGE: Years	Months	Days	If less than one day
62	4	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Eckstorm
13. Birthplace Balto.

MOTHER
14. Maiden Name ? ~~Sy~~
15. Birthplace Balto.

16 (a) Informant Mrs. Robert Severy
(b) Address 1527 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-40 (month) (day) (year)
(c) Cemetery or crematory Mount Bath.
Location Edmondson Ave.

18 (a) Funeral director J. F. McCully
(b) Address 1100 E. Baltimore St.

19 (a) SEP 13 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11, 1940, at 3:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1940 to Sept. 11, 1940, and that I last saw her alive on Sept 11, 1940.

Immediate cause of death Generalized carcinomatosis

Due to Carcinoma of left breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 9/11/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 72781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164 C

F 72781 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VESTA. M. GRAF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Oliver Graf.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 5, 1895

8. AGE: Years	Months	Days	If less than one day
45	5	7	hr. min.

9. Birthplace MARYLAND. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name WM. H. GETTIER.
13. Birthplace MD.

MOTHER
14. Maiden Name MARTHA KRITZER.
15. Birthplace MD.

16 (a) Informant OLIVER GRAF
(b) Address HAMPSTEAD, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Manchester.
Location Carroll Co. Md

18 (a) Funeral director Jacob Winkleman Sons
(b) Address Manchester, Md

19 (a) (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

SEP 13 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1940, at 4 47 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration
Due to Suicide
Due to Mental depondency
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence September 12, 1940
(c) Where did injury occur? Manchester, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Rifle bullet

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-12-40

C4K 58763

SEP 13 1940

72782 CK 58763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. E 72782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 573 Moore st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1882

8. AGE: Years 58 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Perry W. Perkins
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Taylor
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 13 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar 5896

correct age is especially important. Typewriter, preferred.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6- 1940 at 2 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30- 1940 to 9-6- 1940 and that I last saw h-- alive on 9-6- 1940.

Immediate cause of death	Duration
Uremia	?
Cardiac failure	?
Due to Arteriolar nephrosclerosis	?
Due to Hypertension CVD	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Marvin Goldstein M. D.
Address Balt City Hosp Date signed 9-11-40

VS 3

F 72783

F 72783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√30-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5311 Beauregard Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Williams

3 (b) If veteran, name of war

3 (c) Social Security Account No. 218-10-9156

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25-1900

8. AGE: Years	Months	Days	If less than one day
40		18	hr. min.

9. Birthplace Asheville N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace —

MOTHER 14. Maiden Name Emma ?

15. Birthplace N. C.

16 (a) Informant Viola Williams

(b) Address 537 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location Balto. Md.

18 (a) Funeral director Mrs. George H. Collard

(b) Address 1631 Druid Hill Ave

19 (a) Hattie Lou Williams N.P. (Date rec'd by registrar) Registrar

SEP 13 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940 at 12 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Miliary abscesses of kidneys	
Due to (Held for necropsie study 1930)	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Landis Jr. M.D. Medical Examiner.

Date signed 9/12/40

I certify that the above is a true and correct copy of the certificate of death of the person named herein. Physicians: please write the causes of death clearly and legibly.

VS 6

2784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-M F 72784

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Hoffmeyer Hoffheimer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1880

8. AGE: Years	Months	Days	If less than one day
59	8	19	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Janitor Merchant

11. Industry or business

FATHER 12. Name Zacharias Hoffheimer

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Heidenreich

15. Birthplace Germany

16 (a) Informant Mrs. J. Blum

(b) Address New York.

17 (a) Burial (b) Date thereof 9/13/40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Beth Shalom

Location Balto. Md.

18 (a) Funeral director Wm. Sondheim & Son

(b) Address 1922 Eutaw Place

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-12 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1940 to 9-12 1940 and that I last saw ~~him~~ alive on 9-12 1940

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days

Due to: Cerebral arteriosclerosis

Due to:

Other Conditions: Gen. arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Auricular sclerosis with regurgitation

Of operations: Bronchopneumonia

Of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Wilkes M. D.

Address Sinai Hospital Date signed 9-12-40

correct age is especially important. Physicians: please write the

F 72785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D

F 72785 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution:
Hebrew Home for aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 45.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Violet Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Lena Tishler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April ? 1870

8. AGE: Years 70 | Months 5 | Days | If less than one day ... hr. ... min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Heitzel Mayer
13. Birthplace Poland

MOTHER
14. Maiden Name Chaia Riva
15. Birthplace Poland

16 (a) Informant Abraham Tishler
(b) Address 2804 Violet Ave.

17 (a) Burial (b) Date thereof 9-13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Court Rd

18 (a) Funeral director Park Lawn Inc.
(b) Address 1439 E. Baltimore St.

SEP 13 1940
(Date) (Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1940, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1939, to 9-13 1940, and that I last saw h[illegible] alive on 9-13 1940.

Immediate cause of death: Carcinoma of right lung — Duration: 1937
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Lurm MD M. D.
Address Levindale Date signed 9-13-40

H. H. Williams M.D.

VS 3

Cosgrove

F 72786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G Registered No.

F 72786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St.
(c) Hospital or institution: St Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S Robinson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie S. Cosgrove.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex ~~Male~~ Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Thomas E. Cosgrove

6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) May 8, 1883

8. AGE: Years 57 | Months 4 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Phillip Wagner

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Rau

15. Birthplace Balto Md

16 (a) Informant Thomas E. Cosgrove

(b) Address 318 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-40 (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cem.

Location Baltimore, Md.

18 (a) Funeral director John C. Miller Inc.

(b) Address 435 E. Oliver Street

19 (a) SEP 13 1940 (Date received by registrar) (b) Hunting Park Williams Md (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1940, at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1940 to Sept 12 1940, and that I last saw h[illegible] alive on Sept 12 1940.

Immediate cause of death Metastatic carcinoma of liver

Due to Carcinoma of Head of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic carcinoma nodules of liver.
Of autopsy

Duration
undetermined
undetermined

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Wallace Master M. D.

Address St Josephs Hospital Date signed 9/12/40

correct age is especially important. Physicians: please write this carefully and legibly.

VS 3

F 72787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 72787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7700 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gustav A. Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-6193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minna Schramm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6. 1879

8. AGE: Years 61 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Elmwood Cafe

FATHER
12. Name Wm. Schramm
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany.

16 (a) Informant Mrs Minna Schramm
(b) Address 7700 Old Harf Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Emanuel Cem
Location Dundalk Balto

18 (a) Funeral director J. Heyman & Son
(b) Address 22 S. Broadway

19 (a) SEP 13 1940 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940, to Sept 12 1940, and that I last saw him alive on Sept 12 1940.

Immediate cause of death Bronchopneumonia — Duration 7d
Due to Arteriosclerotic Heart Disease - Decompensated — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Peiansmon M. D.
M. D.
Address Church Home & Inf. Date signed 9/12/40

correct age is especially important. Physicians, please write plainly.

VS 3

VS 3

F 72788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72788 Registered No. 131-aF 72788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Gilmor st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 N Gilmor st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Glenn

(b) If veteran, name war —— | 3 (c) Social Security Account No. ——

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 6 1882

8. AGE: Years 58 | Months Mo | Days | If less than one day hr. min.

9. Birthplace Raleigh N. Ca (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " " "

MOTHER
14. Maiden Name " " " "
15. Birthplace " " " "

16 (a) Informant Lula Glenn
(b) Address 1014 N. Gilmor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Howard Co Md

18 (a) Funeral director Jas M. Steinmetz
(b) Address 928 Lafayette Ave Huntington Williams, M.D.

19 SEP 13 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1940. 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940 to 9-11 1940, and that I last saw h[illegible] alive on Sept 1 1940.

Immediate cause of death: Hypertensive Cardio-Renal - Vascular — Duration 1 mo

Due to — Duration

Due to — Duration 1 hour

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B J Hatfield M. D.
Address 1 W Fayette Ave Date signed 9/13/40

Please write plainly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-B

Registered No. F 72789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1747 E. Federal St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mae L. Rothold.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Harry Rothold

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 9. 1890

8. AGE: Years 50 | Months 4 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Leonard.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Alice Leonard
15. Birthplace Baltimore Md.

16 (a) Informant Harry Rothold.
(b) Address 1747 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location —

18 (a) Funeral director Hendrick & Humphreys
(b) Address 1524 N. Broadway

19 (a) SEP 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22/1940 to 9/10/1940, and that I last saw h live on 9/10/1940

Immediate cause of death Carcinoma of uterus — (Radium 1937) —

Duration since 1937.

Due to —

Other Conditions Vesico-vaginal & recto vaginal fistula - Cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Vera Harden M.D.
Address 1517 E. North Ave. Date signed 9/12/40

VS 8

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 72790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133-B

Registered No. F 72790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N. Howard Street
(if rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur H. McClelland

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation City Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 9/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location 5001 Frederick Av

18 (a) Funeral director Walter Tray
(b) Address 619 N. Bouldin St.

19 (a) SEP 13 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1940, at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11, 1940, to Sept. 12 1940, and that I last saw him alive on Sept. 12, 1940.

Immediate cause of death	Duration
Hydronephrosis, bilateral	Unk.
Due to Paralysis of urinary bladder	Unk.
Due to	
Other Conditions Acute laryngitis, with edema, cerebral edema	Unk.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address U. S. Marine Hospital Date signed 9/12/40
Baltimore, Md.

correct age is especially important. Physicians: please write plainly.

VS 3

Baltimore, Md.

VS 3

72791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Siani Hospital
(c) Hospital or institution: Siani Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Norris

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-07-2345

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ida Norrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26, 1876

8. AGE: Years 64 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Standard Oil Co.,

FATHER
12. Name George Norris
13. Birthplace Germany

MOTHER
14. Maiden Name Worth
15. Birthplace Baltimore, Md.

16 (a) Informant Wife
(b) Address 3203 Mc Elderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat Sept 14, 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Rose St.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (b) Date received SEP 12 1940 Huntington Williams, Registrar

VS 3

correct age is especially important. Physicians please write

MEDICAL CERTIFICATION

20. DATE OF DEATH September 11, 1940, at 11" A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1940, to 9/11 1940, and that I last saw h[im] alive on 9/11 1940.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to: Cerebral vascular accident

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse N. Borden, M. D.
Address Siani Hospital Date signed 9/11/40

ELR 18c

BALTIMORE CITY HEALTH DEPARTMENT

Date received [illegible] Registrar [illegible]

VS 3

Address Lenox Hospital Date signed 9/14/40

ELRIDGE

F 72792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 72792

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the correct age is especially important. Be sure to give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Efraige Fasion George Efsheage Fasion

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	married

6 (b) Name of husband or wife Emma Duffin
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Laborer - railroad
11. Industry or business Atlantic Coast Line

FATHER
12. Name Henry Fasion
13. Birthplace South Carolina

MOTHER
14. Maiden Name Evelyn Bradley
15. Birthplace South Carolina

16 (a) Informant Wife - Emma Fasion
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 14 40 (month) (day) (year)
(c) Cemetery or crematory MT. ALBURN
Location Mt. Winans Md.

18 (a) Funeral director Chas O. Wilson
(b) Address 1000 Brightfield ave Huntington Williams, W.Va.

19 (a) SEP 13 1940 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 19 40 at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, Pulmonary — Duration

Due to Tuberculosis Pulmonary

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner

Date signed 9-13-40

SEP 13 1940

VS 6

72793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 72793

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1000 Caton avenue

(c) Hospital or institution: Jenkins Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ***

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 2811 Winchester St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

16?

3 (a) FULL NAME Lucinda Horney

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1866

8. AGE: Years	Months	Days	If less than one day
73	9	11	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business .....

FATHER

12. Name John Hindle

13. Birthplace Charles Co. Md.

MOTHER

14. Maiden Name Mary Jones

15. Birthplace Charles Co. Md.

16 (a) Informant Jenkins Memorial Hosp

(b) Address 1000 Caton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location .....

18 (a) Funeral director George W. Little

(b) Address 2700 Edmondson Ave.

19 (a) SEP 12 1940 Huntington Williams, M.D.

(Date rec'd by Registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13, 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1940, to 9-13 1940, and that I last saw her alive on 9-12 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertention

Due to: Arteriosclerosis

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Swinson Parks M. D.

Address St. Agnes Hosp Date signed 9-13

V8 3

72855 53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56-E Registered No. F 72794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Geo.
(c) City or town Hillside
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Sherman Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rose Rosete

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Juan
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1-13-90

8. AGE: Years	Months	Days	If less than one day
50	8	-	..... hr. ..... min.

9. Birthplace D C
(Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER 12. Name Andrew J Ensor
13. Birthplace Md

MOTHER 14. Maiden Name Mary Keride
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 9-15-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Suitland Md
18 (a) Funeral director W. W. Chambers Co
(b) Address Washington D.C.
19 (a) (Date received by registrar) SEP 13 1940 (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940 to Sept 13 1940.
and that I last saw h[illegible] R alive on Sept 13 1940

Immediate cause of death Benign Tumor of Hypophysis — Duration 3 yrs
Due to .....
Due to .....
Other Conditions Post-Operative shock
(Include pregnancy within 3 months of death)
Major findings:
Of operations Same
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury.....
23. Signature Frank J. Ottenad 3853 M. D.
Address J.H.H. Date signed 9-13

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 13 1940

F 72795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

546-B Registered No. F 72795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 20 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Leroy E. Kidd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
M	W	

6 (b) Name of husband or wife Annie E. Kidd
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) March 10, 1861

8. AGE: Years	Months	Days	If less than one day
79	6	1	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business retired

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Winfield Kidd
(b) Address 413 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 40 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden

18 (a) Funeral director Roland L. Fenkler
(b) Address 1402 N. Monroe St

19 (a) SEP 13 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 6:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cancer of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner.
Date signed 9/12/40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72796 — Registered No. 72796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Eleland St & Perkins
(c) Hospital or institution: West Baltimore Gen'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Hartwood Ave (Catonsville) (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Henry M Fetsch (Fetsch)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Birdie V.

6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Aug 8. 1876

8. AGE: Years 64 | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Mail Carrier

11. Industry or business U.S. Post Office

FATHER
12. Name John Fetsch
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Maryland

16 (a) Informant Rev. Harry M. Fetsch
(b) Address 29. S. Pillar Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15/40 (month) (day) (year)
(c) Cemetery or crematory Loud Cathedral
Location Baltimore City

18 (a) Funeral director F. B. Clippert & Son
(b) Address 1500 Eutaw Place

19 SEP 13 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9. 12 1940. at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940. to Sept 12 1940. and that I last saw him alive on Sept 12 1940.

Immediate cause of death: Circulatory Collapse — Duration: 1 day
Due to: Gas Gangrene of Left Foot. Etiology ? — 1 day
Due to:
Other Conditions: Senile prostatic Cystitis & Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Prostatic Hypertrophia
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Wallenstein M. D.
Address Lafayette Date signed

Please write the causes of death clearly and legibly. Physicians: please write the cause, age is especially important.

F 72797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190a

Registered No. F 72797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Fairfield Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Fairfield Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kenneth Vanlandingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1940

8. AGE: Years Two | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Nathaniel

13. Birthplace Balto

MOTHER 14. Maiden Name Jeanette

15. Birthplace N. Carolina

16 (a) Informant Jeanette Vanlandingham

(b) Address 3306 Fairfield Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/14/40 (month) (day) (year)

(c) Cemetery or crematory Cahoon Md.

Location

18 (a) Funeral director Robert E Wilkins

(b) Address 515 McElderry St

SEP 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

PLEASE WRITE PLAINLY with pencil or pen and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute Hemorrhage Lungs (Hemorrhage + vomiting)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Maude Luft M.D.
Medical Examiner.

Date signed 9/12/40

VS 6

72798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 72798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~3302~~ 3304 Clifton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Florence V. Koppel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~of wife~~ Holger A. Koppel
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1879

8. AGE: Years	Months	Days	If less than one day
61	-	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David S. Cline
13. Birthplace Virginia

MOTHER
14. Maiden Name ~~Florence~~ Emma Sarah Kaufman
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Holger A. Koppel
(b) Address 3304 Clifton Ave., Apt B1

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

19 SEP 13 1940 (Date received by local registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1940, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1940, to Sept. 13 1940, and that I last saw her alive on Sept 12 1940.

Immediate cause of death	Duration
Cerebral Accident	one
Due to Hypertensive Cardio-Vasculer Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Freeman Jr. M. D.
Address Mercy Hospital Date signed 9/13/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 72799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 N. Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 940 N. Duncan St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James (Bobby) Chaney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1933

8. AGE: Years	Months	Days	If less than one day
6	11	19	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation none - schoolboy

11. Industry or business

FATHER
12. Name Joseph Chaney
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma Marcalek
15. Birthplace Balto

16 (a) Informant Emma Marcalek
(b) Address 940 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brach Son
(b) Address 900 N. Chester St

19 SEP 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 5.05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Asphyxiation — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 9/11/40
(c) Where did injury occur? 939 N. Chester St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Trapped in refrigerator compartment

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 9/11/40

PLEASE WRITE PLAINLY, with ink. Use the space below to describe the causes of death clearly and legibly. Fill in all items, if unknown, say so. Do not abbreviate. Omit punctuation. Be sure that the cause of death is correct. Physicians: please write the correct age is especially important.

VS 6

VS 6

Genovese

72800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 72800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Reland & Greenspring Ave.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ days) 17
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Patterson Pk. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Genovese

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White.	Widow

6 (b) Name of husband or wife Dominick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1880

8. AGE: Years	Months	Days	If less than one day
60.	2 1	16. 13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

MOTHER | FATHER

12. Name Dominick.
13. Birthplace Italy
14. Maiden Name Mary Tubantuono
15. Birthplace Italy

16 (a) Informant Anthony Genovese
(b) Address 909 N. Fulton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/14/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell Heppel
(b) Address 312 S. Highland Ave

19 (a) Date received by registrar SEP 14 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1940, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15-1940, to 9-11-1940, and that I last saw her alive on 9-11-1940.

Immediate cause of death Terminal bronchopneumonia and acute cardiac failure.

Due to Subphrenic abscess with peritonitis.

Due to Perforated gall bladder.

Other Conditions Chronic nephritis. Chronic cholecystitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operation Perforated gall bladder
Of autopsy Subphrenic abscess

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. G. Coughlan M.D.
Address University Hospital Date signed 9/11/40

correct age is especially important. Physicians: please write this c

VS 3

VS 3

F 72801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

F 72801 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not leave any blanks. If unknown, or not applicable, write none. Be sure to answer each question. Please give the correct age in each case. Do not report "stillborn" instead of age. Be sure that the cause of death is entered clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure that the age is entered correctly. Be sure that the cause of death is entered clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure that the age is entered correctly. Be sure that the cause of death is entered clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure that the age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Md.
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Durell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ~~born~~ years

3 (a) FULL NAME Mr. Joseph Wenk

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Selma O. Wenk

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.) June-18-1872

8. AGE: Years: 68 | Months: 2 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: City Employee

11. Industry or business:

FATHER
12. Name: Jacob Wenk
13. Birthplace: Germany

MOTHER
14. Maiden Name: Babie Adberg
15. Birthplace: Germany

16 (a) Informant: Selma O. Wenk
(b) Address: 3701 Durell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 15 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cemetery
Location: Balto. & Caton Ave.

18 (a) Funeral director: J. Henry Eq.
(b) Address: 2453 Pennsylvania Ave

19 (Date received by registrar) SEP 14 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1940, at 11:~~20~~ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1940, to 9/15 1940, and that I last saw h~~im~~ alive on 9/13 1940.

Immediate cause of death	Duration
Pulmonary edema	3 days
Due to Hypertensive arteriosclerotic cardiovascular disease	2 years
Due to (2) Bronchopneumonia	1 week
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harold A. Gott M. D.
Address: West Balto. Gen. Hosp. Signed 9/13/40

VS 3

72802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 72802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: L. S. R. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth (Smith) Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years 20 | Months | Days | If less than one day hr. min. 21

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Lucy Becton

15. Birthplace North Carolina

16 (a) Informant Caroline Smith

(b) Address 316 Harlem Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 14 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery

Location

18 (a) Funeral director Mrs. Katie P. Williams

(b) Address 22 N. Fakspeare St Huntington Williams, Mgr.

SEP 14 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1940, at 12:10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Bullet Wound of abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/10/40
(c) Where did injury occur? 1303 Pennsylvania Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Pistol: 38 cal - lead bullet
23. Signature Wm B Vandersluis M.D. Medical Examiner
Date signed 9/10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Also correct age is especially important.

VS 6

F 72803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. 72803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks correctly. Underline the causes of death clearly and legibly. Do not abbreviate. Give exact age if under one year. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 770 Carroll st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Gulbin

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: late Catherine Gulbin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: 77 | Months | Days | If less than one day: hr. min.

9. Birthplace: Lithuania (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business

FATHER — 12. Name: Joseph Gulbin
13. Birthplace: Lithuania

MOTHER — 14. Maiden Name: Unknown
15. Birthplace: Lithuania

16 (a) Informant: Mr. Harry a. Gulbin
(b) Address: 770 Carroll st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4431 Belair Rd.

18 (a) Funeral director: John Cowan & Son
(b) Address: 901 Hollins st.

SEP 14 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

Date signed 9/12/40

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 7 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, skull, temporal, cerebral laceration, hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 8/17/40
(c) Where did injury occur? 770 Carroll st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall - tripped

23. Signature [illegible] and [illegible] M.D. Medical Examiner

Date signed 9/12/40

VS 6

72804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. 72804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital 20-b
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Leeds st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARROLL GRIPP

3 (b) If veteran, name war: World
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: late Rose C. Gripp
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/3/1896
8. AGE: Years 44 | Months 0 | Days 10 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business Proprietor
FATHER 12. Name Charles Gripp
13. Birthplace Balto Md
MOTHER 14. Maiden Name Anna Turner
15. Birthplace Balto Md
16 (a) Informant Mrs Mary Deckler
(b) Address 125 Burnett St
17 (a) Burial (b) Date thereof 9/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave
18 (a) Funeral director John J Cowan & Son
(b) Address 1128 Gilmor St
SEP 14 1940
19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940, at 12 55 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning — Duration
Due to: Suicide
Due to: Mental depression
Other Conditions: No
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence: Sept 13, 1940
(c) Where did injury occur? 3218 Leeds St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Illuminating gas from gas

23. Signature: H. L. Wollheuter M.D.
Medical Examiner.
Date signed 9-13-40

VS 6

PLEASE WRITE PLAINLY, WITH INK. CAUSES OF DEATH MUST BE STATED CAREFULLY AND IN TERMS OF DISEASES. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 6

F 72805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 72805

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 r Ashburton St. 5th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Smith

If U. S. Veteran specify WAR.....

(a) Residence: No. 160 r Ashburton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9 - 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edgar O. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Madeline M. Biddle

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Edgar O. Smith

(Address) 160 r Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 14 1940

19. UNDERTAKER Robt C & B. M. Walters

(Address) Pratt & Fulton Sts

20. FILED SEP 14 1940 19 ... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1940, 19... to Sept. 14, 1940

I last saw her alive on Sept. 13, 1940. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 Mo.	
Atelectasis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. B. C. Teelin M. D.

(Address) 2757 W North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 72806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 72806

PLEASE WRITE PLAINLY, with ink or indelible pencil. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 E 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 E 27th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES J. HAYDEN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12, 1858

8. AGE: Years	Months	Days	If less than one day
82	2	—	hr. min.

9. Birthplace New York. N.Y. (town, county, and state)
10. Usual Occupation retired
11. Industry or business Bricklayer.

FATHER
12. Name Patrick Hayden
13. Birthplace Ireland

MOTHER
14. Maiden Name Esteken Hand
15. Birthplace Ireland.

16 (a) Informant Mrs. Margaret Brennen
(b) Address 604 E 27th St.

17 (a) Burial (b) Date thereof 9/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M. Fiedefeld
(b) Address 56 E. 23rd St.

19 (a) SEP 14 1940 Hunting Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said — find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-13-40

VS 6

VS 6

F 72807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 72807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Provident Hospital
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George's
(c) City or town Rural - Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2, Box 69
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 67 | Months 9 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Near Laurel Anne Arundel Co (Town, county, and state) Md

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Reuben Clark
13. Birthplace Md

MOTHER — 14. Maiden Name Annie Armistead
15. Birthplace Md

16 (a) Informant Robert Clark
(b) Address Laurel Md

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Backons Chapel
Location .....

18 (a) Funeral director Rodgers Selby
(b) Address Laurel Md

19 (a) SEP 14 1940 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1940, at 8 13/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1940 to 9-13 1940, and that I last saw h/s alive on 9-13 1940.

Immediate cause of death: Hypertensive Cardio-Renal Disease — Duration: 7

Due to .....

Due to .....

Other Conditions: Chronic Parenchymatous Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature C. F. Maloney M. D.
Address Provident Hosp. Date signed 9-13-40

VS 8

correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 3

F 72808.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 Bolton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Bolton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE M. PARKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Cecelia Almedia Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1851

8. AGE: Years	Months	Days	If less than one day
89	7	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Packing Foreman
11. Industry or business Md. Glass Corp.

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ann Humphreys
15. Birthplace Maryland

16 (a) Informant Mrs. J. Harry Williams
(b) Address 2107 Bolton Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Parentum Location Pittsburgh, Pennsylvania

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

SEP 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1940, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Sept. 13, 1940.
and that I last saw h[illegible] alive on Sept. 13 1940.

Immediate cause of death Heart failure; Coronary Occlusion — Duration 8 mos. 13 days

Due to Arteriosclerotic Cardio-Vascular Disease

Due to Arteriosclerosis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Goldstone M. D.
Address 2743 Linden Av Date signed Sept. 13, 1940.

VS 3

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 3

1940.

F 72809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Ellamont Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Ellamont Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 80 Yrs. years

1617

3 (a) FULL NAME EMMA A. WICKHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William J. Wickham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August, 5, 1850

8. AGE: Years 90 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Germany Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Ludwig
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina ?
15. Birthplace Germany

16 (a) Informant Mrs. Frank Gildea
(b) Address Hanover, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) SEP 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1940, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1940 to 9-13 1940 and that I last saw h-er alive on 9/13 1940

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da
Due to: Arteriosclerotic Cardiovascular Disease — 18 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight Lankart M. D.
Address 6754 Harrington Blvd Date signed 9/13/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72810

F 72810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Miami Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Miami Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN CRETORA VAN ATTA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Cloyd B. Van Atta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1885

8. AGE: Years	Months	Days	If less than one day
55	1	0	hr. min.

9. Birthplace Lima, Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Kene
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Cloyd B. Van Atta
(b) Address 4300 Miami Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

19 SEP 14 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1932, to Sept 13 1940, and that I last saw her alive on Sept 12 1940.

Immediate cause of death Cerebral hemorrhage — Duration 10 days
Due to Essential Hypertension of at least 8 years duration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Hayes M. D.
Address 5201 Gwynn Oak Ave Date signed 9-13-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 72811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Braddish Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Braddish Avenue, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1607

3 (a) FULL NAME GEORGE B. MULLEN

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Nellie Z. Mullen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1876

8. AGE: Years 64 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Motor Conductor - Retired

11. Industry or business B. & O. R. R.

FATHER
12. Name Edward Mullen
13. Birthplace Unknown

MOTHER
14. Maiden Name Martha Kilpatrick
15. Birthplace Martinsburg, W. Va.

16 (a) Informant Mrs. Wm. F. Mullen,
(b) Address 1113 Carroll Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) SEP 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1939, to Sept 12, 1940 and that I last saw him alive on Sept 12 1940

Immediate cause of death: Acute Heart Failure — Duration

Due to Myocarditis - chronic many years

Due to Prostate arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Glass M. D.
Address 9/13/40 1876 Madison Ave Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 72812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 E. Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Brune St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZA R. STEVENSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: George Stevenson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace: Cecil Co. Md (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden Name: unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mr. Katzy R Williams
(b) Address 1 Schroeder St

19 SEP 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1940, at 10 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 9-13-40

PLEASE WRITE PLAINLY, WITH INK AND ALONG LINES. Entry of correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

72813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 72813

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Galveston
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Avenue "E"
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

12 6

3 (a) FULL NAME Alf Anderson Saugestad

3 (b) If veteran, name war

3 (c) Social Security Account No. 451 16 2082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife August Lambert
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 31, 1890

8. AGE: Years	Months	Days	If less than one day
50	5	12	hr. min.

9. Birthplace Stenkjar, Norway
(Town, county, and state)
10. Usual Occupation Seaman Officer
11. Industry or business Seafaring

FATHER
12. Name Andrew Saugestad
13. Birthplace Norway

MOTHER
14. Maiden Name Maria Henck
15. Birthplace Norway

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hyattsville
18 (a) Funeral director A. Raiken Slade
(b) Address 4907 York Road
19 (a) SEP 14 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1940 at 1:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21, 1940 to Sept. 13 1940 and that I last saw him alive on Sept. 13, 1940

	Duration
Immediate cause of death: Post operative death	12 hr.
Due to Partial collapse of the trachea	12 hrs.
Due to Carcinoma of right lung	8 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory incision, lung; implantation of randon seeds; venoclysis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U.S. Marine Hospital Date signed 9/14/40
Baltimore, Maryland.

72814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. 72814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" inserted where it is impossible to obtain the information. Physicians: please write the cause of death clearly and legibly. Give exact residence of deceased. Do not report institution or hotel. Give full name of husband, wife, father, or mother whether living or dead. Please see that your certificate is complete and correct in every detail. Do not return this certificate to undertaker. Use only permanent black ink. Do not write in margins. Do not fold. Use typewriter if possible. Be sure age is correctly stated. Do not abbreviate. Write out the full name of the month. Use figures for day of month. Write out the name of the city or town. Do not use ditto marks. Be sure to answer every question. Sign certificate in full.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W Hoffman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elnora Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Prentiss Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-?-1889

8. AGE: Years 51 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Charlotte County Home Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Cellus Robinson
13. Birthplace Virginia

MOTHER — 14. Maiden Name Elizabeth Howell
15. Birthplace Virginia

16 (a) Informant Kate Banks
(b) Address 607 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A.A. Co. Md.

18 (a) Funeral director Mrs. Grayce M. Hensley
(b) Address 578 N. Bradford St.

19 (a) SEP 14 1940 (Date rec'd by local registrar) Interior Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940 to Sept 13 1940 and that I last saw her alive on July 12 1940

Immediate cause of death: Carcinoma of Rectum — Duration: 9 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 607 Dolphin St Date signed 9-14-40

VS 8

F 72815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 72815 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 W. Lorraine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. Jacobs

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	705-10-8876

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Laura Jacobs
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 9th 1901

8. AGE: Years	Months	Days	If less than one day
39	6	5	hr. min.

9. Birthplace Delta Pa (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md. Pa R. R.

FATHER
12. Name John D. Jacobs
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Ellen Mondorf
15. Birthplace Pa

16 (a) Informant Laura V. Jacobs
(b) Address 218 Lorraine Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Wilson M.E. Church
Location Long Green Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

SEP 15 1940 (Date rec'd by Registrar) Huntington for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14th 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1940 to 9-14 1940 and that I last saw h[illegible] alive on 9-14 1940.

Immediate cause of death
Cerebral hemorrage.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Sabatini M. D.
Address St Jos. Hosp. Date signed 9-14-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 72816 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 St Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Conn Mitzel

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mattie A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19. 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	0	25		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Building Inspector
11. Industry or business City of Baltimore

FATHER
12. Name Alexander Conn Mitzel
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Frey
15. Birthplace Germantown Pa.

16 (a) Informant Mrs Mollie Conn Mitzel
(b) Address 2618 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Holton Cook
Location 1217 St Paul St

18 (a) Funeral director Holton Cook
(b) Address 1217 St Paul St

SEP 15 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Sept 14 1940, and that I last saw alive on Sept 13 1940.

Immediate cause of death (Enter only one cause per line for (a), (b), and (c).) — Duration

(a) Coronary Embolism — 4 days
Due to Coronary Sclerosis
Due to
Other Conditions Edema Nephritis — 6 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H J Conn M.D.
Address 622 W Mulberry Date signed 9/14/40

VS 3

F 72817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 133 Registered No.

F 72817

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 Old Annapolis Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Old Annapolis Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A White

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216 B

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lena White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1882

8. AGE: Years 57 | Months 11 | Days 10 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Cafe Porter

FATHER 12. Name John A Whitey

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Margaret Fritz

(b) Address 2721 Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16/40 (month) (day) (year)

(c) Cemetery or crematory London Park Md

Location Baltimore

18 (a) Funeral director Hilborn & Cook

(b) Address 1219 E Baltimore St

19 (a) 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 19 40 at 11:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 39, to Sept 13 19 40 and that I last saw him alive on Sept 13 19 40

Immediate cause of death: Pulmonary Hemmorrhage — Duration: 7 days

Due to: Cause undetermined

Due to:

Other Conditions: Terminal Bronchopneumonia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schmidt M. D.
Address 2301 Annapolis Rd Date signed 9/14/45

VS 3

F 72818

(Date rec'd by registrar) Registrar Address ... Date signed 9/14/40

VS 3

F 72818

F 72818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-0

Registered No. F 72818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 E. Lombard st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Saltzman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1877

8. AGE: Years 63 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Peddler

11. Industry or business

FATHER
12. Name Aaron Saltzman
13. Birthplace Russia

MOTHER
14. Maiden Name Meriam
15. Birthplace Russia

16 (a) Informant Morris Saltzman
(b) Address 806 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Rest
Location Bowley's Lane

18 (a) Funeral director Sol Levinson Bros
(b) Address 1120-28 W. North Ave

19 SEP 15 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940, at 10:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Wandel M.D. Medical Examiner.
Date signed 9/14/40

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

F 72819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 72819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2617 E. Biddle St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Elizabeth Frances Anderson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Andrew Anderson

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 4 1874

8. AGE: Years 66 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business At Home

FATHER
12. Name James O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann O'Connor
15. Birthplace Ireland

16 (a) Informant Mrs Andrew Anderson
(b) Address 2617 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) — (b) Huntington Williams M.D.
(Interred by) (Registrar)

SEP 15 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to 9-12 1940, and that I last saw her alive on 9-12 1940.

Immediate cause of death: Acute Pulmonary Edema — Duration: Hrs

Due to: Coronary thrombosis — March 1-40

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony D Thomas M. D.
Address 4601 York Rd Date signed 9-13-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72820 –

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

F 72820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question on this form must be answered either with the word or words required or by the word "None" so as to avoid delay in issuing permits. Physicians: please write the cause of death clearly and legibly. Give exact address and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wedlingsburg, Belvedere
(c) Hospital or institution:
Hebrew Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?,

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ? Mosskowitz
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mollie Friedenberg
(b) Address 3514 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-40 (month) (day) (year)
(c) Cemetery or crematory Ahavath Chesed
Location Wash. Blvd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St.

SEP 15 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams Jr. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-14 1940 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1937 to 9-14 1940 and that I last saw h er alive on 9-13 1940

Immediate cause of death: Hypostasis
Chr. Val. Heart disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin MD M. D.

Address Levindale Date signed 9/13/40

VS 3

72821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 72821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St
(c) Hospital or institution: St Joseph Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
Street No. 1827 E. 29th St. (If rural give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F Smith. | George F. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 13. 1873

8. AGE: Years 67 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ludwig Selmeid

FATHER 13. Birthplace Germany

MOTHER 14. Maiden ~~Elizabeth~~ Elizabeth Blistine Lefer

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs Albert Emmons

(b) Address 3208 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Maryland

18 (a) Funeral director J.B. Wippert & Son

(b) Address 1320 Eastern Ave (b) Huntingtown Williams, Md. (Date received by Registrar) SEP 15 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13 1940, at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1940, to 9/13 1940, and that I last saw him alive on 9/13 1940.

Immediate cause of death	Duration
Cachexia	
Due to Pulmonary Tuberculosis	Undetermined
Due to	
Other Conditions Tuberculous Empyema	Undetermined

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Tuberculous Empyema
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur Martin M. D.

Address St Joseph Hospital Date signed 9/12/40

If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

F 72822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Caroline St
(b) Street address ~~520 E Baltimore St~~
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 39d's
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5718

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24 1889

8. AGE: Years 50 | Months 11 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Stoker

11. Industry or business Foreman Co

FATHER
12. Name Henry Jacob
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M Burch
15. Birthplace Germany

16 (a) Informant Mrs Mary Jacob
(b) Address 919 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick

18 (a) Funeral director Geo Leimbach
(b) Address 1 N Eutaw St

19 (a) SEP 15 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1940, at 12.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940, to Sept 14 1940, and that I last saw h alive on Sept 14 1940.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Peritonitis with adhesions	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbur Mudge M. D.
Address St Josephs Hospital Date signed 9/14/40

V8 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 72823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59-B

F 72823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Avenue
(c) Hospital or institution: Sinai Memorial Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Seltzer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1870

8. AGE: Years	Months	Days	If less than one day
70	1	24 23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Keeps Boys

FATHER
12. Name Nicholas Seltzer
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Rider
15. Birthplace Md.

16 (a) Informant Mr Frances M. Seltzer
(b) Address 2107 W Saratoga St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 9/12/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director Colvin Conway & Son
(b) Address 961 Hollins St

19 (a) Date received SEP 13 1940 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14th 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 9/14 1940.

Immediate cause of death	Duration
Myocardial failure & circulatory collapse	
Due to	
Due to	
Other Conditions Hypertrophic Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm T. Muse M. D.
Address St Agnes Hosp Date signed 9/14/40

F 72824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1634 F 72824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 South Rd. (If rural give locality)
(e) If foreign born, how long in U. S. A.? Not Born years

3 (a) FULL NAME EVELYN SHIPLEY

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband ~~or wife~~ Maurice L. Shipley
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 28th 1896

8. AGE: Years	Months	Days	If less than one day
44 ~~45~~	6	16	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Luther D. Heiges
13. Birthplace York Pa

MOTHER
14. Maiden Name Carrie Bean
15. Birthplace St. Marys Co. Md.

16 (a) Informant Carrie Heiges
(b) Address 1825 N. Calvert St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

SEP 16 1940 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 12 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide	
Due to mental depondency	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Sept 14, 1940
(c) Where did injury occur? 2300 (City or town) South Rd (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Gas burner

23. Signature Dr. E. Wallenweber M.D. Medical Examiner.
Date signed 9-14-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 16 1940

VS 6

F 72825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 72825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (Dundalk)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Northship Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George W Little
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-16-5143

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mrs. Flora B
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 5 1886

8. AGE: Years 53 | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Little
13. Birthplace North Carolina

MOTHER
14. Maiden Name Atha Bowman
15. Birthplace North Carolina

16 (a) Informant Mrs Flora B Little
(b) Address 8 North Ship Rd Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery or crematory Craigsville Cemetery
Location Craigsville Va

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

SEP 16 1940 (Date received by Registrar) (b) Huntington Williamsville P.O.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940; at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Sept 15 1940, and that I last saw him alive on Sept. 15 1940

Immediate cause of death Coronary thrombosis — Duration .....

Due to Arteriosclerotic C.V. Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature James Freeman Jr. M. D.
Address Mercy Hospital Date signed 9/15/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-P

F 72826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 Warren Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 87

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Andrew Jackson Miskimon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth C
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 6 1853

8. AGE: Years	Months	Days	If less than one day
87	3	7	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired U. S. C. S.
11. Industry or business

FATHER
12. Name Andrew C Miskimon
13. Birthplace Don't Know

MOTHER
14. Maiden Name .....
15. Birthplace .....

16 (a) Informant Mrs. Elizabeth C Miskimon
(b) Address 127 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) ..... (Date received by registrar) (b) ..... Registrar

SEP 16 1940
VS D
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940, at 1.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1940, to Sept. 13 1940, and that I last saw him alive on Sept. 12 1940.

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to Arteriosclerotic Heart Disease — 5 years
Due to .....
Other Conditions Cataract-Right Eye
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature George Silverton, M. D.
Address 827 Light St Date signed 9/13/40 M. D.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 10 1940 Huntington Williams, M.D.

F 72827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 72827 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Fairfield & Grieve Sts
(b) Street address ~~University Hospital~~
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Dukeland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Claude E. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 225-10-0277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise M. Thompson
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) June 2, 1917

8. AGE: Years	Months	Days	If less than one day
23	3	11	hr. min.

9. Birthplace Goldsboro, N. C. (Town, county, and state)
10. Usual Occupation Night Manager,
11. Industry or business Horton Motor Lines

FATHER
12. Name Edward E. Thompson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah Hemric
15. Birthplace North Carolina

16 (a) Informant Mrs. Louise M. Thompson
(b) Address 1901 Dukeland Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Denton, Md.
Location Caroline Co.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

SEP 16 1940 (Date received by registrar) Huntington Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13, 1940, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1940, to 9/13 1940, and that I last saw h[illegible] alive on 7/13 1940.

Immediate cause of death	Duration
Intussusception of the small left,	?
Due to Cancer of Pancreas (?)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory laparotomy - tumor of pancreas - liver metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis H. Incs Jr. M. D.
Address University Hospital Date signed 9/13/40

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Underlining age is especially important.

VS 3

F 72828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 72828 a Registered No. F 72828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3731 W. Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 27

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Marshall

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Howard L. Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1893

8. AGE: Years 45 47 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Howard L. Marshall
(b) Address 3731 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wilhoyte (Col)
(b) Address 1214 Eutaw St

19 (a) (Date rec'd by Local Registrar) Huntington Williams M.D. Registrar

SEP 16 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion
Due to: Cerebral Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Vandersteel M.D. Medical Examiner.
Date signed 9/14/40

SEP 16 1940

72829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 72829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~year, month, or~~ days) 6
(e) Length of stay in Baltimore (~~year, month, or~~ days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkcott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Truman Charles Willis

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1920

8. AGE: Years	Months	Days	If less than one day
20	1	1	hr. ..... min.

9. Birthplace Penn (Town, county, and state)

10. Usual Occupation Farm laborer

11. Industry or business —

FATHER
12. Name Charles M. Willis
13. Birthplace Penn.

MOTHER
14. Maiden Name Virginia Gonce
15. Birthplace Penn.

16 (a) Informant Mrs. H. D. Gonce
(b) Address Symonsville Md.

17 (a) Burial (b) Date thereof 9-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem.
Location Ellicott City Md.

18 (a) Funeral director F. C. Smith Thompson
(b) Address Ellicott City, Md.

19 (a) ..... (b) .....
(Date received by Registrar) Registrar

SEP 16 1940
VS 3

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Do not abbreviate. Give the causes of death clearly and legibly. Do not report symptoms, but state the diseases causing death, or conditions resulting in death. Give the duration of each. Do not report modes of dying, such as heart failure, asphyxia, anemia, or uremia. Be sure to fill items 8 and 20. Indefinite statements are insufficient. If there was an operation, give the conditions for which it was performed. If a woman, whether single, married, widowed, or divorced, state whether the death was associated with pregnancy, childbirth, or abortion. The certificate must be completed, signed, and returned to the Registrar of the district in which death occurred. Burial cannot be made until a burial permit is issued. Physicians: please write the cause of death clearly and legibly. Be sure to fill correct age in items 8 and 20. Physicians: please write the causes of death clearly and legibly. Be sure to fill correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 4th P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1940, to 9-14 1940, and that I last saw him alive on 9-14-1940.

Immediate cause of death Shock, Post Operative Thoracoplasty — Duration 5 days.

Due to Pembroid vascular collapse.

Due to —

Other Conditions Bilateral far advanced Pulmonary Tuberculosis — 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Bilateral Pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D A Callahan M. D.
Address University Hosp. Date signed

F 72830 Dn

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E F 72830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Pine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James West

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1866

8. AGE: Years 73 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James West
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Posey
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b) Huntington Willis Registrar

SEP 16 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12 1940, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940 to 9/12 1940 and that I last saw h[illegible] alive on 9/12 1940

Immediate cause of death: Lymphosarcoma - primary in chest wall ? | Duration: ?

Due to: Atherosclerotic Cardio-vascular disease | Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lymphosarcoma - Primary site questionable

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Gehlert Jr. M. D.
Address Balto. City Hosp. Date signed 9/13/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 72831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 72831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: N. B. H. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Hodges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1841

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) SEP 16 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH Sept 14 1940, at DR M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
(a) Coronary Occlusion	
Due to (b) Hypertension	
Due to (c) Cerebral Hemorrhage	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Landenberger M.D.
Medical Examiner.
Date signed 9/14/40

72832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72832 Registered No. 1133-a

Please write plainly, with ink. Physicians: please write the cause of death clearly and legibly. Exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Smith Mrs. John Thomas (Grace Fry Smith)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: J. Thomas Smith
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Mar. 14, 1875
8. AGE: Years 65 Months 5 Days 16 If less than one day ____ hr. ____ min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fry
13. Birthplace Md.

MOTHER
14. Maiden Name Frances Follet
15. Birthplace Md.

16 (a) Informant T. J. Hershey, M.D.
(b) Address Union Memorial Hosp.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director STEWART & HOWEN COMPANY
(b) Address (W. F. Howen Sec.) 100 W. North Avenue
(a) (Date received by registrar) (b)

SEP 16 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1940, at 12:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1940 to Sept 14 1940, and that I last saw her alive on Sept 14 1940.

Immediate cause of death: Acute left ventricular failure — Duration
Due to: Uremia
Due to: Chr. Cystoid kidney
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick C. Chatard
Address Union Memorial Hosp. Date signed 9-17-40

F 72833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72833 — 186 — Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, whether married, widowed, or divorced, and date of birth. If not a resident, give usual residence. Fill all blanks for which you have information. Underline the cause to which death should be charged statistically. Do not use abbreviations or terms unless they are generally understood. Be sure that the age, occupation, and residence are entered for every person, whether child, married woman, or other dependent. Write in ink. Sign your full name. Do not leave certificate in hands of undertaker. Please answer questions 20 to 23 if you attended the deceased during last illness.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution: St. Agnes' Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Ridgewood (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 W. Charles Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mrs. Florence Brickard BRICKERD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George W. Brickard

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 4- 1856

8. AGE: Years: 83 | Months: 10 | Days: 10 | If less than one day: ... hr. ... min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Housewife

FATHER — 12. Name: Hemenway

13. Birthplace: Ind.

MOTHER — 14. Maiden Name: Rebecca Eyerhardt

15. Birthplace: Md.

16 (a) Informant: Harry S. Brickard

(b) Address: 102 Jr. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 17-1940 (month) (day) (year)

(c) Cemetery or crematory: London Park.

Location: Baltimore Md.

18 (a) Funeral director: George L. Schwartz.

(b) Address: 2101 Frederick Ave.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

SEP 16 1940

Hospital or Institution Certificate

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1940, at 3 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20th 1940 to Sept 14 1940, and that I last saw h.. alive on Sept 14 1940.

Immediate cause of death: Fracture of the neck of the right femur. — Duration: 7/20

Due to: ...

Due to: Arteriosclerotic heart disease

Other Conditions: Cardiac Failure

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: accident

(b) Date of occurrence: July 20, 1940

(c) Where did injury occur? 901 W Charles Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? —

(e) Means of injury: slipped + fell down stairs of home

23. Signature F. C. Bowman M. D.

Address: St Agnes Hospital Date signed: 9-14-40

H. L. Wollenweber, M.D. Asst Medical Examiner

SEP 16 1940 H. L. Wollenweber, M.D. Asst Medical Examiner

72834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72834

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Loudon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

207

3 (a) FULL NAME Irene Poulton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Charles M Poulton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1859 or 49

8. AGE: Years	Months	Days	If less than one day
91	8	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George Rea
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ann C. Rea
15. Birthplace Baltimore

16 (a) Informant Susan P. Westcott
(b) Address 407 Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave.

18 (a) Funeral director John Oursler Hetherington
(b) Address 1900 Eutaw Place

SEP 16 1940

19 (a) (Date rec'd by registrar) (b) Hunting for Williamsport P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 17 19 40 to Sept 14 1940.
and that I last saw her alive on Sept 14 19 40.

Immediate cause of death	Duration
Heart Failure	1 Day
Due to Arteriosclerosis	4 Years
Due to Arteriosclerosis, Senility	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J E Poulton M. D.
Address 3909 Garrison Blvd Date signed

VS 3

F 72835

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 72835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Hudson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERNARD SCHAEFER

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Florence Schaefer
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 30 1892

8. AGE: Years 58 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Schaeffer
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Carrie Whartman
15. Birthplace Baltimore Md

16 (a) Informant Florence Schaefer
(b) Address 1153 Cleveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Embrose Doe
(b) Address 1017 W Cross St
Huntington Williams M.D.

19 (a) (Date received by registrar) SEP 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1940 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death drowning — Duration
Due to accidental
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 14, 1940 4pm
(c) Where did injury occur? Harbor at Western Run Bridge at Walnut (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? —
(e) Means of injury fell in water while fishing

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-14-40

SEP 16 1940

F 72836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Rosewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Rosewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Sommers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Levy Kulp
13. Birthplace Russia

MOTHER 14. Maiden Name Katie Katzenstein
15. Birthplace Russia

16 (a) Informant Charles Sommers
(b) Address 2609 Rosewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (month) (day) (year)
(c) Cemetery or crematory Beth Jacob
Location Winters Mill Road

18 (a) Funeral director Sol Levin Bros.
(b) Address 1124-26 W North Ave

18 (c) Date received SEP 16 1940 by Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940, at 3:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Art. sclerosis + diabetes mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wilkerson M.D. Medical Examiner.

Date signed 9/16/40

F 72837

SEP 16 1940
VS 6

F 72837

F 72837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 85

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LABAN DOUGLASS CASLOW

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1916

8. AGE: Years	Months	Days	If less than one day
24		4	hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Home - unskilled
11. Industry or business

FATHER
12. Name Leban Caslow
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Florence E. Douglass
15. Birthplace Maryland

16 (a) Informant mother Mrs Caslow
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3931 Falls Road

19 (a) SEP 16 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14, 1940, at 2:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death STATUS EPILEPTICUS

Due to

Due to

Other Conditions Chronic Alcoholism
Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 9-14-40

F 72838

BALTIMORE CITY HEALTH DEPARTMENT 85

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 546 W. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balte
(If outside city or town limits, write RURAL and give town)
(d) Street No. 546 W. Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Beverly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years 14 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Shirley Beverly
13. Birthplace Va

MOTHER
14. Maiden Name Esther Freeman
15. Birthplace Md

16 (a) Informant: Shirley Beverly
(b) Address 546 W. Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

(a) Funeral director A Halstead

(b) Address 918 Druid Hill Ave

19 (a) SEP 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Epilepsy — Duration

Due to —

Due to —

Other Conditions Died during sleep.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature [illegible] M.D. Medical Examiner.
Date signed 9/16/40

VS 6

F 72839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190a Registered No. F 72839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Kuper Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Baby Nora Beitler~~ Nora E. Beitler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1940

8. AGE: Years	Months	Days	If less than one day
-	2	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ellwood J. Beitler
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Shipley
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Elwood J. Beitler
(b) Address 1406 Kuper Place

17 (a) Burial (b) Date thereof Sept. 16, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

19 (a) SEP 16 1940 (b) Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1940, at 5.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1940, to Sept 14 1940, and that I last saw her alive on Sept 14 1940.

Immediate cause of death Dehydration and malnutrition Acute Diarrhea — cause undetermined

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm T Muse M. D.
Address St Agnes Hosp Date signed 9/17/40

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 72840 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 849 Shiner St. China (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Jefferson (57403)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Matildie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Gracie Cook (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 18 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Walter B. Suggs
(b) Address 136 W. Hamburg St.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 16 1940 Hunter H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1940, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1940, to Sept. 13, 1940, and that I last saw him alive on Sept. 13, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 5 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Gaitach M. D.
Address Balto. City Hospitals Date signed 9-14-40

SEP 16 1940 Hunter J. Williams, M.D.

F 72841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 72841 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora V Lawson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm L Lawson
6 (c) If alive, give age: Deceased yrs

7. Birth date of deceased (mo., day, yr.) April 30th 59

8. AGE: Years 81 | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Reisterstown Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm M Gardiner
13. Birthplace Reisterstown Md

MOTHER
14. Maiden Name Emma Humphreys
15. Birthplace Reisterstown Md

16 (a) Informant Emma Lawson
(b) Address 1216 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Fredrick Road

18 (a) Funeral director Geo W Schilling
(b) Address 124-126 E Marymount St

SEP 16 1940 (Date received by Registrar) (b) Hunter Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 15 1940, and that I last saw her alive on Sept 13 1940.

Immediate cause of death | Duration

Due to Valvular Heart disease

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Fenhagen M. D.
Address 1822 N Broadway Date signed 9/14/40

F 72842

BALTIMORE CITY HEALTH DEPARTMENT

(Date received by Registrar) Registrar Address ... Date signed ... 1940

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 72842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 72842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Essex St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) **FULL NAME** GEORGE BANARSKI (BANACZKIEWICZ)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-2348

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1922

8. AGE: Years 17 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Canning Industry

FATHER 12. Name George Banaczkiewicz
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Bertha Mierson
15. Birthplace Baltimore Md

16 (a) Informant George Banaczkiewicz
(b) Address 2324 Essex St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell St.

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave

SEP (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D.
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14, 1940 at 1 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration of brain — Duration
Due to Fracture of skull
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-13-40
(c) Where did injury occur? roof 2341 Boston St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury fell 30 ft from water tower

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 9-15-40

F 72843

BALTIMORE CITY HEALTH DEPARTMENT

(Date received from Registrar) Huntington Williams, M.D. Registrar

Date signed 9-14-40 Medical Examiner.

VS 8

F 72843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1239 E Monument~~ 1313 Ashland Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Grose (Gross)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race BLACK | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-25-78
8. AGE: Years 61 | Months 8 | Days 19 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None -
11. Industry or business

FATHER 12. Name Louis Grose
13. Birthplace

MOTHER 14. Maiden Name Alice
15. Birthplace

16 (a) Informant Records - JOHNS HOPKINS HOSPITAL (b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park Location

18 (a) Funeral director Coker & Conway (b) Address 804 W. Carlton St.

19 (a) Date received by Registrar SEP 16 1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1940 to Sept 14 1940, and that I last saw him alive on Sept 14 1940.

Immediate cause of death Acute pul. edema — Duration

Due to Hypertensive Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address 1 W. 17 Date signed

F 72844

VS 2

72844 Stone F 72844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2130 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 W Lexington Town (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary A Stone
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Wm E Stone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1867

8. AGE: Years	Months	Days	If less than one day
73	2	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Thos. McNicholas
13. Birthplace Ireland

MOTHER 14. Maiden Name Amelia A Lotties
15. Birthplace England

16 (a) Informant Miss Mary E Stone
(b) Address 2130 W Lexington Town

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton Ave & Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 1 c 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940 at 8:a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to June 1 1940 and that I last saw h[illegible] alive on June 1 1940.

Immediate cause of death Coronary Occlusion — Duration 10 min.
Due to Cerebral arteriosclerosis — 15 yrs
Due to
Other Conditions Pernicious Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature J M Collins M D M. D.
Address 2025 W. Fayette St Date signed 9-15-40

SEP 1 6 1940 Huntington Williams M.D.

F 72845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 72845 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: N. Calvert St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Whitridge Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Helen Mc Carthy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	23 22	hr. min.

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name James McCarthy
13. Birthplace Ireland

MOTHER
14. Maiden Name Eliz. Hurley
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Mary M. Heppard
(b) Address 50 E. 22nd St.

SEP 19 1940 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1940, at 3:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1940, to 9/16 1940 and that I last saw her alive on 9-16 1940.

Immediate cause of death	Duration
Cerebral Anemia	
Due to Primary Anemia	
Due to Plasma Cell Leukemia	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Schenthal M. D.
Address Mercy Hospital Date signed 9/16/40

F 72846

VS 3

F 72846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72846 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Warner St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

22

3 (a) FULL NAME Joseph Johnson (58432)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	10	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Johnson (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine ? (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto city
18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 SEP 16 1940 Registrar
Date rec'd by Local Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13, 1940, at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16, 1940, to Sept. 13, 1940, and that I last saw him alive on Sept. 13, 1940.

	Duration
Immediate cause of death 1) Pulmonary TB.	2 weeks
2) TB meningitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Goitsch M. D.
Address Balto. City Hospitals Date signed 9-14-40

VS 3

F 72847 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 72847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 321
(If outside city or town limits; write RURAL and give town)
(d) Street No. 1036 Sharp st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Spriggs

3 (b) If veteran, name war
3 (c) Social Security Account No. 231-10-0952

4. Sex: M
5. Color or race: B
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1896

8. AGE: Years 44 | Months - | Days 23 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Warf Packet

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Hard
15. Birthplace Md.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Daniel L Brown Son
(b) Address 128 W Montgomery St

19 (a) SEP 16 1940 (Date rec'd by Local Reg.) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13- 1940, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9- 1940 to 9-13- 1940, and that I last saw him alive on 9-13- 1940.

Immediate cause of death: Azotemia
Due to: Arteriosclerosis ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Bronchopneumonia

Duration: ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 9-14-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72848 — 93-D — Registered No. F 72848

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME AND INFIRMARY 6
(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or days) 15
(e) Length of stay in Baltimore (~~yrs.~~, ~~mos.~~, or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town TRENTON 5
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFRED HUGHES DAY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife SARE MILLER DAY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 9, 1893

8. AGE: Years	Months	Days	If less than one day
47	7	7	hr. min.

9. Birthplace TRENTON, S.C. (Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name B. J. DAY
13. Birthplace SOUTH CAROLINA

MOTHER
14. Maiden Name ELIZA HUGHES
15. Birthplace SOUTH CAROLINA

16 (a) Informant Sade M. Day
(b) Address Trenton S.C.

17 (a) Burial (b) Date thereof Sept 18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Trenton S.C.

18 (a) Funeral director John O. Mitchell Sons Co.
(b) Address 1900 Eutaw Place

19 SEP 16 1940 Herrington Williams M.D. Registrar
(Date received by State Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 16 1940, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 2 1940, to SEPT. 16 1940, and that I last saw him alive on SEPT. 16 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	?
Due to ARTERIA SCLEROTIC CARDIO VASCULAR DISEASE	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Goldberg M. D.
Address Church Home & Infirmary Date signed 9/16/40

F 72849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 72849

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Gough st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Jane Madzelewski Birth Cert # 14665

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19 1940

8. AGE: Years	Months	Days	If less than one day
-	-	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Madzelewski
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Marie Staron
15. Birthplace Baltimore, Maryland

16 (a) Informant Marie Madzelewski
(b) Address 2220 Gough St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL SEP 13 1940

18 (a) Funeral director Commissioner of Health
(b) Address per H. A. Moore

19 (a) SEP 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

F 5899

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1940, to Aug 28 1940, and that I last saw h[illegible] alive on Aug 28 1940.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia - bilateral

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nath an Block M. D.
Address Sinai Hosp. Date signed 8/29/40

F 72850

F 72850

VS 2 5897

F 72850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 72850

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lemb & Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 W. Read St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Baby Girl Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-40

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Henry Jackson

13. Birthplace City

MOTHER 14. Maiden Name Mabel Polk

15. Birthplace City.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory [illegible] SEP 16 1940

Location

18 (a) Funeral director Commissioner of Health

(b) Address P. H. A. Report

19 SEP 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11-40 19 , at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10-40, to 9-11-40.
and that I last saw h[illegible] alive on 9-11-40 19

Immediate cause of death Prematurity

Duration 5 Hours.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Univ Hospital Date signed 9-13-40

VS 2 5898

VS 3 5898

F 72851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 72851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. WENTWORTH APTS. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME ETTA DRISCOLL O'TOOLE (ETTA)

3 (b) If veteran, name war X

3 (c) Social Security Account No. X

4. Sex: F

5. Color or race: WHT.

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JAMES F. O'TOOLE

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) AUG. 5, 1870.

8. AGE: Years 70 | Months 9 | Days 9 | If less than one day -- hr. --- min.

9. Birthplace RALEIGH, N.C. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business ____

FATHER
12. Name DR. Dennis DRISCOLL
13. Birthplace Ireland

MOTHER
14. Maiden Name JOANNA BARRY
15. Birthplace Ireland

16 (a) Informant Frank D. O'Toole
(b) Address 110 E. Homeland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

SEP 16 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 14 1940, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 9 1940, to SEPT 14 1940, and that I last saw her alive on SEPT 14 1940.

Immediate cause of death	Duration
BRONCHO-PNEUMONIA	5 DAYS
Due to ACUTE CARDIAC DECOMPENSATION	12 DAYS
Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Partial Cardiac compensation-Enlarged liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hospital Date signed 9-14-40

VS 3

72852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 72852

PLEASE WRITE PLAINLY, WITH UNFADING INK.—Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Alto Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Alto Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

67

3 (a) FULL NAME Alonzo L. Delcher

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-2427

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Daisy Blankfard
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68	-	-	____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation President, Belts Wharf
11. Industry or business Warehouses

FATHER
12. Name William J. Delcher
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Barbara Ann Lowry
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Daisy B. Delcher
(b) Address 3304 Alto Road

17 (a) Burial (b) Date thereof 9/17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director H W Means & Son
(b) Address 805 North Calvert Street

19 Filed SEP 18 1940 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1940, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Sept 15 1940 and that I last saw h. not alive on June Sept 15 1940.

Immediate cause of death: Myocarditis — duration about 6 mo. — Duration ?

Due to Advanced Arteriosclerosis — Duration ?
Hypertension

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings: ____

Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Walter D Dublett M. D.
Address 2220 Garrison Blvd Date signed Sept 16/40

VS 3

F 72853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-D

F 72853
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 N. Glover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. Glover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Urban J. Kaufmann

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 710-09-4981

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret A. Kaufmann

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct. 31-1890

8. AGE: Years 49 | Months 10 | Days 14 | If less than one day hr. min. 3

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Frederick Kaufmann
13. Birthplace Balto Md

MOTHER
14. Maiden Name Cora E. Woodeau
15. Birthplace Balto Md

16 (a) Informant Margaret A. Kaufmann
(b) Address 415 N. Glover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas. J. Ward Son Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) SEP 16 1940 (Date rec'd by registrar) (b) Huntington Pollitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1939 to Sept. 14 1940, and that I last saw h— alive on Sept. 14 1940.

Immediate cause of death	Duration
Coronary heart failure	1 day
Due to Chronic Cardiitis.	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J McInnis M. D.
Address 701 N. Fremont Ave. Date signed 9/16/40

VS 3

F 72854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B F 72854

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N Carey St., 19-2 Ward) (Phila. Pa)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Penn

If U.S. Veteran specify WAR ...

(a) Residence: No. 226 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Va (State or country)

FATHER

13. NAME Charles Penn

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Annie Campbell

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT William Robinson
(Address) 226 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Sept 16, 1940

19. UNDERTAKER Joseph A. Lively
(Address) 1004 Mount Street

20. FILED SEP 16 1940 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 19 40 to Sept 14, 19 40

I last saw h... alive on Sept 12 19 40. Death is said to have occurred on the date stated above, at 2:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance: ?

Was an operation performed? Yes Date of Philadelphia May 1940

For what disease or injury? Gastric Ulcer?

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

72855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M Registered No. F 72855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr 5 mins
(e) Length of stay in Baltimore (yrs., mos., or days) 1hr 5 mins

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Just born at Mercy Hosp (If rural give location) 1617 Lancaster St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Novak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1940

8. AGE: Years	Months	Days	If less than one day
			1 hr. 5 min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation (just born)

11. Industry or business

FATHER
12. Name Nicholas Joseph Novak
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Dorothy Jaskalski
15. Birthplace Balto Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozmer
(b) Address 1930 Eastern Ave

19 (a) Filed SEP 16 1940 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Sept 16 1940, and that I last saw h[illegible] alive on Sept 16 1940

Immediate cause of death	Duration
Asphyxia + Atelectasis	1hr 5 mins
Due to Inability to breath from Prem Placenta	
Due to Multiple congenital Malformations	1hr 5 mins
Other Conditions Anomalies of Genitalia & Imperforate anus	
Major findings of operation Double Inguinal Herniae	
Of autopsy none done	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury
23. Signature Henry W. Bell M. D.
Address Date signed 9/16/40

VS 2

Aiaksandra Wajsvillo

72856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 72856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere & Greenspring
(c) Hospital or institution: Levindale Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Belvidere & Greenspring Rd (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME alaksandra Wajsvillo

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Cuban

11. Industry or business Hebrew Home

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Helen Krusczynska
(b) Address 6040 D. Strieper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto County

18 (a) Funeral director John J. Welby
(b) Address 40 S. Chester St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

SEP 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-14 1940, at 1:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1933, to 9-14 1940 and that I last saw h er alive on 9-13 1940.

Immediate cause of death	Duration
Pneumonia	one
Hypertension	
Chr. valvular heart disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin MD

Address Levindale Date signed 9/17/40 M.D.

VS 3

F 72857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 72857

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 St. Thomas Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FELIX GRIFFIN

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Bertha Griffin
6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): May 22, 1888

8. AGE: Years: 52 | Months: 3 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Michael griffin
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine Cosgrove
15. Birthplace: Ireland

16 (a) Informant: Bertha griffin
(b) Address: 4109 St. Thomas

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 18/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem.
Location: Balto. Md.

18 (a) Funeral director: Margaret A. Flynn
(b) Address: 1422 Light St. Baltimore, Md.

SEP 16 1940 (Date rec'd by registrar) (b) Huntington Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15, 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock, traumatic — Duration:
Due to: fracture, compound right tibia + fibula
Due to:
Other Conditions: Rupture of liver and right kidney
(Include pregnancy within 3 months of death)

Major findings:
Of operation: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 9-14-40
(c) Where did injury occur? 4600 Block Belair Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? —
(Specify type of place)
(e) Means of injury: struck by auto while crossing

23. Signature: H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed: Sept

VS 6

F 72858 57430 MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 a

Registered No. F 72858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Hyde

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1883

8. AGE: Years 57 | Months 56 | Days 1 | 20 18 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Trucking

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth King
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location E. North Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins Sts.

19 (a) Date rec'd by reg. SEP 18 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1940, to 9/13 1940, and that I last saw h[im] alive on 9/13 1940.

Immediate cause of death: Ca of esophagus & metastases? — Duration: 6 mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operation: Diverticulum at cardiac end of stomach

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Schlert Jr. M. D.
Address Balto. City Hosp. Date signed 9/14/40

VS 3

72859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P F 72859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ella Sledge (58861)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1917

8. AGE: Years 23 | Months - | Days 26 | If less than one day 25 hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Claudia Sledge
13. Birthplace N. Car.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-40 (month) (day) (year)
(c) Cemetery or crematory Douglass Mem
Location Balto Co.
18 (a) Funeral director Jas. H. Skinner
(b) Address 927 N. Dunbar St
19 (a) (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1940, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25, 1940, to Sept. 11, 1940 and that I last saw her alive on Sept. 11, 1940.

	Duration
Immediate cause of death: Tuberculosis of Lungs	2 yrs.
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabburn M. D.
Address Balto. City Hospital Date signed 9-12-40

VS 3 [illegible]

F 72860

F 72860 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C Registered No. F 72860

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 y-9
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [illegible]ly Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Widowed

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
52 ?	?	?	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name Susan Johnson
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Albans Cemetery
Location Mt. Adrians
18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Granby Ave.
19 (a) SEP 17 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15- 1940, at 4 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13- 1937 to 9-15- 1940 and that I last saw h[illegible] alive on 9-15- 1940.

Immediate cause of death Bronchopneumonia — Duration ?

Due to Cerebrospinal Syphilis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-16-40

F 72861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72861 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Thames St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Letiza (59164)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Nicholas Letiza
6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): June 19, 1900

8. AGE: Years: 40 | Months: 2 | Days: 26 25 | If less than one day: ..... hr. ..... min.

9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Michael ?
13. Birthplace: Poland

MOTHER
14. Maiden Name: Katherine ?
15. Birthplace: Poland

16 (a) Informant: Hospital Records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem.
Location: German Hill Road.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. Wolfe St.

19 (a) SEP 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 14, 1940, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13, 1940, to Sept. 14, 1940, and that I last saw her alive on Sept. 14, 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 7

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Margaret Gutsch M. D.
Address: Balto. City Hospitals Date signed: 9-16-40

F 72862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 17-B

Registered No. F 72862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 ASHLAND AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Leo Finnerty

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213 10 1074

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARIE E. FINNERTY
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) DEC. 15 1898

8. AGE: Years	Months	Days	If less than one day
41	9	0	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation STREET CAR MOTORMAN
11. Industry or business BALTO. TRANS. CO.

FATHER
12. Name EDWARD FINNERTY
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ANNA GEBHARDT
15. Birthplace BALTIMORE MD.

16 (a) Informant MARIE E. FINNERTY (WIFE)
(b) Address 2813 ASHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 18/40 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF NORTH AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 1633 W. WOLFE ST. Williams, M.D.

19 (a) SEP 17 1940 (b) .....
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940 to Sept 15 1940, and that I last saw h— alive on Sept 15 1940.

Immediate cause of death: Peritonitis — Duration 6 Days
Due to Ruptured Appendix
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured duodenal ulcer, Generalized Peritonitis
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Bernard J. Sabatini M. D.
Address St Jos. Hosp Date signed 9-15-40

F 72863

58011-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 72863 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Kenyon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Kirby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1882

8. AGE: Years	Months	Days	If less than one day
58	6	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name (Unk.) -----Kinnier
13. Birthplace Md.

MOTHER
14. Maiden Name Unk.
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17-40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location Balto Md

18 (a) Funeral director Jos J. Dyer & Sons
(b) Address 300 N Fulton Ave Baltimore, Md.

19 (a) SEP 11 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 13 1940, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4- 1940 to 9-13- 1940. and that I last saw h[illegible] alive on 9-13- 1940.

Immediate cause of death Diabetes mellitus — Duration P

Due to Pyelonephritis Gen. a. S. — Duration ? ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. a. S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaughlin Lester M. D.
Address Balto City Hosp. Date signed 9-14-40

F 72861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 72864 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2541 Edmondson ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Youse

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Youse
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 1 - 1872

8. AGE: Years	Months	Days	If less than one day
67	11	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Plumbing

FATHER 12. Name William Youse
FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Margaret Lockington
MOTHER 15. Birthplace Balto

16 (a) Informant Mary Youse
(b) Address 25-41 Edmondson

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 17 '40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E. Lexington St. Huntington Pittsburgh, Pa.

SEP 17 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/4 1940, to 9/13 1940, and that I last saw h alive on 9/13 1940.

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Bronchopneumonia	2 weeks
Due to Arteriosclerotic heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Grob M. D.
Address West Balto. Gen. Hosp. Date 9/14/40

VS 3

MARGARETHA GROB

VS 3

F 72865

MARGARETHA GROB

F 72865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Md. Gen. Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 119
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E. Lenard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 yrs years

3. (a) FULL NAME Mrs Margaretha Grob
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Henry Grob
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 18, 1872
8. AGE: Years 68 | Months 7 | Days 28 | If less than one day ... hr. ... min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer - Wife
11. Industry or business
12. FATHER Name Johannes Grether
13. Birthplace Germany ?
14. MOTHER Maiden Name Catherine Hoos
15. Birthplace Germany
16 (a) Informant Mrs Pauline Thomas
(b) Address 162 E Mount Pelier St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location ... Battision
18 (a) Funeral director John Ulrich
(b) Address 20 E Fayette St Baltimore, Md.
SEP 17 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/16 1940, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1940 to 9/16 1940 and that I last saw h.r alive on 9/16 1940.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to:	
Due to:	
Other Conditions: Pulmonary Edema (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William R. Lumpkin M. D.
Address Md General Hosp Date signed 9/16/40

F 72866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

Registered No.

F 72866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S Athol Ave
(c) Hospital or institution:
General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S Athol Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena (Keller) Rutkovsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ late Emil Rutkovsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1860

8. AGE: Years	Months	Days	If less than one day
80	—	10	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacab Keller
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Ritter
15. Birthplace Germany

16 (a) Informant Emil German aged Peoples Home
(b) Address 22 S Athol Home

17 (a) Burial (b) Date thereof Sept 12, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore
Location Eastend North Ave

18 (a) Funeral director Henry H Wittle
(b) Address 4101 Edmondson Ave

SEP 17 1940 (Date rec'd by registrar) Huntington Williamsburg N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15/40 to Sept. 14/40, and that I last saw her alive on Sept. 13/40.

Immediate cause of death — Duration

Arterio - Sclerosis. — Unknown.

Due to

Due to

Cardiac Myasthaenia. — 5 days.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wade Schmidt M.D.

Address 935 Hanover St. Date signed Sept. 16/40

VS 2

F 72867

F 72867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3631 Chestnut Ave (If rural give location)
1937
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M Blum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Anna K Blum
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) AUG 19, 1877

8. AGE: Years	Months	Days	If less than one day
63	-	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name George Blum
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Schness
15. Birthplace Baltimore

16 (a) Informant ANNA K. BLUM.
(b) Address 3631 CHESTNUT AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1940 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road
18 (a) Funeral director Ehrmantraut & Sonneborn
(b) Address 3615-17 Chestnut Ave
19 SEP 17 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1940, at 1 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1940, to Sept. 15 1940, and that I last saw him alive on Sept. 15 1940.

Immediate cause of death	Duration
Chronic Glomerulo-Nephritis	
with Uremia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Freeman Jr.
Address Mercy Hospital Date signed 9/15/40 M. D.

VS 3

F 72868

F 72868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64-a

Registered No. F 72868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Bonner Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Lakeside Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATILDA D. REISINGER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife J. Phillip Reisinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	0	hr. min.

9. Birthplace Baltimore, Maryland, (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John B. Hihn
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rauch
15. Birthplace Germany

16 (a) Informant Miss Ethel Thieme
(b) Address 1617 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) SEP 17 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1940, at 7:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1st 1940 to Sept. 16th 1940 and that I last saw h[illegible] alive on Sept. 14th 1940

Immediate cause of death	Duration
Coronary Occlusion	5 min.
Due to Arteriosclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. W. Herrman
Address 1710 E. 33rd St. Date signed 9/16/40

F 72869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 72869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 W. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CORNELIA WALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward Wall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February ?, 1870

8. AGE: Years 70 | Months 7 | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm. Machen
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Helen Arnold
(b) Address 3015 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) SEP 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1940, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Sept 14 1940, and that I last saw h alive on Sept 13 1940.

Immediate cause of death: Hemiplegia - Cerebral Hemorrhage — Duration: one week

Due to: Generalized Arteriosclerosis — Duration: several years

Due to:

Other Conditions: Arteriosclerotic Heart Disease — Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Michael M.D.
Address 290 Edmondson Date signed Sept 17 1940

F 72870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B F 72870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4949 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 985 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Winston (29642)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1922

8. AGE: Years	Months	Days	If less than one day
18	6	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name John (D)
13. Birthplace N. Car.

MOTHER
14. Maiden Name Rachel Washington
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 9-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Balto. Md.

18 (a) Funeral director Sam'l. W. Chase & Son
(b) Address 638 N. Belnord Ave.

SEP 17 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1938, to Sept. 16, 1940, and that I last saw her alive on Sept. 16, 1940.

Immediate cause of death	Duration
Tuberculosis of lungs	Dec. 1937
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret Baetsch M. D.
Address Balto. City Hospitals Date signed 9-16-40

F 72871

F 72871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 72871

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. Give correct age in years, months, days, hours, or minutes. Do not abbreviate. Answer each question. If none, write none. If unknown, or if the question is not applicable, write unknown. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5305 St Albans Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5305 St Albans Way (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dan A. Sprosty Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-7825

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/28/1919

8. AGE: Years 20 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Telegram

11. Industry or business D A Sprosty Inc

FATHER 12. Name Dan A. Sprosty

13. Birthplace Ohio

MOTHER 14. Maiden Name Rose Thony Nuesling

15. Birthplace Carroll Md.

16 (a) Informant Mr D A Sprosty

(b) Address 5305 St Albans Way

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/18/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Dukes Lyons

(b) Address 318 Light St

19 (a) SEP 17 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 3 45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Sept 16 1940, and that I last saw h[illegible] alive on Sept 4 1940.

Immediate cause of death Acute dilitation of heart — Duration a few min.

Due to myocarditis — about 6 mo.

Due to Myocarditis

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hobart S Tublett M. D.

Address 2220 Garrison Blvd Date signed

Edward J. Mullen M. D. Sept 17/40
Chief Medical Examiner

VS 3

Clinic Internal Examination

F 72872

F 72872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Mt Royal Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM TAYLOR

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-01-5164

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Corine C Ramsay

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 3/5/1898

8. AGE: Years 42 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Fisher, Body Works

FATHER
12. Name James Taylor
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah Sinclair
15. Birthplace Pa

16 (a) Informant Mrs CC Taylor
(b) Address 1526 Mt Royal Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/18/40 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cem
Location Pikesville Md

18 (a) Funeral director J. J. Lahey Sons
(b) Address 518 Light St

SEP 17 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14, 1940, at 9 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williamsen M.D.
Medical Examiner.
Date signed 9-14-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. See correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

72873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 72873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Brooks Lane Esplanade Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTHA FRANK LAUER.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Leon Lauer.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1860.

8. AGE: Years 80 | Months 1 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leon Frank,
13. Birthplace Germany.

MOTHER
14. Maiden Name Regina Fleischman,
15. Birthplace Germany.

16 (a) Informant Mr. W. Kaye,
(b) Address 105 W. 55 St. New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/40. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Conrad Sondheim & Son
(b) Address 1902 Eutaw Place.

19 (a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16th. 1940 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Uremia — Duration

Due to { Cardio-vascular disease — Duration
arterio sclerosis — Duration

Due to arterio-sclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Julius Friedenwald M. D.
Address 1013 N. Charles St Date signed

72874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 72874

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give the causes of death clearly and legibly. Please answer all questions. Be sure that the information is correct and complete. Do not omit any item or mark it "unknown" if you can obtain the information by reasonable inquiry. The space for "Length of residence" is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1857

8. AGE: Years	Months	Days	If less than one day
83	6	1	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leo Jacobs
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Werner
15. Birthplace Germany

16 (a) Informant Mrs. Gustav Jacobs
(b) Address 1731 N. Bentalou St.

17 (a) Burial (b) Date thereof 9 18 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Ward Sondheimer & Son
(b) Address 1324 Eutaw Place

19 (a) SEP 17 1940 (Date filed by registrar) (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Sept. 15 1940, and that I last saw her alive on Sept. 15 1940.

Immediate cause of death	Duration
Pneumonia	
Due to Hypostatic congestion	
Due to Coronary occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse N Bader M. D.
Address Sinai Hospital Date signed 9/15/40

VS 3

72875 IH BALTIMORE CITY HEALTH DEPARTMENT 937 F 72875
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Give correct address. Information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 N Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Julia Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1883

8. AGE: Years 57 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation days work

11. Industry or business unemployed

FATHER
12. Name Samuel Hanson
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore Co Md

18 (a) Funeral director Joseph A. Tuddy
(b) Address 409 N Mount St

19 (a) Rec'd by registrar (b) Interment for Williamsport, Md. Registrar

VS 3 940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1940, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14- 1940 to 9-16- 1940 and that I last saw h[illegible] alive on 9-16- 1940.

Immediate cause of death: Liver abscess — Duration ?
Empyema of gall bladder — ?
Due to: Cirrhosis of Liver — ?
Hypertension CVD
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy Liver abscess, Empyema of GB

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-16-40

VS 1

384049
72876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131B Registered No. 72876

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not write above or below the lines. Be sure to write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. If unknown, write unknown. Do not abbreviate. Write words out in full. Be sure to answer all questions, and where none, write none. Be sure that the date of birth is stated in every case where it is possible to obtain it. Do not report fractions of years. Where the exact age is not known, it should be carefully approximated. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2247 E Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley MARCHSTEINER
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-6-23
8. AGE: Years 16 | Months 10 | Days 28 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name John MARCHSTEINER
13. Birthplace Md

MOTHER
14. Maiden Name FLORENCE STEWART
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson Ave.

18 (a) Funeral director Henry Hoeck & Sons Inc
(b) Address 1301 E. Eager St.

SEP 17 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940 at 10.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940 to Sept 14 1940 and that I last saw h[illegible] alive on Sept 14 1940

Immediate cause of death Myocardial Failure due to — Duration

Due to Ch. Glomerulo-Nephritis & Anemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Billings M. D.
Address Johns Hopkins Hosp Date signed Sept 14 40

VS 2

F 72877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 B F 72877 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd, Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Herbert Goff

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) April 8, 1938
8. AGE: Years 2 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Herbert Goff
13. Birthplace Virginia

MOTHER
14. Maiden Name Constance Hatcher
15. Birthplace Virginia

16 (a) Informant Mother
(b) Address 1727 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1940 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Co Md
18 (a) Funeral director Robert Lindeman
(b) Address 1645 N. Eldery St
19 SEP 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 16 1940, and that I last saw him alive on Sept 16 1940

Immediate cause of death: tuberculous meningitis — Duration: 11 days
Due to .....
Due to .....
Other Conditions: pulmonary tuberculosis (Include pregnancy within 3 months of death) — 1 month
Major findings:
Of operations .....
Of autopsy not yet reported

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Maynard Cohen M. D.
Address Sydenham Hospital Date signed Sept 16, 1940

VS 2

F 72878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B Registered No. F 72828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gustavus C. Raabe.

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. None.

4. Sex Male. | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Laura K. Raabe.
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct. 2. 1856

8. AGE: Years 83 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation City Fireman.
11. Industry or business Fire Dept.

FATHER
12. Name Christopher Raabe
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Gracey.
15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. Laura K. Raabe.
(b) Address 517 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18-1940. (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

19 (a) SEP 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1940, at 4.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1940, to Sept 15 1940. and that I last saw h/m alive on Sept 13 1940.

Immediate cause of death Chr. Nephritis

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Thomson M.D. M. D.
Address 200 N. Fulton Av Date signed 9/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

VS 3

F 72879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 72879
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item should be answered or "unknown" inserted where information cannot be obtained. Underline the causes of death clearly and legibly. Physicians: please write the cause of death in such a way that it will be correct ago is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. C. A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Hollen St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Catherine Dean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-40

8. AGE: Years | Months | Days: 119 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 3906

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1940, at 7:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death: Lobular pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Landefeld M.D. Medical Examiner.
signed 9/8/40

F 72880

VS 6

F 72880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 72880 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: PROVIDENT HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLY MAY BLOUNT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 49 | Months | Days | If less than one day: hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Provident Hospital
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 1 7 1940 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) SEP 17 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar 5909

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1940, at 11a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Hypertensive heart disease.	Unknown
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no alcohol

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wolfenmeyer M.D. Asst Medical Examiner.
Date signed 9-5-40

VS 6

F 72881

VS 6

F 72881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 72881

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 609 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jones #2 (40903)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1910

8. AGE: Years 30 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Wheeler
13. Birthplace Va.

MOTHER
14. Maiden Name Lillie Oliver
15. Birthplace Oklahoma

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL SEP 17 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 17 1940 (Date rec'd by registrar) Hunter G. Williams, M.D. Registrar

F 5905

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where there is no correct answer write none. Be sure to write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 12, 1939, to Sept. 12, 1940, and that I last saw her alive on Sept. 12, 1940.

Immediate cause of death Tuberculosis of lungs — Duration 3 1/2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Shotsell M. D.
Address Balto. City Hospitals Date signed 9-13-40

F 72882

VS 3

5905

F 72882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 White Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Edward Coale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jessie

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-00

8. AGE: Years	Months	Days	If less than one day
40	5	15	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry Coale
13. Birthplace Md

MOTHER 14. Maiden Name Anne Spalding
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Sept 18 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Trinity
Location Churchville Harford Co

18 (a) Funeral director Henry Tanney & Son
(b) Address Aberdeen Md.

19 (a) [illegible] (Rec'd by registrar) Huntington Williams M.D.

SEP

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940 at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940 to Sept 16 1940 and that I last saw h alive on Sept 16 1940.

Immediate cause of death Dehydration — Duration 1 wk

Due to Carcinoma of stomach — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach
Of autopsy N R V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Jones Jr. M. D.
Address The Johns Hopkins Hos Date signed 9-17-40

VS 3

F 72883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-N

Registered No. F 72883

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write your orders plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME John Horky

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frances Horky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1864

8. AGE: Years 76 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name John Horky
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Frances Horky
(b) Address 705 N. Collington Ave

17 (a) Burial (b) Date thereof Sept 20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Coach Son
(b) Address 900 N Chester St

19 SEP 17 1940 (b) Huntington Md
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Sept 16 1940, and that I last saw him alive on Sept 16 1940.

Immediate cause of death	Duration
Carcinoma of Larynx	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pikrony M. D.
Address 2209 E Madison St Date signed 9/17/40

72884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 72884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2712 Southern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Abbott

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Olie L. Abbott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23rd 1855

8. AGE: Years 85 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Wholesale
11. Industry or business: Confectionery

FATHER
12. Name: Solomon Abbott
13. Birthplace: Germany

MOTHER
14. Maiden Name: Julia Gusdorf
15. Birthplace: Germany

16 (a) Informant: Fannie L. Perry
(b) Address: 2712 Southern Ave

17 (a) Burial (b) Date thereof 9/19/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) ~~Cemetery or crematory~~: Balto
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16th 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to 9/16 1940, and that I last saw h[illegible] alive on 9/16 1940.

Immediate cause of death: Uremia - Edema
Hypertrophied Prostate — Duration: one

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: [signature]
Address: 5703 Harford Rd. Date signed 9/16/40

VS 3

VS 3

72885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 72885

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MON.
(e) Length of stay in Baltimore (yrs., mos., or days) 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. EAST AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME DANIEL H CHISHOLM

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7820

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Agnes Chisholm

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 17 1885

8. AGE: Years	Months	Days	If less than one day
55	3	—	..... hr. ..... min.

9. Birthplace Towanda Penn
(Town, county, and state)

10. Usual Occupation Police

11. Industry or business Penna Railroad

FATHER 12. Name Hugh Chisholm
13. Birthplace Penn

MOTHER 14. Maiden Name Lizzie Unknown
15. Birthplace Penn

16 (a) Informant Agnes Chisholm
(b) Address 506 N East Ave

17 (a) Burial (b) Date thereof 9/19/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Parkwood Md

18 (a) Funeral director Wm J Lee
(b) Address 1217 E Fayette St

19 (a) ..... (b) Huntington Williams Reg.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1940, to 9/17 1940, and that I last saw him alive on 9/17 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Mon.
Due to Hypertensive Cardio-Vascular Disease	3-4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Joseph Hagerty M.D.
Address St Joseph's Hospital Date signed 9/17/40

Dr Leary.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

Dr Leary.

F 72886 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C

F 72886 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not leave any blanks. Be sure and write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 S Oldham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy Appal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Conrad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1882

8. AGE: Years 58 | Months 8 | Days 5 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Robert Cooper
13. Birthplace Va.

MOTHER 14. Maiden Name Mary Davis
15. Birthplace Va.

16 (a) Informant Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md

18 (a) Funeral director Pulhom Co
(b) Address 1214 Pont St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 18 1940

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17 1940, at 12 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1940, to 9/17 1940, and that I last saw her alive on 9/16 1940.

	Duration
Immediate cause of death, Terminal bronchopneumonia	3 days
Due to Cerebral hemorrhage	2 days
Due to Arteriosclerotic gangrene of foot	6 wks
Due to	
Other Conditions Generalized arteriosclerosis Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney V. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 9/17/40

72887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 72887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 156 Oak Court Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma V. Gott
3 (b) If veteran, name war no
3 (c) Social Security Account No. none
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. widow
6 (b) Name of husband or wife Jos. J. Gott
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 21 - 1859
8. AGE: Years 81 Months — Days 26 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Matthais Thos. Walker
13. Birthplace Lancaster Penna

MOTHER
14. Maiden Name Mary Ann Buel
15. Birthplace Balto Co. Md.

16 (a) Informant Mrs Eva Fallin
(b) Address 2109 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St
19 (a) (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1940, to Sept-17 1940 and that I last saw her alive on Sept-16 1940.

Immediate cause of death myocarditis - angina Pectoris — Duration 2 years.
Due to Des ays -
Due to
Other Conditions Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Wm Cook Fun Dir
Address 202 E. Preston St. Date signed 9/17/40 M. D.

VS 3

72888

CUK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

5358 F 72888

Registered No.

PLEASE write plainly, with ink. Physicians: please write the causes of death clearly and legibly. Be sure to answer every question. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Calvert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mathis

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none ?

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1867

8. AGE: Years 73 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace N.J.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Israel Swan (Ewan)
13. Birthplace N.J.

MOTHER
14. Maiden Name Mary White
15. Birthplace N.J.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof 9/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Richwood
Location Gloucester Co. New Jersey

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1940, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1940, to 9-17 1940, and that I last saw her alive on 9-17 1940.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to: Cerebral Hemorrhage — 4½ yrs

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryden M. D.
Address Balto. City Hosp. Date signed 9-17-40

F 72889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 72889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Middle Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H Deal Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-9024

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-4-1914

8. AGE: Years 26 | Months 9 2 | Days 16 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business —

FATHER 12. Name John H Deal
13. Birthplace Md

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Helen Darsey
(b) Address 1319 Brunt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 19 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pelham ave

19 (a) Date rec'd by registrar SEP 18 1940 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940 at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death: Stab wound of right chest

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9/15/40
(c) Where did injury occur? 800 Bl. Bradley st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Stabbing during crap game

23. Signature Wm H Ambrose M.D. (Medical Examiner.)

Date signed 9/16/40

Date signed 9/16/40

VS 6

F 72890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-B

Registered No. F 72890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N. Callington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N Callington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gus Lillard (Morton) McKenna (adopted by Billie McKenna)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 710-10-9519

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Lavena (Huggins)

6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) July 10, 1905

8. AGE: Years: 35 | Months: 2 | Days: 6 | If less than one day: hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business Magdalene

FATHER
12. Name Harvey Morton
13. Birthplace Ky

MOTHER
14. Maiden Name Mollie Coker
15. Birthplace Ky

16 (a) Informant Billie (Coker) McKenna
(b) Address ~~Ky~~ Box 752 Route 4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Cancelled this 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo A Hafley
(b) Address Fulton Ave & Fayette

19 (a) Date rec'd by registrar 9/17/40 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1940, at 6 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Chronic Rheumatic Heart Dis — Duration
Mitral Stenosis.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ns
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Blanden Hyatt M.D. Medical Examiner.

Date signed 9/17/40

VS 6

72891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 72891
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore & Ohio Central Building Baltimore & Ohio R.R.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 North Charles St.
(If rural give location)
Woodmere, Apt.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY A. BLAIR

3 (b) If veteran, name war: Maryland

3 (c) Social Security Account No. 705-03-9104

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Minnie L. Blair

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1874

8. AGE: Years 65 | Months 9 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Perry Ga
(Town, county, and state)

10. Usual Occupation Supervisor Fd. Safety Officer

11. Industry or business B & O R R

FATHER 12. Name Adam Blair
13. Birthplace Ga

MOTHER 14. Maiden Name Hannah Ogletree
15. Birthplace Ga

16 (a) Informant Harry A Blair
(b) Address Catonsville Md

17 (a) Removal (b) Date thereof 9/18/40
(~~Burial, cremation,~~ or removal) (month) (day) (year)

(c) Cemetery or crematory Pittsburg
Location Alleghany Co. Penna

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) Date received by registrar SEP 18 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1940, at 1:55 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Wollenweber M.D.
Asst Medical Examiner.

Date signed 9-17-40

VS 6

F 72892

VS 6

72892 385159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 72892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2155 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Gillingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1883

8. AGE: Years 57 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Paul Forbringer

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace Germany

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1940 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore

18 (a) Funeral director Frederick A. Dole

(b) Address 1700 W. Lombard St

19 (a) 19 (Date received by registrar) (b) Registered

Huntington

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15th 1940 at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940 to 9/15 1940 and that I last saw h alive on 9/15 1940

Immediate cause of death Cardiac failure

Due to

Due to

Other Conditions Bronchial pneumonia, carcinomatosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Miliary Tuberculosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mitchell H. Miller

Address J. H. H. Date signed 9-15-40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-D

F 72893
Registered No.

Please write plainly; use ink; do not use pencil. Physicians: please write the causes of death clearly and legibly. Information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Presstman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Presstman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Henry Harris
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Balto. Md.

16 (a) Informant Mrs Katie Harris
(b) Address 309 Presstman St.

17 (a) Burial (b) Date thereof 9-19-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) (b) Lington Williams M.D. registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940 at 10 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Sept 17 1940, and that I last saw h[illegible] alive on Sept 12 1940.

Immediate cause of death: Chr. endocarditis — Duration 2 yrs
Due to: Not known
Due to:
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. J. Keller M. D.
Address 722 W. Mt. Royal Ave Date signed 9/17/40

F 72894

F 72894

72894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest L. Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-01-8803
4 Sex Male
5 Color or race Colored
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 26 1877
8. AGE: Years 63 Months Days 20 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business
FATHER 12. Name James L. Johnson
13. Birthplace Va
MOTHER 14. Maiden Name Mary B. Harlow
15. Birthplace Va
16 (a) Informant Bernard L. Johnson
(b) Address 1827 Druid Hill Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.
18 (a) Funeral director Wm. Frances A. Hemsley
(b) Address 571 W. Biddle St
19 (a) Filed 1940 (Signature of registrar) Huntington Williams, M.D.

SEP 18

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1940 at 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1940 to Sept 15 1940, and that I last saw h[im] alive on Sept 14 1940

Immediate cause of death Carcinoma of rectum — Duration One year

Due to

Due to

Other Conditions None Known

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas D. Kellam M. D.
Address 722 W. Monument St Date signed 9/17/40

FILL IN WITH INK; WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 72895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 72895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Hebert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Hebert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Harold Logue

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 40

8. AGE: Years | Months | Days 24 | If less than one day 23 hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Joshua R. Logue
Residence Westminster Balto. Md.

MOTHER 14. Maiden Name Marie Wilson
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Mary Logue
(b) Address 2131 Hebert St

17 (a) Burial (b) Date thereof 9/19/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory St. John's
Location Westminster, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) SEP 18 1940 (b) Livingston Williams, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940, at 4:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940, to Sept 17 1940, and that I last saw [illegible] alive on Sept 16 1940.

Immediate cause of death — Pneumonia — Duration 2 days
Due to Toxemia of Pregnancy
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 400 N. Howard Date signed 9/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3 0

F 72896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 72896 Registered No.

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison Ave.
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Chesley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Belle Harrington

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1874

8. AGE: Years 66 | Months 8 m | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Maine (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER 12. Name John Stone (STONE)
13. Birthplace Canada

MOTHER 14. Maiden Name Eliza Lange
15. Birthplace Canada

16 (a) Informant Clarence Harrington
(b) Address 3010 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19 1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park
Location Windsor Mill Rd.

18 (a) Funeral director George F. Little
Address 2700 Edmondson Ave

19 (a) SEP 18 1940 (Date rec'd by registrar) (b) Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/16 1940 at 9:31 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1940, to 9-16 1940, and that I last saw h.. alive on 9-16 1940.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: pulmonary Edema (?) — 7 days

Due to:

Other Conditions

(Include pregnancy within 3 months of death) poor

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roswell Dupont M.D.
Address Md. Gen. Hosp. Date signed 9/16/40

F 72897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 72897
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 657 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Wd

6 (b) Name of husband or wife: Joe Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2 1919

8. AGE: Years: 21 | Months: 7 | Days | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: John Ponza
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Guy
15. Birthplace: Md

16 (a) Informant: Viola Pogue
(b) Address: 657 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 9-26-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location

18 (a) Funeral director: A. C. Halstead
(b) Address: 918 Druid Hill Ave.

19 (a) Filed (b) Rec'd by registrar: Harrington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 13 1940, at 12:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Stat wound of Abdomen

Due to: Lung abscess Retroperitoneal abscess.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: 8/13/40
(c) Where did injury occur? 657 W. Mulberry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury: Stabbed in bed while sleeping

23. Signature: [illegible] M.D. Medical Examiner.

Date signed: 9/16/40

F 72898

VS 6

F 72898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 72898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, write the words "not known." Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 582 Baker Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 582 Baker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Price

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	W

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Balto md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER 12. Name Henry James
13. Birthplace md

MOTHER 14. Maiden Name Elizabeth Miller
15. Birthplace md.

16 (a) Informant Frances Johnson
(b) Address 582 Baker st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. C. Halstead
(b) 2 Druid Hill ave.

19 (a) SEP 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15- 1940, at 2 hour M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on Inquiry thereon and from the evidence obtained by said Autopsy on Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage -	
Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Walker M.D. Medical Examiner.
Date signed 9-17-40

VS 6

VS 6

F 72899 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-C

F 72899 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Camel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Gross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	separated

6 (b) Name of husband or wife Norman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1895

8. AGE: Years	Months	Days	If less than one day
45	2	16	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Scott Hope
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Lanvale Ave.

19 (a) SEP 18 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 (9-14) 1940, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14 1940, to 9/15 1940, and that I last saw h alive on 9/14 1940

Immediate cause of death	Duration
C. N. S. Syphilis	
Due to Lymphogranuloma Inguinale ?	
Due to Tbc adenitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rydbre M. D.
Address Balto City Hosp Date signed 9-19-40

VS 8

VS 3

F 72900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 72900 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correctly stated. Do not use abbreviations. Do not leave any blanks. If unknown, state so.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ 709 Bradley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Shirley Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.
Infant	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Infant

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1940

8. AGE: Years	Months	Days	If less than one day
		38	26 hr. ..... min.

9. Birthplace Baltimore, Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Charles Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Geneva Young
15. Birthplace N. C.

16 (a) Informant mother
(b) Address 709 Bradley St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 9-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) SEP 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Sept 17 1940, and that I last saw h[illegible] alive on Sept 17 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions: Gastro-enteritis Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Joseph Young M. D.
Address Redwood & Green Sts Date signed Sept 17/40

VS 3

VS 3

F 72901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B Registered No. F 72901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 N. HOWARD ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY FRENCH NICHOLSON.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race WHT. | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1876

8. AGE: Years 64 | Months 3 | Days 29 | If less than one day hr. min. 20

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER
12. Name COLUMBUS J. NICHOLSON
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name MARY H. MILLER
15. Birthplace BALTIMORE

16 (a) Informant MRS. ELSIE N. WOODALL
(b) Address 2725 N. HOWARD ST. CITY

17 (a) Burial (b) Date thereof 9-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOOREN SUC.) 100 W. NORTH AVENUE

19 (a) (Date received by Registrar) SEP 18 1940 (b) Registrar Livingston Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 16 1940; at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 13 1940, to SEPT 16 1940, and that I last saw her alive on SEPT 16 1940

Immediate cause of death CONGESTIVE HEART FAILURE — Duration 8 months

Due to

Due to

Other Conditions Nephritis — Duration unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand C. Chatard M. D.

Address UNION MEMORIAL HOSPITAL Date signed 9-16-40

IMPORTANT—Fill in all items if possible. Use ditto marks (") for repetitions. Write clearly and legibly. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 72902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Josephs Hospital
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. (If outside city or town limits write RURAL and give town)
(d) Street No. 3322 Belvedere Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry Ashburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male / Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E. Ashburn

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec - 1868

8. AGE: Years 71 | Months 9 | Days | If less than one day ... hr. ... min.

9. Birthplace Weems Virginia (Town, county, and state)

10. Usual Occupation Oysterman

11. Industry or Business

FATHER 12. Name Zack Ashburn

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Marion L. Ashburn

(b) Address 1543 Cox Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-40 (month) (day) (year)

(c) Cemetery or crematory Kilmarnock

Location Virginia

18 (a) Funeral director Harry N. Arrascad

(b) Address 4204 Ridgewood Ave.

(c) Huntington Williams, M.D. (Date received by registrar) Registrar

SEP 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1940 at 11 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1940 to 9-17 1940 and that I last saw h... alive on 9-17 1940.

Immediate cause of death Acute Cardiac Dilatation — Duration

Due to Pernicious Anemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baier M.D.

Address St Josephs Hosp Date signed 9-17-40

Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 72903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 72903
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please write the causes of death clearly and legibly. Physicians: please write with special care; correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 E. Arlington ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 E Arlington ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Lawrence Gagel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Deana M Gagel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 th 1866

8. AGE: Years	Months	Days	If less than one day
74	3	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Clerk Federal reserve
11. Industry or business Retired

FATHER
12. Name Andrew Gagel
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Deana Gagel
(b) Address 700 Arlington ave

17 (a) Burial (b) Date thereof Sept 19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory 1st M E Ceme United Evangelical
Location Baltimore City

18 (a) Funeral director John Ulrich
(b) Address 2108 Pulaski

19 (a) Date received SEP 18 1940 (b) Registrar Huntington Williams M.D.
(Month) (day) (year)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 th 1940 at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1940, to Sept. 16 1940, and that I last saw h/im alive on Sept. 16 1940.

Immediate cause of death	Duration
Lobar Pneumonia	1 wk.
Due to	
Due to	
Other Conditions Myocarditis	7 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl H Bersan, M.D.
Address 5111 York Road Date signed 9/17/40
M. D.

F 72904

F 72901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6

X ✓ F 72904

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 California Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda Appel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	M

6 (b) Name of husband or wife Edw Appel
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 15 - 1888

8. AGE: Years	Months	Days	If less than one day
52	—	28 29	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Valentine Brandau
13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Fisher
15. Birthplace Germany

16 (a) Informant Edw Appel
(b) Address 3101 California Ave

17 (a) Burial (b) Date thereof Sept 20/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Moreland Park
Location Balto

18 (a) Funeral director John Ulrich
(b) Address 200 E Lexington

19 (a) SEP 18 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1940, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1940, to 9-17 1940, and that I last saw h[illegible] alive on 9-17 1940.

Immediate cause of death	Duration
Septicemia	1 week
Phlegmonous Ulcer of Sacrum + Buttock	7 weeks
Due to Diabetis Mellitus	3 mos
Other Conditions Mid-Thigh Amputation	30 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Gardiner M. D.
Address Sept 17, 1940 Mercy Hospt

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and answer every question. Where none, or not known, so state. Do not use "do" or "same." Be sure to give the cause of death clearly and legibly. Physicians: please write the cause of death in such manner that the correct age is especially important.

VS 3

VS 3

F 72905

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C

1833 F 72905

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 W. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Knox)
Isaac Nock

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1885

8. AGE: Years	Months	Days	If less than one day
55	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unknown Janitor

11. Industry or business U. S. Chemical Co.

FATHER
12. Name Henry Nock
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 9/21/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St.

19 (a) SEP 18 1940 (b) Huntington Williams, M.D.
Date received Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1940, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1939, to 9-16- 1940 and that I last saw h alive on 9-16- 1940.

Immediate cause of death
Bronchopneumonia
Coronal Thrombosis
Due to Gen. A-5
C.V.S. Syphilis
Due to

Duration
5 days
?
?
?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia; Gen. A-5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Balto City Hosps. Date signed 9-18-40 M. D.

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 72906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and complete. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 St. Anns Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 St. Anns Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Margaret A. Chenoweth

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Richard T. Chenoweth
6 (c) If alive, give age 1888 years

7. Birth date of deceased (mo., day, yr.) November 8, 1880

8. AGE: Years 59 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Franklinville Balto. County
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Rich
13. Birthplace Kingsville Balto County

MOTHER
14. Maiden Name Katherine Mosberg
15. Birthplace Kingsville Balto County

16 (a) Informant Mr. Richard T. Chenoweth
(b) Address 639 St. Anns ave

17 (a) Burial (b) Date thereof Sept 19, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fork M. E. Cemetery
Location Fork, Md.

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 3914 Belair Road

19 (a) SEP 18 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1940, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1936 1939, to Sept 6 1940 and that I last saw h[illegible] alive on Sept 16 1940.

Immediate cause of death: Suppression — Duration:
Due to:
Due to:
Other Conditions: Coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 753 Fremont Ave Date signed 9-17-40

F 72907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 117

F 72907-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Eutaw Sts
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Woodlea Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Belle Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Walter C. Bowen

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 4th, 1890

8. AGE: Years 50 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John J. Blight
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara V. Rice
15. Birthplace Frederick, Md.

16 (a) Informant Walter C. Bowen
(b) Address 4005 Woodlea Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20. 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave.

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road (Signature or Address) Arlington Station, Md.

19 (Date received) SEP 18 1940 (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18th 1940, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17th 1940, to Sept. 18th 1940, and that I last saw her alive on Sept. 18 1940.

Immediate cause of death Cardiac failure, shock, pneumonitis — Duration

Due to Perforated duodenal ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured duodenal ulcer, peritonitis
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md. General Hosp. Date signed 9/18/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

72908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 72908

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~1 day~~ 18 hrs 47 min

(e) Length of stay in Baltimore (yrs., mos., or days) ~~1 day~~ 18 hrs 47 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1222 N. Central Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	AA	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/40

8. AGE: Years | Months | Days | If less than one day 18 hr. 47 min.

9. Birthplace Baltimore, Balto Co., Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Leavel Hopkins

13. Birthplace Sharks, Md.

MOTHER

14. Maiden Name Gertrude Howard

15. Birthplace Baltimore, Md

16 (a) Informant Gertrude Howard

(b) Address 1222½ Harlem Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL SEP 18 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) SEP 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

5911

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1940, at 4.47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1940 to Sept 5 1940, and that I last saw him alive on Sept 5 1940.

Immediate cause of death	Duration
Bilateral Congenital atelectasis	
Due to Congenital	
Due to	
Other Conditions Dextro-cardia	

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy Confirmed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Carson C. Robinson M. D.

Address Provident Hospital Date signed 9/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly:

F 72909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

Registered No. F 72909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Collette

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma B. Collette

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1869

8. AGE: Years 71 | Months 1 | Days 9 | If less than one day: hr. min.

9. Birthplace White Hall, Md., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William Collette
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jane Collette
15. Birthplace Maryland

16 (a) Informant Mrs. Emma B. Collette
(b) Address White Hall, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20-40 (month) (day) (year)
(c) Cemetery or crematory Wiseburg
Location White Hall, Md

18 (a) Funeral director P. Markline Long
(b) Address White Hall, Md

SEP 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1940, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1940 to Sept. 18 1940, and that I last saw him alive on Sept. 18 1940.

Immediate cause of death: Respiratory paralysis — Duration: minutes

Due to: Tumor of Meninges of upper cervical region — Duration: several months

Due to: — Duration: over

Other Conditions: Pleurisy, left; Lung abscess; possible tuberculosis — Duration: unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy Tumor of meninges

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. C. Livingood M. D.
Address Mercy Hospital Date signed 9-18-40

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. Please state duration in each case where it is required. Please correct age is especially important. Physicians: please write the ca

72910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 72910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 E. Biddle St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Bond.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife Mary [illegible]
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/3/1859
8. AGE: Years 81 | Months 6 | Days 12 | If less than one day hr. min.
9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Emma L. Arthur
(b) Address 1309 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 SEP 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15- 1940, at 4.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11- 1940, to 9-15- 1940, and that I last saw h[illegible] alive on 9-15- 1940.

Immediate cause of death Acute Dilatation of heart. — Duration —
Due to Chronic Cardio-Renal
Due to disease.
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Langrall M. D.
Address 611 N. Carolina Date signed 9-17-40

VS 3

72911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 72911

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenalving - Belvedere

(c) Hospital or institution: Hebrew Home for Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 WKS.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 261 N Exeter st (If rural give location)

(e) If foreign born, how long in U. S. A.) 40 years

5

3 (a) FULL NAME Pauline Feigenblum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russ Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Israel Zilberberg

13. Birthplace Poland

MOTHER 14. Maiden Name ? Unknown

15. Birthplace ? Poland

16 (a) Informant Hyman Feigenblum

(b) Address 261 N. Exeter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel

Location German Hill Road

18 (a) Funeral director Sol Levinson Bros

(b) Address 1124-26 W Baltimore

19 (a) Date received by registrar Sept 19 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18 1940, at 6- P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1940, to 9-18 1940, and that I last saw her alive on 9-18 1940.

Immediate cause of death	Duration
Broncho-Pneumonia	1 WK.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H Edmund Levin 2nd M. D.

Address Levindale Date signed

F 72912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 72912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Information as to personal particulars and statistics must be obtained from the most reliable person available. Information as to medical particulars must be certified to by the attending physician. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Sipple Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4908 Sipple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allison Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Lucie C. Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21st 1876

8. AGE: Years 64 | Months 1 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business Bethlehem Steel Co

FATHER
12. Name William Myers
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Price
15. Birthplace Balto Md.

16 (a) Informant Lucie C. Myers
(b) Address 4908 Sipple Ave

17 (a) Cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof 9/20/40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto Md

18 (a) Funeral director William Bok
(b) Address 1217 St. Paul St

SEP 19 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17th 1940, at 9:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to Sept. 17 1940, and that I last saw ~~him~~ alive on Sept. 17 1940

Immediate cause of death Heart failure — Duration: 2 days

Due to Mitral regurgitation with Hypertrophy. Arteriosclerosis. Chron. Bright's — Duration: 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. H. Bierbaum M. D.

Address Int'l Washington Date signed 9.18.40

F 72913

VS 3

F 72913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72913

52-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Fendall ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co.
(c) City or town Perry Hall, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Henry James Daire

3 (b) If veteran, name war [illegible]

3 (c) Social Security Account No. 213-07-6955

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha E Daire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29-1873

8. AGE: Years 67 Months 5 Days 28 If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business —

FATHER
12. Name Henry J Daire
13. Birthplace England

MOTHER
14. Maiden Name Gillard Marguerite
15. Birthplace England

16 (a) Informant Mrs Martha E Daire
(b) Address Perry Hall Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ National Cemetery
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 217 St Paul St.

19 (a) SEP 19 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940 at 4:21 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8th 1940 to Sept 18 1940 and that I last saw h[illegible] alive on Sept 18 1940

Immediate cause of death Cardiac failure & Carcinomatosis — Duration

Due to Ca of bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of bladder 1940
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.

Address Md. General Hosp Date signed 9-18-40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 72914

VS 8

72914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186-W

F 72914
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W.B.G.H. West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Emma Cook

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband or wife Henry Edward Cook
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May about 1864

8. AGE: Years 76 | Months 4 | Days | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Whitehead
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Henry Edward Cook
(b) Address 1002 N. Fulton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] Hunting for Williams, M.D. Registrar
(b) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940, at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940, to Sept 17 1940, and that I last saw her alive on Sept 15 1940.

Immediate cause of death	Duration
Lobular pneumonia	5 days
Due to Hematoma of scalp Epicranial hemorrhage	7 days
Due to Fall down steps	

Other Conditions: Fractured radius + ulna.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 11, 1940
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall down steps 2nd to 1st floor

23. Signature Leonard E. Blumenthal M. D.
Address W. B. G. H. Date signed 9/17/40

VS 80

H. L. Wollenweber, M.D. Asst Medical Examiner

F 72915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72915 Registered No. 131-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4130, 6-st. Street
(c) Hospital or institution: (Brooklyn)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4130 6-st. Street (If rural give location)
(e) If foreign born, how long in U. S. A., about 45 years

3 (a) FULL NAME Emma Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Reinhold Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1874

8. AGE: Years	Months	Days	If less than one day
66	0	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Jacob Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Rudolph E. Hoffman
(b) Address 4128 6st. St. Brooklyn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light St.

19 (a) SEP 19 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940, at 9.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14 1935, to Sept. 17 1940 and that I last saw her alive on Sept. 16 1940.

Immediate cause of death NEPHRITIS, CHRONIC INTERSTITIAL — Duration 5 YRS
Due to Not Known
Due to
Other Conditions MYOCARDITIS
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Hoffman M. D.
Address 8 East Read St. Date signed 9/18/40 M. D.

38531 F 72916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-D

X F 72916

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Kurtz Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dorothy ~~Staines~~ LOUISE STAINES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-13-24

8. AGE: Years 16 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace RIDERWOOD, Md. (Town, county, and state)

10. Usual Occupation Schoolgirl

11. Industry or business

FATHER 12. Name William H. Staines

13. Birthplace Md.

MOTHER 14. Maiden Name Alexa V. Simmons

15. Birthplace Md.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (month) (day) (year)

(c) Cemetery or crematory Salem Baptist

Location Brooklynville, Maryland

18 (a) Funeral director John Burns Sons

(b) Address Towson, Md.

SEP 19 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940 at 9 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1940 to Sept 17 1940 and that I last saw her alive on Sept 14 1940

Immediate cause of death: Cardiac failure.

Due to: Rheumatic carditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Billings M. D.

Address Johns Hopkins Hosp. Date signed 9-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

F 72917

VS 3

72917

F 72917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5514 Minnoka Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5514 Minnoka Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Luella R. Mank.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George L. Mank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1865

8. AGE: Years 75 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John L. Mowie
13. Birthplace Md.

MOTHER
14. Maiden Name Susan C. Schrimm
15. Birthplace Md.

16 (a) Informant Bessie C. Menchey
(b) Address 5514 Minnoka Ave

17 (a) Burial (b) Date thereof Sept 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location: Freelands Balto Co Md

18 (a) Funeral director Chenoweth & Sonman
(b) Address 3615-17 Christmas Ave
19 (a) Date rec'd by registrar Sept 20 1940 (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17, 1940, at 11 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1940, to Sept 18 1940 and that I last saw h[illegible] alive on Sept. 16 1940.

Immediate cause of death Myocardial failure

Due to Coronary artery disease

Due to

Other Conditions Addison's (Pernicious) anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Glassman, M.D.
Address 2687 Wilkens Ave Date signed 9/15/40

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Give the cause of death clearly and legibly. Physicians: please write the cause of death especially important.

72918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72918

CERTIFICATE OF DEATH

V 1190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 Harvey St. 24-X Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Susan ann Brazier

If U. S. Veteran specify WAR

(a) Residence: No. 639 Harvey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) aug. 18. 1940

7. AGE: Years | Months: 1 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto: md

FATHER

13. NAME: Roland C. Brazier

14. BIRTHPLACE (city or town) (State or country): Balto: Md.

MOTHER

15. MAIDEN NAME: Edna E. Freburger

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Roland C. Brazier
(Address) 639 Harvey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept. 20 19 40

19. UNDERTAKER: Margaret G. Flynn
(Address) 1420 Light St.

20. FILED ... 19... Huntington Williams, Registrar.

SEP 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1940 to 9-18, 1940

I last saw her alive on 9-18, 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhea	9-11-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ... M. D.

(Address) 707 E. Fort Ave.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS Write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

9/19/40

GPK

F 72919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-J 72919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Supreme Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Schissler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	married

6 (b) Name of husband or wife Hazel Schissler
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 1-1900

8. AGE: Years	Months	Days	If less than one day
40	4	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Fireman - Balto.
11. Industry or business City Fire Dept.

FATHER
12. Name Jacob A. Schissler
13. Birthplace Balto Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hazel Schissler
(b) Address 428 N. Supreme Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.

SEP 19 1940 (Date received by registrar) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940, at 7.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Sept 18 1940, and that I last saw him alive on Sept. 18, 1940

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Uremic Coma	3 days
Due to: Malignant Kepler-Sclerosis	
Other Conditions: Hypertension	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H. Cohen

Address Sinai Hospital Date signed 9/18/40 M. D.

VS 8

59037--MD

F 72920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 18-F 72920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Keswick Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clementine Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-1854

8. AGE: Years	Months	Days	If less than one day
86	0	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abram Hesson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hafley
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Hampstead
18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Eastern Ave
19 (a) SEP 19 1940 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/18 1940, at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/9 1940, to 9/18 1940, and that I last saw her alive on 9/18 1940.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Fracture neck of left femur — 9 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/9/40
(c) Where did injury occur? 3212 Keswick Rd (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fell out of a chair

23. Signature Sidney R. Gilbert Jr. M.D.
Address Baltimore City Hosp. Date signed 9/18/40

H.L. Wollenweber MD Asst Medical Examiner

VS 8

Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 72921 Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5417 Maywiew Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5417 Maywiew Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Gladmon (Christopher)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary E.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1870

8. AGE: Years 70 | Months 8 7 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Florist Retired
11. Industry or business Isaac Mos

FATHER
12. Name John W. Gladmon
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Angeline C. Duvall
15. Birthplace Howard Co Md.

16 (a) Informant Mrs. Edwin W. Gladmon
(b) Address 5417 Maywiew ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Balto. Co. Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Bartles

SEP 19 1940 (Date rec'd by registrar) (b) Huntington Nathania, M.Y. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 19 40, to Sept 15 19 40, and that I last saw h[illegible] alive on Sept 18 19 40

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 hrs.
Due to Arterio Sclerosis Hypertension — Duration: —
Due to — —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

If death was due to external causes, fill in the following No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. S. Hardesty M. D.
Address 4810 Belair Rd Date signed Sept 18/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

VS 3

F 72922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/100-B

F 72922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Lyndhurst Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Lyndhurst Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Feldmann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Feldmann
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 4, 1871

8. AGE: Years	Months	Days	If less than one day
69	3	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Buyer - Dry Goods 10 yrs.
11. Industry or business Hutzler Brothers Co. Retd.

FATHER
12. Name Daniel Feldmann
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Rinke
15. Birthplace Germany

16 (a) Informant Mrs. Herman A. Feldmann
(b) Address 5209 Springlake Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 SEP 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17, 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Sept. 17 1940, and that I last saw him alive on Sept. 17 1940.

Immediate cause of death	Duration
Pulmonary embolism	
Due to Thrombo-phlebitis of left saphenous vein.	
Due to Cause unknown	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. J. Battaglia - per L.L. M. D.
Address 3721 Edmondson Ave Date signed Sept 18 1940

VS 2

F 72923

VS 2

F 72923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 72923
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Faust Court, Apt. G. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Mrs. James M. Durtelle~~ Emma Loane Durtelle

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: James M. Durtelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Sept. 28, 1868~~

8. AGE: Years 71 | Months 11 | Days 2120 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Mr. James Loane
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Miss Elizabeth Adams
15. Birthplace Virginia

16 (a) Informant Mrs. Mary E. Coyle
(b) Address Faust Court Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Wm. J. Dicker & Son
(b) Address North & Pulaski Sts. Huntington Williams, M.D.

19 (a) SEP 19 1940 (b) Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940, at 4:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 9/18 1940, and that I last saw her alive on 9/17 1940.

Immediate cause of death: Circulatory Collapse — Duration

Due to: Congestive Heart Failure

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp. Date signed 9/18/40 M. D.

IMPORTANT—Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 3

F 72924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 72924
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Georgia Hall Halbert
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward D. Halbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 - 1850

8. **AGE:** Years 90 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Powhatan Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Nathaniel Hall
13. Birthplace Va

MOTHER 14. Maiden Name Mary Anne Shackelford
15. Birthplace Va

16 (a) Informant Daughter
(b) Address 308 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Albert W. Gregory
(b) Address 440 E. Madison St

SEP 19 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Sept 17 1940, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to Sept 17 1940 and that I last saw her alive on Sept 10 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Gangrene (Rt Foot)	3½ mo
Due to Diabetes	over 7 years
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald J Tonry M.D.
Address 414 E North Ave Date signed Sept 19/40

VS 3

72925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131 a F 32925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Lamont ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Lamont ave
(If rural give R.F.D.)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Jenkins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. (W)

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 18[illegible]

8. AGE: Years 62 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Balto., md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Al Sammers
13. Birthplace Bruce Georges Co Md

MOTHER
14. Maiden Name Katie Marshall
15. Birthplace Prince Georges Co Md

16 (a) Informant J. Edward Seaton
(b) Address 1331 N. Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) SEP 19 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17-40 19 , at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16, 1940 to Sept. 17, 1940 and that I last saw h alive on Sept. 16, 1940

Immediate cause of death Hypertensive Cardio-Vascular Renal — | Duration ?
Due to
Due to
Other Conditions Chr Nephritis Ascites, Nonpitting Edema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin Adams M. D.
Address 312 E. 23rd St. Date signed 9-17-40

Howard J. Mallett M.D.
Chief Med. Examiner, pro E.L. Huntington

VS 3

Chief Med. Examiner, per E.R. Brantigan

22926

HEALTH DEPARTMENT—CITY OF BALTIMORE 2926

CERTIFICATE OF DEATH ✓ 48-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Stricker St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Coates

If U.S. Veteran specify WAR .....

(a) Residence: No. 422 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced (HUSBAND) (or) WIFE of Louis Coates

6. DATE OF BIRTH (month, day, year) Jan 4 1845

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
95	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Boyd

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Frontgruen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Madeline Jackson

(Address) 422 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 20, 1940

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

VS 3

20. FILED Sept 19, 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1940 to Sept. 17, 1940

I last saw her alive on Sept. 17, 1940 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Uterus	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Grugan M.D.

(Address) 627 Lemmon

F 72927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3222 Montebello Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Carl Mainolfi

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Amelia
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) December 19 1871

8. AGE: Years 68 | Months 8 | Days 29 28 | If less than one day: hr. min.

9. Birthplace Italy Napoli (Town, county, and state)
10. Usual Occupation News Paper Editor
11. Industry or business

FATHER
12. Name Giambattista Mainolfi
13. Birthplace Cervinara Italy

MOTHER
14. Maiden Name Giovannina Lusi
15. Birthplace Napoli Italy

16 (a) Informant Amalia Mainolfi (Wife)
(b) Address 3222 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.
18 (a) Funeral director Frank Della Vore
(b) Address 52 N. Morley St.
19 (a) SEP 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1940 at 10.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1940 to 9-17 1940, and that I last saw h[illegible] alive on 9-17 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration: [illegible]
Due to: Carcinoma of the Stomach — Duration: [illegible]
Due to: Hypertrophy of Heart — Duration: over
Other Conditions: Cataract

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel A. Zalis M. D.
Address Franklin Square Hospital Date signed 9-17-40

VS 3 40

F 72928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 72928 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Eagle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen C. Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 - 1884

8. AGE: Years 56 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Street Paver

11. Industry or business Baltimore City

FATHER
12. Name William O. Thomas
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Schwenger
15. Birthplace Germany

16 (a) Informant Mrs. Helen C. Thomas
(b) Address 2112 Eagle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21-1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director George L. Schwatt & Son
(b) Address 2101 Frederick Ave.

19 (a) SEP 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18 1940, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1940, to 9-18 1940, and that I last saw him alive on 9-17 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Amputation (left leg) Thrombosis Femoral Artery (left) — 6 days

Due to: Hypertension & V. Disease Coronary Artery Disease

Other Conditions: Cataract left eye
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Thrombosis femoral artery, left.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B. Mitchell M. D.
Address Univ. Hospital Date signed 9/18/40

Physician or undertaker should fill out this certificate clearly and legibly. Cause or circumstances of death must be stated. Statements of the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

VS 3

VS 3

72929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 72929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Arlington Ave., Govans
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m 10d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Arlington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -------- years

3 (a) FULL NAME Margaret G. Keating

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John J. Keating
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) -------- 1872

8. AGE: Years	Months	Days	If less than one day
68	--	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ---- Housework
11. Industry or business ---

FATHER
12. Name Michael Gaitley
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Corbett
15. Birthplace Ireland

16 (a) Informant John J. Keating
(b) Address 509 Arlington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 9/19/40 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940, at 8A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939 to Sept 17 1940, and that I last saw h-- alive on Sept-16 1940.

Immediate cause of death	Duration
Cerebral Embolism Left-Sided Paralysis	7 days
Due to Cardiac Renal Disease	2 yrs.
Jejunal Arteriosclerosis	
Due to	1 day
Other Conditions Terminal Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Keating
Address 804 Carteret St. Date signed M. 9/19/40 D.

PLEASE PRINT IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

72930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 72930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N. Presbury
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME unnamed Male (about 5 1/2 Months old) (Fetus)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4.19.1940

8. AGE: Years | Months | Days | If less than one day
Fetus | Under 1 Month | hr. 10 Minutes

9. Birthplace 911 N. Presbury (Town, county, and state)

10. Usual Occupation .....

11. Industry or business —

FATHER 12. Name George C. Hoen
13. Birthplace Baltimore

MOTHER 14. Maiden Name Grace A. Crafton
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 911 N. Presbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of [illegible] April 19, 1940. (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Redmond & Sons
(b) Address 3615-17 Eastern Ave. Huntington for Whitelaw, MD

19 4-19-1940 (Date rec'd by registrar) [signature] Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940 at 12 1/4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death ..... Duration
Accident of Pregnancy
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? .....
(Specify type of place)
(e) Means of injury —

23. Signature H. E. Mann M. D.
Address 516 Cathedral Date signed 4-19-40

F 72931 59186 --FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 72931 Registered No.

Every fourth of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Scott (Lucille Scott)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-40

8. AGE: Years	Months	Days	If less than one day
X		1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Blenton
13. Birthplace Unk.

MOTHER
14. Maiden Name Lucille Powell
15. Birthplace N.C.

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Cremation (b) Date thereof 9-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cremalory
Location B.C.H.

18 (a) Funeral director Huntington Williams, Inc.
(b) Address

19 (a) SEP 19 1940 (b)
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1940, to 9-15 1940, and that I last saw h er alive on 9-15 1940.

Immediate cause of death	Duration
Aspiration pneumonia	1 hour
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-18-40

M. D. B. 1268-9

72932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72932

CERTIFICATE OF DEATH

89a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Eye, Ear + Throat Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Michael Schmidtman

(a) Residence: No. Eastern Ave. Rd — Essex, Md Ward Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Bengus

6. DATE OF BIRTH (month, day, year) Apr. 27-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	4	20	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Jacob Schmidtman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Antonia J

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen Bengus (Wife)

(Address) Eastern Ave Rd Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 19 1940

19. UNDERTAKER John F. Connelly

(Address) Essex Md

20. FILED SEP 19 1940 Registrar. Awaiting for Williams, Mrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/40. 19.

22. I HEREBY CERTIFY, That I attended deceased from 8/25 19.40 to 9/16 19.40

I last saw him alive on 9/16/40, 19.... Death is said to have occurred on the date stated above, at 9.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Otitis Media, Rt.	5yrs ago
Acute Mastoiditis, Rt.	1 Mo.
Brain Abscess	9/1/40
Acute Purulent Meningitis	9/14/40

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 8/25 + 9/5/40

What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lap M. D.

(Address) Balto Eye, Ear, + Throat Hosp

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

72933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937

F 72933
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Presstman St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Presstman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie V. Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife George W. Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1879

8. AGE: Years	Months	Days	If less than one day
61	5	18	hr. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name Edward E. Eggins
	13. Birthplace Md.
MOTHER	14. Maiden Name Mary Rivers
	15. Birthplace Md.

16 (a) Informant Mrs. H. S. Mathis
(b) Address 868 Lynden Av.

17 (a) Burial (b) Date thereof 9-20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. Frances A. Fleischer
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

SEP 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940, at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 — 1940 to Sept 18 1940 and that I last saw h. alive on Sept 17 1940

Immediate cause of death

	Duration
Chr. myocarditis	2 yrs
Myocarditis insuff.	1 day
Due to	
Due to	
Other Conditions None Known	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Chas. J. Keller
Address 222 W. Monument St. Date signed 9/19/40

2934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 72934

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Bing
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Eva Louise Bing
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1869

8. AGE: Years	Months	Days	If less than one day
71		26	25 hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business truck farmer

FATHER
12. Name Conrad Bing
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schmidt
15. Birthplace Germany

16 (a) Informant Mrs. E. Northrop
(b) Address 3309 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md.

18 (a) Funeral director Lemmon Funeral Home
(b) Address 7401 Belair Rd
Huntington Williams, M.D.

19 (a) (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1940, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Sept 17 1940, and that I last saw h[illegible] alive on Sept 16 1940.

Immediate cause of death	Duration
arteriosclerotic Heart Disease	4 yrs.
Due to Generalized arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

D. Signature George Dawson M.D.
Address 4716 Harford Rd. Date signed 9/17/40

F 72935

F 72935

2935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 H

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5907 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5907 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Reguard (Reggard)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30th 1881

8. AGE: Years 58 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frederick J. Heidhardt
13. Birthplace Balto Co. Maryland

MOTHER
14. Maiden Name Sophia Reuter
15. Birthplace Balto. Co. Maryland

16 (a) Informant George Reguard
(b) Address 5907 Harford Road

17 (a) Burial (b) Date thereof Sept. 21, 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Jerusalem Lutheran
Location Baltimore Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) Sep 19 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940, at 5 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/18/40
(c) Where did injury occur 5907 Harford Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Gas Stove - Women

23. Signature H. W. Landgraf M.D.
Medical Examiner.
Date signed 9/18/40

VS 6

VS 6

72936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 72936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 N. Edgewood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-8
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N. Edgewood St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William C. Idail

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband/wife Agnes C. Idail

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 8 - 1870

8. AGE: Years 70 | Months 2 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Penna. (Town, county and state)

10. Usual Occupation Electrical Engineer

11. Industry or business

FATHER
12. Name Wm C. Idail
13. Birthplace Penna

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Penna.

16 (a) Informant Mrs Agnes C. Idail
(b) Address 619 N. Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. G. Snow & Son Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) 9/19/40 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 - 1940, at a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to 9/17 1940 and that I last saw h alive on 9/17 1940

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Arteriosclerosis Hypertension Heart Disease	1920
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E Cunningham M. D.
Address 3326 Edmondson Ave Date signed 9/18/40

PLEASE WRITE PLAINLY, WITH INK AND ALONG LINE. Every question must be answered. Use "None" or "Unknown" where necessary. Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

12937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 72937

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St., 10-3 Ward)

Registered No. 198

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arthur H. Bollick

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Ward. Cockeysville Md. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1913

7. AGE: Years 27 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Girdle Tree Maryland

FATHER

13. NAME John Bollick

14. BIRTHPLACE (city or town) (State or country) Girdle Tree Maryland

MOTHER

15. MAIDEN NAME Hattie Rollen

16. BIRTHPLACE (city or town) (State or country) Girdle Tree Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER University Medical School SEP 19 1940

(Address) Commissioner of Health

20. FILED SEP 19 1940 Huntington Williams, M.D.

Per W. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 1st 1940, to September 13, 1940

I last saw him alive on September 13, 1940. Death is said to have occurred on the date stated above, at 12.17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged by order of the Court	

Other contributory causes of importance

Dislocation of 5th cervical vertebrae

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey M. D.

(Address) Temple Court Apartments

Guilford Ave.

VS 3

5914 H & W Allen Ave, Md Cert. Undetermined Examine

72938 58915 LD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

F 72938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 245 N. Exeter St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hewlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1889

8. AGE: Years	Months	Days	If less than one day
51 ?	-	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Yerst Hewlett
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hopewell
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 19 1940 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

5913

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4- 1940, to 9-4- 1940, and that I last saw h[illegible] alive on 9-4- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Syphilitic M. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F/72939

PLEASE WRITE PLAINLY, with unfading ink. Entries must be made in this record for every death which occurs in Baltimore City. Information should be obtained from the most reliable source (preferably from the family) and entered as completely as the circumstances will permit. Physicians: please write the causes of death clearly and legibly. Please report date of death promptly. Please state exact address. Please report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Greenstreet (Seay) (58366)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jesse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1894

8. AGE: Years	Months	Days	If less than one day
46	3	28	21 hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Ida (?)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 19 1940 (Must be fec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

5915

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940, to Sept. 10 1940, and that I last saw h er alive on Sept. 10, 1940.

Immediate cause of death	Duration
Tuberculosis of lungs	1 yr.
Due to	
Due to	
Other Conditions Tuberculous laryngitis	2 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald F. Proctor M. D.
Address Balto. City Hospitals Date signed 9-11-40

F 72940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. 72940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 217 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Jackson (52827)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, ~~1885~~ 1887

8. AGE: Years	Months	Days	If less than one day
~~53~~ 55	6	20	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Peter Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Agnes Thomas
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)
(c) Cemetery or crematory Douglass Mem
Location Howard Co.

18 (a) Funeral director Lasby & Skipper
(b) Address 827 E. Mount St

SEP 19 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1940, at 11:20 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 14, 1940, to Sept. 18, 1940, and that I last saw her alive on Sept. 18, 1940

Immediate cause of death: Tuberculosis of lungs — Duration: Oct. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Gutsch M. D.

Address Balto. City Hospitals Date signed 9-18-40

F 72941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 72941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S Regester st.
(c) Hospital or institution: 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S Regester st (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH BUNK

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-01-1958

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Julia
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1898

8. AGE: Years 42 | Months 7 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Can Factory

MOTHER | FATHER
12. Name Anthony Bunk
13. Birthplace Germany
14. Maiden Name Rosalie ——
15. Birthplace Germany

16 (a) Informant Mrs. Julia Bunk
(b) Address 305 S. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell St

18 (a) Funeral director M. J. Sedorkiewicz & Son
(b) Address 1900 Eastern Ave Baltimore, Md.

19 (a) SEP 19 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17th 1940, at 3 30/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 9-17-40

VS 6

72942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. E 72942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Preastman and Third
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Preastman st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jr. Fowler

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A.A.	Widowed

6 (b) Name of husband or wife Mildred Fowler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/1853

8. AGE: Years	Months	Days	If less than one day
57	5	4	hr. min.

9. Birthplace Prince George Co., ~~Virginia~~ Md.
(Town, county, and state)

10. Usual Occupation unemployed
11. Industry or business

FATHER 12. Name James Fowler
13. Birthplace Prince George Co. Maryland

MOTHER 14. Maiden Name Elizabeth Brady
15. Birthplace Prince George Co. Md

16 (a) Informant Mrs. Maude Kelson
(b) Address 2419 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1 Huntington Ave, Balto, Md

19 (a) SEP 19 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/15/40, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1940, to 9/18 1940, and that I last saw h— alive on 9/18 1940.

Immediate cause of death Myocarditis — Duration 1 Month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1702 Penna Ave Date signed 9/19/40

VS 8

W 385297
72943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 72943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Francis Hall

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.) 11-9-02

8. AGE: Years 37 | Months 10 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joshua Northern

13. Birthplace Md.

MOTHER 14. Maiden Name Emma Boston

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.

Location

18 (a) Funeral director Robert F. Young

(b) Address 804 N. Caroline St.

19 (Date rec'd by registrar) SEP 19 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18- 1940, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5- 1940, to 9-18- 1940, and that I last saw her alive on 9-18- 1940.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Hypertensive Cardio-vascular disease

Due to:

Other Conditions: Pulmonary oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Bellamy M. D.

Address J H H Date signed 9-18-40

FURNISH WHITE ENAMEL WITH UNFADING INK. Every item of information called for should be given as completely as possible. Write plainly in ink. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 72944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 72944

PLEASE WRITE CLEARLY, with UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 651 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 651 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis George (16886)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1904

8. AGE: Years	Months	Days	If less than one day
36	6	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Sophie Johnson (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 22 1940 (month) (day) (year)
(c) Cemetery or crematory Moral Auburn
Location Baltimore City

18 (a) Funeral director Joseph G. Lively
(b) Address 4000 Mount Street

19 (a) SEP 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1938, to Sept. 18, 1940, and that I last saw him alive on Sept. 18, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Aug. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Thoracoplasty
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret Gretsch M. D.
Address Balto. City Hospitals Date signed 9-18-40

72945

FRINGER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 BV

Registered No. F 72945

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 65
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Iungier, George N.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mary L. Iungier

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1909

8. AGE: Years 33 | Months 7 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Westminster
(Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Own firm

FATHER
12. Name Guy Iungier
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Helen Yungling
15. Birthplace Md

16 (a) Informant Mrs. Mary Iungier
(b) Address Westminster, Md.

17 (a) Burial (b) Date thereof 9-22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westminster Cem
Location Westminster Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

SEP 19 1940 (Date rec'd by registrar) (Huntington for Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1940, to 9-19 1940, and that I last saw him alive on 9-19 1940.

Immediate cause of death: Meningitis - pneumococcus. — Duration: 2 days

Due to: Following ~~removal~~ Suing operation, bilateral

Due to: for chronic pan-sinusitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic pan-sinusitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Inf. Date signed 9-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STAUB

VS 3

STAUDE

F 72946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 72946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. U. H. Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2447 Jefferson St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Staude

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Julius Staude
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Zepmeyer
15. Birthplace Germany

16 (a) Informant Mrs. W. Holtzman
(b) Address Richmond Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-20-40 (month) (day) (year)

(c) Cemetery or crematory
Location Richmond Va

18 (a) Funeral director John C. Miller Inc
(b) Address 2 E. Lexington St

SEP 19 1940
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1940, at 11 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Landeck M.D.
Medical Examiner.

Date signed 9/18/40

VS 6

72947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 72947
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Aged Home of M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie A. Boice

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1848

8. AGE: Years 92 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Catonsville Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George W. Boice
13. Birthplace Winchester Va

MOTHER
14. Maiden Name Mary Dougherty
15. Birthplace Marlboro

16 (a) Informant M. B. Drout
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Williams Leach & Co
(b) Address 1217 Maryland Ave

19 (a) 9/19/40 (Date rec'd by registrar) (b) Wilmarth Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 4 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Sept 17 1940, and that I last saw her alive on Sept 15 1940.

Immediate cause of death: Chr. Myocarditis.

Due to:

Due to:

Other Conditions: Senility.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 700 N. Fulton Ave Date signed 9/19/40

F 72948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 72948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Stafford Hotel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Stafford Hotel. (If rural give location) Charles & Madison Sts
(e) If foreign born, how long in U. S. A.? 51 Yrs. years

3 (a) FULL NAME SIEGMUND B. SONNEBORN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Camilla Sonneborn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1872

8. AGE: Years	Months	Days	If less than one day
68	5	5	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name Levi Sonneborn,
13. Birthplace Germany

MOTHER
14. Maiden Name Amelie Bacharach,
15. Birthplace Germany

16 (a) Informant Mrs. S. Sonneborn,
(b) Address Stafford Hotel.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/40 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cem.
Location Baltimore, Md.

18 (a) Funeral director Harvard Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 Filed rec'd by registrar Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20th. 1940 at AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 1st 1940. to Sept. 19th 1940. and that I last saw him alive on Sept 19th 1940

Immediate cause of death	Duration
Carcinoma of colon (descending)	Since Feby 1940
Due to Fecal Carcinomatosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Feby 29 1940: Carcinoma of colon; hepatic metastasis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed Sept 14/40

F 72949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 72949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3911 Norfolk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Norfolk Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. Landes

3 (b) If veteran, name war: ----
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1859

8. AGE: Years 81 | Months 7 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name John L. Hinkle
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Utz
15. Birthplace Md.

16 (a) Informant Mrs. Harry E. Schneider
(b) Address 3911 Norfolk Ave.

17 (a) Burial (b) Date thereof Sept. 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19. SEP 20 1940 (Huntington Williams M.D.) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940, at 9-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1- 40 to Sept 18 40; and that I last saw h-- alive on Sept 15 40.

Immediate cause of death
(a) Apoplexy
Due to (b) Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 5 yrs. 6 mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry E. Schneider M.D.
Address 1911 Mt. Royal Ter. Date signed 9/21/40

PRINT WRITE PLAINLY, with UNFADING INK. Every question must be answered. If information cannot be obtained, write UNKNOWN. Physicians: please write the causes of death clearly and legibly. Give correct age in all cases. Exact date of birth is especially important.

385747 F 72950

VS 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72950
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Mc Culloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estelle Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Wd.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21st/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto, Md

18 (a) Funeral director Bernard Mannix & Wright
(b) Address 218 N. Eutaw & Lorry St

19 SEP 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1940, to 9-17 1940, and that I last saw her alive on 9-17 1940.

Immediate cause of death: Pneumonia, right upper lobe — Duration: 5 days
Due to: ? pneumococcus
Due to: ? tuberculosis
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr M. D.
Address The Johns Hopkins Hospital Date signed 9-17-40

No 3355.

VS 3

No 3355.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 72951

22951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to report all causes of death clearly and legibly. correct and complete especially important. Physicians: please write the causes

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4716 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4716 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Droops.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Droops
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1862

8. AGE: Years 77 | Months 8 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Produce Dealer

11. Industry or business

FATHER
12. Name: Charles J Droops
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Catherine Kline
15. Birthplace: Baltimore

16 (a) Informant: H J Lawyer M.D.
(b) Address: 4716 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20/1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: John Welsch
(b) Address: 2008 Carlton St

19 (a) Date rec'd by registrar Sept 20 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Sept 18 1940, and that I last saw h— alive on Sept 18 1940.

Immediate cause of death: Carcinoma of Prostate — Duration: 2 years
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Carcinoma of Prostate 1938
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. J. Lawyer M. D.
Address 5106 Harford Road Date signed 9-19-40

72952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 72952
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fill correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 93 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2106 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Brandt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John H Brandt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 1845

8. AGE: Years 95 | Months 7 | Days 17/18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business at home

FATHER
12. Name H C Lott
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Matilda H Roser
(b) Address 2106 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
(a) Funeral director John Ulrich
(b) Address 2008 Greenmount Ave

19 (a) SEP 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 17 1940, and that I last saw her alive on Sept 17 1940.

	Duration
Immediate cause of death Myocardial Insufficiency	17 days
Due to age	over
Due to age	
Other Conditions age. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. J. Brumgreenan M.D.
Address 9858 Harford Rd Date signed 9/18/40

F 72953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1938

F 72953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick W. McComas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Matilda Price Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 27, 1871
8. AGE: Years 68 | Months 11 | Days 23 | If less than one day hr. min.
9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual Occupation Insurance broker
11. Industry or business

FATHER
12. Name Henry A. McComas
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name Ann V. Smith
15. Birthplace Pa.

16 (a) Informant Mrs. Matilda S. McComas
(b) Address 3210 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

SEP 20 1940 Wellington Williams, M.D. Registrar
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to 9/19 1940, and that I last saw h[im] alive on 9/19/40 1940.

Immediate cause of death: Intussusception Heart Disease — Duration
Due to
Due to
Other Conditions: Chronic infections Arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack R. Morgan M. D.
Address 8 E. Read St. Date signed 9/19/40

VS 8

VS 2

F 72954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192

F 72954
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rockdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. James Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Katie McSherry
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M
6 (b) Name of husband or wife Thomas
6 (c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.) June 22, 1867
8. AGE: Years 73 | Months 2 | Days 27 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph F. Reeves
13. Birthplace Unknown

MOTHER
14. Maiden Name Matilda Kinsley
15. Birthplace Unknown

16 (a) Informant Mrs. Thomas A. McSherry
(b) Address Rockdale, Maryland
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/21/1940 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT
Location CITY
18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. Mt. Royal Ave., Baltimore, Md.
19 SEP 20 1940 Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 19 1940, at 2:02 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h.. death on the day stated above.

Immediate cause of death: Fracture of femur; and Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/1/40
(c) Where did injury occur? Rockdale, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury struck to ground by lightning
(f) Signature [illegible] M.D. Medical Examiner.
Date signed 9/19/40

VS 6

VS 6

F 72955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 72955

CERTIFICATE OF DEATH 159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University St. 1401 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Baby Boy Epps — If U. S. Veteran specify WAR .....

(a) Residence: No. 1637 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15 1940

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Daniel Epps

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Marian Moore

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Mother
(Address) 1600 Lexington St

18. BURIAL, CREMATION, OR REMOVAL.
Place ..... Date SEP 20 1940 19...

19. UNDERTAKER ..... UNIVERSITY MEDICAL SCHOOL
(Address) .....

20. FILED SEP 20 1940 Per ..... Registrar. Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1940 to Sept 15, 1940

I last saw him alive on Sept 15, 1940 Death is said to have occurred on the date stated above, at 12:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Raymond M. Cunningham M. D.

(Address) Univ. Hosp. Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

5918

F 72956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 72956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Thaxton

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-40

8. AGE: Years | Months | Days | If less than one day: 3 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER — 12. Name John Thaxton
13. Birthplace Virginia

MOTHER — 14. Maiden Name Helen Hughes
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address SEP 20 1940 per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Huntingtown, Williams, M.Y. Registrar

VS 3

5919

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19.
and that I last saw h alive on 19.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Pearce Massachusetts M. D.
Address Univ. Hosp. Date signed 9-20-40

VS 3

5919

F 7295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

F 72957

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hosp. St. 27-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy SANDERS

If U. S. Veteran specify WAR

(a) Residence: No. 6027 STANTON AV St., MT. WASHINGTON Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md

FATHER

13. NAME LeRoy SANDERS

14. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md

MOTHER

15. MAIDEN NAME Pauline BROWN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md

17. INFORMANT Pauline SANDERS
(Address) 6027 STANTON AV.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER UNIVERSITY MEDICAL SCHOOL SEP 20 1940
(Address)

20. SEP 20 1940 19... Commissioner of Health
Per H. A. Moore Registrar.
Huntingtown, Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1940 to Sept 19, 1940

I last saw him alive on Sept 19, 1940 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Willard Copeland M. D.

(Address) 418 W Lexington St

information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

5921

F 72958

BALTIMORE CITY HEALTH DEPARTMENT 159 ✓ F 72958

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 McKean Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Ross F 14444

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 1, 1940

8. AGE: Years | Months | Days: 1 | If less than one day: 2 hr. 35 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Walter Ross
13. Birthplace Maryland

MOTHER
14. Maiden Name Elsie Myers
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL SEP 19 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) SEP 20 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar
6920

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1940, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 17 1940, to August 18 1940, and that I last saw him alive on August 18 1940.

Immediate cause of death	Duration
a Immediately	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Williams M. D.
Address Date signed

F 72959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-C

XV F 72959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 13 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Haddon Ave., Woodbrook
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Nelson

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1940

8. AGE: Years	Months	Days	If less than one day
		1	13 hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Fedrick C. Nelson
13. Birthplace unknown

MOTHER
14. Maiden Name Sylvia Searby
15. Birthplace California

16 (a) Informant
(b) Address

17 (a) ——— (b) Date thereof ———
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL SEP 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 SEP 20 1940 (b) Huntingtown, Md.
(Date rec'd by registrar) (Registrar)

5917

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1940, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1940 to Sept. 1 1940, and that I last saw him alive on Sept 1 1940.

Immediate cause of death	Duration
Acute dilatation of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. D.
Address Date signed

F 72960

VS 3

5917

F 72960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

✓ F 72960

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Kinsey Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Kinsey Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

20 3

3 (a) FULL NAME MRS. LOUSIA C. BRETTSCHNEIDER .

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry J.
6 (c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): March 5, 1853

8. AGE: Years	Months	Days	If less than one day
87	6	13	---hr. ------min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: John Dunhoff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Miss Julia Brettschneider
(b) Address: 2821 Kinsey Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 21/40 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: J. B. Weyforth & Son.
(b) Address: 1300 Eutaw Place.

(Date received by registrar) SEP 20 1940 (By whom) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940 at 8: A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940 to 9/18/ 1940, and that I last saw her alive on 9/17/ 1940.

Immediate cause of death: Pneumonia Lobar - Edema Coronary Occlusion — Duration: 3 days, 1 day

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -
-
Of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. J. Marr M. D.
Address: Cathederal St. Date signed 9/19/40

VS 3

F 72961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a Reg. Dist. No.

F 72961

1. PLACE OF DEATH:
County Baltimore City
City or town Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 4926 Woodlawn Mill Rd
Stay in hospital or inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Woodlawn Balto Co. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4926 Windsor Mill Road
(If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR

28 3

3. (a) FULL NAME: Mrs. Alverdia E. Roberts

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Arthur W. Roberts — 6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): August 7, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	10	hrs. min.

9. Birthplace: Woodlawn Maryland (Town, county, and state)
10. Usual occupation: Housewife At Home
11. Industry or business: At Home

FATHER
12. Name: Isador Craniber
13. Birthplace: Germany

MOTHER
14. Maiden name: Emily Beckett
15. Birthplace: Germany

16. Informant: Mr. Arthur W. Roberts
Address: 5313 Windsor Mill Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 20/40 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn Maryland
18. Funeral director: H. B. Wippert & Son
Address: 1300 Eutaw Place....City

19. SEP 20 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION 8:45P

20. DATE OF DEATH Sept. 17.. 19 40 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 40 to Sept. 17 19 40
and that I last saw her alive on Sept. 13 19 40

Immediate cause of death	DURATION
Chronic arteriosclerosis -	
Due to vascular Disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE D. M. Sheuth M.D.
M. D. or other
Address 910 W. Lombard Street Date signed 9/19/40

F 72962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

F 72962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5207 Eugene av
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 5207 Eugene av
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5207 Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Daniel Leo O,Toole

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-01-0148

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Catherine O,Toole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1869

8. AGE: Years	Months	Days	If less than one day
70	11	27	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER
12. Name Daniel O,Toole
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary Lohba
(b) Address 5207

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Belgir Road

18 (a) Funeral director S. Walter May.
(b) Address 6192 N. Bouldin St. Huntington Village, Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19, 1940, at 6A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 1, 1940, to Sep. 19 1940, and that I last saw him alive on Sep. 18, 1940.

Immediate cause of death: Myocarditis (chronic) — Duration: 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Passmore M. D.
Address 5.4 Downy Lane Date signed Sep. 19, 1940

F 72963 ✓ F 72963

F 72963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 72963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution: Rivendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Raffel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	divorced

6 (b) Name of husband or wife Sam Raffel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years 56 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Sig Remblatt
(b) Address Greenspring - Belvedere
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Lorraine
Location Wrenlan Mill Rd
18 (a) Funeral director Jack Levin & Son
(b) Address 1418 E. Balto St
19 (Date rec'd by registrar) (Registrar)

SEP 20 1940

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to Sept 19 1940, and that I last saw him alive on Sept 19 1940

Immediate cause of death	Duration
Broncho-pneumonia	5 days
Multiple Myeloma	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M. D.
Address Rivendale Date signed 9/20/40

F 72964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 72964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH HAYDEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER 12. Name William Hayden

13. Birthplace Va.

MOTHER 14. Maiden Name Ruth Lennard

15. Birthplace Va.

16 (a) Informant Mrs Lillie Arundel

(b) Address 3029 McCulloh st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 468 Druid Hill ave

19 SEP 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1940 at PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cirrhosis of liver atrophic	
Due to	
Due to	
Other Conditions: chronic alcoholism (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-16-40

VS 6

VS 6

F 72965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 72965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entirely supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5636 Anthony Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5636 Anthony Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Lochhaus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, (married) widowed, or divorced.

6 (b) Name of husband or wife Anthony C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20-1885

8. AGE: Years 54 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John L. Schaefer
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Winaker
15. Birthplace Md

16 (a) Informant Agnes Winter
(b) Address Md

17 (a) Burial (b) Date thereof 9-23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Leonard J. Rusk
(b) Address 3305 Hayford Rd.

SEP 20 1940
(Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 40, to Sept 19 1940 and that I last saw h[illegible] alive on Sept 19 1940

Immediate cause of death Carcinoma Lung
Metastasis

Due to Carcinoma Breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Breast

Of autopsy

Duration: 7 MO.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. S. Harding
Address 4810 Belair Rd. Date signed 9/19 20/40
M. D.

72966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B Registered No. F 72966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert A. Rettaliata

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 - 1911

8. AGE: Years	Months	Days	If less than one day
29	3	29	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Clerk Typist
11. Industry or business Traffic Division

FATHER
12. Name Joseph J. Rettaliata
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Loretta Enright
15. Birthplace Baltimore Md.

16 (a) Informant Jos. J. Rettaliata
(b) Address 2636 E. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. G. Frame & Son, Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) SEP 20 1940 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1940, at 4:8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1940, to 9/19 1940; and that I last saw him alive on 9/17 1940:

Immediate cause of death	Duration unobserved
Pulmonary Embolism	
Due to Thrombophlebitis, R Leg.	6 weeks
Due to Thrombophlebitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Wallace Martin M. D.
Address 11 Josephine Ave. Date signed 9/19/40

VS 3

40/247/

40/2 47/
Abs. 6 EE.
F2967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

Registered No. F 72967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joe ~~Jones~~ Battle Wood — (Woods)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-4875

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1880

8. AGE: Years 59 | Months 8 | Days 20 | If less than one day — hr. — min.

9. Birthplace Grenada, Mississippi (Town, county, and state)
10. Usual Occupation Riggers Helper
11. Industry or business Bethlehem Shipbuilding Corp

FATHER
12. Name Thomas Wood (Deceased)
13. Birthplace Mississippi

MOTHER
14. Maiden Name Josie Colbert (Deceased)
15. Birthplace Mississippi

16 (a) Informant Mrs. Lillie V. Easling
(b) Address 22 E. Gittings St. Balto, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Curtis E. Evans
(b) Address 1400-02 N. Charles St., Balto., Md.

19 (a) Filed SEP 20 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940 at 7 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1940 to Sept 20 1940 and that I last saw h[illegible] alive on Sept 20 1940

Immediate cause of death Carcinoma Stomach — Duration —

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Stomach
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Melvin D Koppelman
Address South Balto Gen Hosp Date signed 9/20/40

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ahe-cer
72968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (63) Registered No. F 72968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balt. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 E Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Annie F. Pensach (Anna L. Pensch) (Anna H. Pensch)

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry W. Pensch

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1883

8. AGE: Years 56 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Copper
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Matilda Weber
15. Birthplace Baltimore, Md

16 (a) Informant Henry W. Pensach (Husband)
(b) Address 622 E. Fort Ave., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County, Md.

18 (a) Funeral director Curtis E. Evans
(b) Address 400-02 S. Charles St.

SEP 20 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19 1940 at 3:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1940 to 9-19 1940.
and that I last saw ~~him~~ alive on 9-19 1940.

Immediate cause of death: Post Operation Thyroid Crisis — Duration 1 day
Due to: Lobar Pneumonia — Duration 1 day
Due to: ——— Duration ———
Other Conditions: ——— Duration over
(Include pregnancy within 3 months of death)

Major findings of operation: Removal Thyroid Gland
Of autopsy: Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence ———
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ———

23. Signature I. Bernstein, M.D.
Address 1 S Cal Date signed 9/19/40

VS 8

382142
F 72969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 124 B

Registered No. F 72969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland John Hopkins Hospital
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Tenafly Ave NW (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Bildersleeve

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-17-71
8. AGE: Years 69 | Months 5 | Days 3 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Benj. Bildersleeve
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Mary Gibson
15. Birthplace Virginia

16 (a) Informant Reeds
(b) Address

17 (a) removal (Burial, cremation, or removal) (b) Date thereof Sept 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Rock Creek
Location Washington D. C.
18 (a) Funeral director W. H. Chambers
(b) Address 1022 M Street N. W. Wash. D. C.
SEP 20 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to Sept 20 1940, and that I last saw her alive on Sept 20 1940.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease with Fibrino-purulent Pericarditis Superimposed	? ?
Due to: (1) Cirrhosis of Liver	over ?
(2) Fibrinous pleurisy	3 months
(3) Bilateral Atelectasis	2 months
(4) Cystitis	3 months

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Burgeveld M. D.
Address Johns Hopkins Hospital Date signed

VS 8

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72970

BALTIMORE CITY HEALTH DEPARTMENT

56287

93-D

Registered No. F 72970

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 E. Chase St. 89
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Welzenbach

3 (b) If veteran, name war —

3 (c) Social Security Account No. 230-01-6425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Mary Welzenbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1864

8. AGE: Years	Months	Days	If less than one day
75	8	23 24	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation ~~Unknown~~ Hyde Inspector
11. Industry or business Tanning

FATHER
12. Name John Welzenbach
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.

18 (a) Funeral director Frank Coach & Son
(b) Address 900 N. Chester st

19 SEP 20 1940 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18- 1940 at 7 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5- 1940 to 9-17- 1940 and that I last saw h~~im~~er alive on 9-17- 1940

Immediate cause of death	Duration
Bronchopneumonia	3
Due to Hypostatic Congestion CVD & Emphysema - old	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Emphysematosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waughaltes M. D.
Address Balto City Hosp Date signed 9-17-40

Trimmett F 72971

VS 2

72971 Grimmett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-E F 72971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. — R.D. 1215 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Fern Grimmett

3 (b) If veteran, name war —

3 (c) Social Security Account No. 236-16-6237

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1918

8. AGE: Years	Months	Days	If less than one day
21	10	17	hr. min.

9. Birthplace Clarksburg W. Va (Town, county, and state)

10. Usual Occupation Comptometer

11. Industry or business

FATHER
12. Name C. C. Grimmett
13. Birthplace W. Va

MOTHER
14. Maiden Name Bonnie Savage
15. Birthplace W. Va

16 (a) Informant Hospital.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 40 (month) (day) (year)
(c) Cemetery or crematory
Location Clarksburg W. Va

18 (a) Funeral director Wm. D. Pickens Sons
(b) Address Monte D. Pajiava Huntington Williams, W. Va.

19 (a) 9/20/40 (b) (Rec'd by registrar) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-1940, at 9:55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Multiple fractures and lacerations	
Due to	
Other Conditions Leukemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9-20-40
(c) Where did injury occur? Baltimore above Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - While at work? no (Specify type of place)
(e) Means of injury Jumped over railing - hospital

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 9-20-40

72972

HEALTH DEPARTMENT—CITY OF BALTIMORE 72972

CERTIFICATE OF DEATH

93-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Chester St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth 10 yrs. mos. ds.

2. FULL NAME Katherine Anthis

If U.S. Veteran specify WAR.....

(a) Residence: No. 108 N. Chester St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Velesarios Anthis

6. DATE OF BIRTH (month, day, year) Dec. 6, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 yrs.	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kalamarianna Greece

FATHER

13. NAME John Limarianos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Kyria Bozeatzis

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mrs. L. Eleas

(Address) 108 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date 9/22 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19 1940

22. I HEREBY CERTIFY, That I attended deceased from August 1937 to Sept. 19 1940

I last saw her alive on Sept. 19 1940 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/19/40
Arteriosclerotic Heart Disease	5 yrs

Other contributory causes of importance:

Was an operation performed? No Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St. Wolfe 1687

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs SEP 27 1940

F 72973

BALTIMORE CITY HEALTH DEPARTMENT

Wolfe 1687

F 72973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 72973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 McMechen St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 McMechen St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Charles T. Peters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Theresa Peters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	9	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Wrapper
11. Industry or business Bird Bakery

FATHER
12. Name John Peters
13. Birthplace France

MOTHER
14. Maiden Name Mary Paulus
15. Birthplace Germany

16 (a) Informant Anna Gordon
(b) Address 1919 E. Hoffman St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1215 St. Paul St

19 (a) (Dated by registrar) (b) Huntington Williams, M.D. Registrar

SEP 21 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1940, at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Perforated gastric ulcer	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vanderbrift M.D. Medical Examiner.
Date signed 9/20/40

F 72974

(Date received by registrar) Hunting for [illegible] Registrar

Date signed [illegible]

VS 6

F 72974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

Registered No. F 72974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 Mc Henry st
(c) Hospital or institution: D. A. Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Mc Henry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto B. Born

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Louisa F. Born

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1885

8. AGE: Years	Months	Days	If less than one day
55	6	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Mchnst Lens. Mch Mfg Shop.
11. Industry or business Elliott City

FATHER
12. Name Andrew Born
13. Birthplace Germany

MOTHER
14. Maiden Name Uglenotter
15. Birthplace Germany

16 (a) Informant Mrs Louisa F. Born
(b) Address 1735 Mc Henry St

17 (a) burial (b) Date thereof 9/21/1940 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Western Cem
Location Ed Mc Edgewood Steel

18 (a) Funeral director John J Conway & Son
(b) Address 901 Hollins Huntington Pittsville, Md

19 (a) SEP 21 1940 (b) Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 19 1940, at 5-45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said / find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.*

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/19/40
(c) Where did injury occur? 1735 Mc Henry st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas in bathroom

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 9/19/40

F 72975

VS 6

F 72975

F 72975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1951 D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 W. Balto St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 W Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCIS X. KRASTEL

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 11, 1940

8. AGE: Years	Months	Days	If less than one day
	2	9/7.	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter J. Krastel
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Gladys Guy
15. Birthplace Md.

16 (a) Informant Mr. Peter J. Krastel.
(b) Address 906 W. Balto St.

17 (a) Burial (b) Date thereof 9/21/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Robert Conway Son
(b) Address 901 Gilmor St.

19 (a) SEP 27 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 1940, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxia
Due to Strangulation
Due to
Other Conditions Anaemia secondary, Cause undetermined
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-20-40
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury fall on carpet

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 9-20-40

VS 6

72976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-E Registered No. F 72976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County
(c) City or town Fayetteville (If outside city or town limits, write RURAL and give town)
(d) Street No. none (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM L. BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 10, 1917

8. AGE: Years	Months	Days	If less than one day
23	5	10	hr. min.

9. Birthplace Fayetteville, Ark (Town, county, and state)
10. Usual Occupation Chemist C. B. I
11. Industry or business U. S. Gov't.

FATHER
12. Name Loren A Brown
13. Birthplace Hayes City, Kansas

MOTHER
14. Maiden Name Jone Mathis
15. Birthplace Fayetteville, Ark

16 (a) Informant Mathis Funeral Home
(b) Address Fayetteville Ark.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 21, 40 (month) (day) (year)
(c) Cemetery or crematory
Location Fayetteville, Arkansas

18 (a) Funeral director Wm A. Dickens & Sons
(b) Address Mortuary Parlors

19 (a) SEP 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940, at 11 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of skull and body
Due to Jump Fall from high place
Due to Suicide
Other Conditions Mental Despondency
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Sept 20, 1940
(c) Where did injury occur? In front of Baltimore 2nd Building (Specify home, farm, etc.) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Jumped from 34th floor
23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 9-20-40

72977

HEALTH DEPARTMENT—CITY OF BALTIMORE 72977

CERTIFICATE OF DEATH

83-B

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St. ..... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Virginia Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 9 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	11 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Belair Maryland

FATHER

13. NAME Dr. Richard Tallaw Lee

14. BIRTHPLACE (city or town) (State or country) — Virginia

MOTHER

15. MAIDEN NAME Mary Priscilla Moore

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emily Baechtel Cor HHB
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date Sept 23 1940

19. UNDERTAKER Wm J. Tilden & Sons
(Address) Mantua Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 30 1938 to September 20 1940

I last saw ~~her~~ alive on September 19, 1940 Death is said to have occurred on the date stated above, at 5:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Generalized)	1935
Other contributory causes of importance: Cerebral Thrombosis	1940

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. Grafton Harlsperger M. D.

(Address) 214 Medical Arts Building

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it OCCUPATION is very important. See instructions on back of certificate.

VS 6

Rodgers Spring Cem. Christ Church - Harford Co.

5 Rockspring Cem. Christ Church - Harford Co.

55450--rd

F 72978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

F 72978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 12das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 E. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Adam Mentz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1870

8. AGE: Years 70 | Months 3 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Lucy Maylor
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director C. J. Tammany & Son
(b) Address 1938 E. Lafayette Ave.

SEP 21 1940 (Date rec'd) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20 1940, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1940 to 9/20 1940 and that I last saw h[illegible] alive on 9/20 1940.

Immediate cause of death: Carcinoma of the prostate — Duration: ?

Due to: Uremia — 6 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 9/20/40

58869-FD

F 72979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-BF 72979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

11-3

3 (a) FULL NAME George Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-1867

8. AGE: Years	Months	Days	If less than one day
72	9	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John W. Powell
13. Birthplace Va.

MOTHER
14. Maiden Name Kater Keiter
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location B.A. County Md.

18 (a) Funeral director John J. Doherty & Son
(b) Address 1318 Light St.

19 (a) SEP 21 1940 (Date rec'd by Registrar) (b) Registrar, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20/40 1940, at 10 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/3 1940, to 9/20 1940, and that I last saw him alive on 9/20 1940.

Immediate cause of death: Squamous cell carcinoma of base of tongue & mets to cervical glands — Duration 9 mo.
Due to
Due to
Other Conditions Arteriosclerosis generalized
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R Hebert Jr. M. D.
Address Balto. City Hosp. Date signed 9/20/40

F 72980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 72980 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 E. Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E. Clement (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 27

3 (a) FULL NAME Annie Elizabeth Burton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced (write) Widow

6 (b) Name of husband or wife Robert J. Burton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10-1858

8. AGE: Years 82 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Esome

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace Md

16 (a) Informant Mrs A. Burton

(b) Address 426 E. Clement

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore

18 (a) Funeral director Jos. F. Longhurst

(b) Address 811 Lexington

19 SEP 21 1940 (Date rec'd by registrar) (b) Huntingdon Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2-1939, to Sept 20 1940, and that I last saw h alive on Sept 20 1940.

Immediate cause of death Uterine Carcinoma + appendages — Duration 1 Year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Wheatley M. D.

Address 1729 Williams St Date signed 9/24/40

F 72981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 72981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4410 St George Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Nettie Scott Tripp.
3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex F
5. Color or race ed
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife ?
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Aug. 1875
8. AGE: Years 63 | Months 1 | Days | If less than one day ..... hr. ..... min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Hilda Chaney
(b) Address 2823 Remington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Wes. G. Nelson
(b) Address 1303 Pressman
19 (a) SEP 21 1940 (Date rec'd by registrar) (b) Remington Md Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 9-18- 1940, at 2.45 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9-1- 1940, to 9-18-1940
and that I last saw h[illegible] alive on 9-18-1940.

Immediate cause of death	Duration
Cerebral Hemorrhage & Left side Hemiplegia	18 days
Due to Hypertensive Heart Disease.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C-F- Maloney
Address Provident Hosp. Date signed 9/18/40

VS 3

VS 3

F 72982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 72982 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1538 Bruce St
(c) Hospital or institution; —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1538 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Owen Thomas.
3 (b) If veteran, name war —
3 (c) Social Security Account No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940, at 10¾ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	cd	Widower

6 (b) Name of husband or wife Sattie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER 12. Name Thomas Thomas
13. Birthplace Md

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Loyd Thomas
(b) Address 1332 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Heaver
(b) Address 1303 Pennsylvania Ave

19 (a) Filed SEP 21 1940 (Date received by registrar) (b) Thurlow or Williams, M.P. Registrar

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 Month
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Kelbick M.D. Medical Examiner.
Date signed 9/19/40

VS 6

F 72983

BALTIMORE CITY HEALTH DEPARTMENT

F 72983

SEP 21 1940 (Date rec'd by Registrar) (b) 0 Registrar

Date signed 9/19/40

VS 6

3856 33 72983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 72983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5-96

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-85

8. AGE: Years 55 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace N C
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Joel Stewart
13. Birthplace N C

MOTHER 14. Maiden Name Nannie Robinson
15. Birthplace N C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 9/23/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St

19 (a) SEP 21 1940 (b) Huntington Williams, M.P.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940, at 12 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1940 to Sept 18 1940 and that I last saw h alive on Sept 18 1940.

Immediate cause of death: Gangrene of cecum and ascending colon — Duration about 72 hrs.

Due to: Possibly due to vascular occlusion or thromboses.

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Perforated diverticulum of colon.
Of autopsy: (See above)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Billings M. D.
Address Johns Hopkins Hospital Date signed 9-19-40

VS 3

Hospital

72984

LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-B F 72984

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 N Potomac St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gustavus Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0661

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28 ? 1876

8. AGE: Years	Months	Days	If less than one day
64?	5 4	22 21	hr. min.

9. Birthplace ? Baltimore
(Town, county, and state)
10. Usual Occupation ? Bricklayer
11. Industry or business ?

FATHER
12. Name ? Gustavus Moore
13. Birthplace ? Georgia

MOTHER
14. Maiden Name ? Isabella Watson
15. Birthplace ? Baltimore

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (b) Date thereof Sept 21, 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Albert W. Gregory
(b) Address 445 E. Fayette St

19 (a) SEP 21 1940 (b) Huntington Williams
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1940, at 8.22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1940, to 9/19 1940, and that I last saw him alive on 9/19 1940

Immediate cause of death	Duration
Uremia	2 wks
Due to Acute urinary retention	2 wks
Due to Carcinoma of the prostate	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Balto. City Hosp. Date signed 9/19/40
M. D.

VS 8

72985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C

F 72985
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 ds
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 223 W. Monument St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank E. Penty

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 - 1874

8. AGE: Years 66 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mfg. Agent.

11. Industry or business

FATHER 12. Name Wm. F. Penty

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Rebecca Taylor

15. Birthplace Balto. Md.

16 (a) Informant Mrs Penty

(b) Address 407 N. Broadway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21-1940 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md

18 (a) Funeral director Geo. F. Beyer Jr.

(b) Address 1512 Hollins St.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940. at 1:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Bullet wound Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/18/40
(c) Where did injury occur? 223 W Monument St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet - Head

23. Signature H. H. Anderson M.D.
Medical Examiner.
Date signed 9/18/40

6

F 72986

72986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1X 157-E

F 72986

Registered No. 90790

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton + Wilkens Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 65 16. Mt Vernon Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME King N. Marley Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1940

8. AGE: Years 11 mths | Months 2 days | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business "

FATHER

12. Name King N. Marley

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Helen Sprinkle

15. Birthplace Balto. Md.

16 (a) Informant King N. Marley

(b) Address 65 16 Mt. Vernon Ave.

17 (a) Burial (b) Date thereof 9-20-40

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director Lowney Byers

(b) Address 530 or Pikesville Pikesville

19 (a) (Date rec'd) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19th 1940 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1940 to 9-19 1940, and that I last saw h[illegible] alive on 9-19 1940.

Immediate cause of death	Duration
Patent interventricular septum	
Due to Congenital defect	
Due to	
Other Conditions	

(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Patent septum,

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Brady Smith M. D.

Address St. Agnes Hosp. Date signed 9/20/40

SEE 21

VS 3

72987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 — F 72987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 N. Haven Street
(c) Hospital or institution: D. of A. Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Haven St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert [redacted] Zoch

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-8900

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Antonae Zoch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1884

8. AGE: Years	Months	Days	If less than one day
56	5	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Arthurs Bakery

FATHER
12. Name Theadore Zoch
13. Birthplace Germany

MOTHER
14. Maiden Name Franzaska Bower
15. Birthplace Germany

16 (a) Informant Mrs. Antonae Zoch
(b) Address 116 N. Haven Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1940 (month) (day) (year)
(c). Cemetery or crematory St. Paul's
Location Baltimore
18 (a) Funeral director H. SANDER & SON Inc.
(b) Address North Ave. & Broadway
19 (a) SEP 21 1940 (Date rec'd by registrar) Huntington Williams, D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 40 at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hanging	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/21/40
(c) Where did injury occur? 116 N. Haven St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by belt, transom

23. Signature H. W. Kander Dept. Medical Examiner. M.D.
Date signed 9/19/40

VS 6

VS 6

Dr on Ar
Fdg Dept
Med Exam Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 105

Registered No. F 72988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 S. Ann (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Cieslak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31- 1940

8. AGE: Years | Months: 1. | Days: 20 7 weeks | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Cieslak
13. Birthplace Germany Md.

MOTHER
14. Maiden Name Elsie [illegible]
15. Birthplace Baltimore Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-40 (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Baltimore Md.

18 (a) Funeral director George A. Miller
(b) Address 705 S Eden St.

19 (a) SEP 21 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

V8 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 12.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Asphyxia — Duration

Due to Aspiration of ingested material

Due to

Other Conditions Nov. diphtheritic croup.

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 9. 21. 40 M. D.

H. L. Wallenweber, M.D. asst Medical Examiner

72989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72989
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 S Greene St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Bertha Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Portsmouth Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Pyrilla Resields
15. Birthplace Va.

16 (a) Informant Georgina Wells
(b) Address 1813 Willard Ct. Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calary
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Hamburg St.

19 (a) Filed SEP 24 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1940, at 7:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Vandersall M.D.
Medical Examiner.
Date signed 9/19/40

VS 6

18735 fd
F 72990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 72990
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yrs.9mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 E.Lomard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Aydlett

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Kilden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-19

8. AGE: Years	Months	Days	If less than one day
21	1	28 29	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Willie Brights
13. Birthplace N.C.

MOTHER
14. Maiden Name Emma Moore
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof Sept-21-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Elizabeth City N.C.
Location North Carolina
18 (a) Funeral director Robert E Williams
(b) Address 15-15 McElderry St
19 SEP 22 1940 (b) Thurlington Williams M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1940, at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1936, to 9-13 1940, and that I last saw h[illegible] alive on 9-13 1940.

Immediate cause of death	Duration
Pulmonary Embolism	4 yrs.
Due to Thrombophlebitis	
Due to Pulmonary TB	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Ryder M. D.
Address Balto City Hosp Date signed 9-11-40

VS 3

VS 8

72991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B Registered No. F 72991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4437 Clifton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4437 Clifton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Gustav Henkel

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-9776

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sarah S. Henkel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1876

8. AGE: Years	Months	Days	If less than one day
64	8	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Decorator
11. Industry or business

FATHER
12. Name Henry Henkel
13. Birthplace British Guiana

MOTHER
14. Maiden Name Elizabeth Buchwald
15. Birthplace U.S.A.

16 (a) Informant Lucinda Henkel
(b) Address 4437 Clifton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry N. Amass
(b) Address 4204 Ridgewood Ave

19 SEP 22 1940 (Date rec'd by registrar) Wilmington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21 1940 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1927 to 9/21 1940 and that I last saw h alive on 9/20 1940

Immediate cause of death: (a) Valvular Heart Disease	Duration 2 Years
Due to Brights Kidney Disease	1-1/2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury X

23. Signature L. C. Hearn M. D.
Address 4901 Garrison Blvd Date signed 9/21/40

VS 8

72992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 72992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Romney (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry Schell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Schell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9 - 1901

8. AGE: Years 38 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Service Manager

11. Industry or business Public Utility

FATHER
12. Name Isaac Schell
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lillie Lewis
15. Birthplace W. Va.

16 (a) Informant Mrs. Lillian Schell
(b) Address Romney W Va.

17 (a) Romney W Va (Burial, cremation, or removal) (b) Date thereof Sept 24 1940 (month) (day) (year)
(c) Cemetery or crematory Lamonville W Va
Location Lamonville W Va

18 (a) Funeral director Geo L. Beyer Jr.
(b) Address 65½ Hal[illegible] Huntington W Va

19 SEP 24 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1940 at 5:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17-' 1940 to 9-21 1940, and that I last saw h[illegible] alive on 9-21 1940.

Immediate cause of death: Encephalitis (Virus?)
Duration: 9-6-40 to 9-21-40 own

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Encephalitis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9/24/40

VS 3

VS 3

GK

F 72993

BALTIMORE CITY HEALTH DEPARTMENT

16755

CERTIFICATE OF DEATH 93-B

Registered No. F 72993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S. Hanover st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

22

3 (a) FULL NAME Balthasar Hick

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-1865

8. AGE: Years 74 | Months 10 | Days 21 | If less than one day hr. min.

75

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unknown Retired

11. Industry or business Machinist

FATHER
12. Name Joseph
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) SEP 22 1940 (Date rec'd by registrar) (b) Interring for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29-1936, to 9-20-1940 and that I last saw h alive on 9-20-1936.

	Duration
Immediate cause of death: Cerebral Thrombosis	?
Due to: Gen. cerebral A-S.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Meyerfeld M. D.
Address Balto City Hosp Date signed 9-21-40

VS 3

F 72994 LB 59101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No. 72994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Special attention is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Haddon Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes M. Shaeffer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Edward
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/2/1894
8. AGE: Years 46 | Months 2 | Days 19 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Hanson Cross
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Jane Gordon
15. Birthplace Md.

16 (a) Informant Bd. C. of H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Paul St

19 (a) SEP 22 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21 1940, at 3:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1940, to 9/21 1940, and that I last saw her alive on 9/20 1940.

	Duration
Immediate cause of death: Carcinoma of the cervix metastases	10 mos.
Due to: Anemia	1 wk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert M.D.
Address Balto. City Hosp. Date signed 9/21/40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 72995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 72995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 N. Potomac st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 N. Potomac st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert J. Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th 1862

8. AGE: Years 78 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Can Maker

11. Industry or business Continental Can Co.

FATHER
12. Name George J. Zimmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha (Unknown)
15. Birthplace Germany

16 (a) Informant Margaret (Unknown)
(b) Address Germany

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul st

19 (a) SEP 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20th 1940, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17- 1940 to 9-20 1940 and that I last saw him alive on 9-20 1940.

Immediate cause of death	Duration
Coronary thrombosis	3 days
Due to Arteriosclerotic heart disease	
Due to Arteriosclerosis	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.

Address 14 N East ave Date signed 9-21-40.

VS 3

72996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. 72996

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2327 Aiken St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FORREST G. EVANS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife: Maude E. Evans

6 (c) If alive, give age √√ years

7. Birth date of deceased (mo., day, yr.) Mar. 19th 1879

8. AGE: Years 61 | Months 6 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business Penna R.R.

MOTHER FATHER

12. Name Abram W. Evans

13. Birthplace Md.

14. Maiden Name Martha E. Allender

15. Birthplace Md.

16 (a) Informant Maude E. Evans

(b) Address 2327 Aiken St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/24/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Wesleyan Chapel

Location Aberdeen Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) SEP 22 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 40, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said ^ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock, traumatic	
Due to: Electrocution accidental	
Due to:	
Other Conditions: Burns, 2nd & 3rd degree, head & both legs (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 19th, 1940
(c) Where did injury occur? loco car ft of Lanvale Penn. R.R. yard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? Yes (Specify type of place)
(e) Means of injury High tension wire

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 9-21-40

VS 6

VS 6

72997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-W

Registered No. F 72997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 M mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15

3 (a) FULL NAME RONA NUMKIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/17/40

8. AGE: Years	Months	Days	If less than one day
	5	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Unknown
FATHER 13. Birthplace
MOTHER 14. Maiden Name Sylvia Numkin
MOTHER 15. Birthplace Balto Md

16 (a) Informant Louis Numkin
(b) Address 2603 Park Heights Parade

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-40 (month) (day) (year)
(c) Cemetery or crematory Chev Shalom
Location E. Monument st

18 (a) Funeral director Jack Levin Bros
(b) Address 1439 Eutaw Place Huntington Williams, Mgr

19 SEP 22 1940 (b) — Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21 1940, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1940, to 9/21 1940 and that I last saw h[illegible] alive on 9/20 1940.

Immediate cause of death pulmonary edema — Duration 6 hours

Due to left ventricular failure

Due to cardiac enlargement from vitamin deficiency

Other Conditions Meningocele myelocele hydrocephalus — 5 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature Herbert W. Stein M. D.
Address Sinai Hospital Date signed 9/21/40

VS 3

F 72998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 72998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

15-13

3 (a) FULL NAME Simon J. Lesta

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W.

6 (b) Name of husband or wife Late Mollye

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63	—	—	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Standard Overall Co

11. Industry or business Salesmen's Dept Head

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Maje Cohen
(b) Address 40 S. Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/40 (month) (day) (yr.)
(c) Cemetery or crematory Hebrew Rodale Cem Co
Location Hamilton ave

18 (a) Funeral director Sol Kuvman & Bro
(b) Address 1124-26 W North ave

19 (a) SEP 22 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21/40 19 , at 4:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1940 to 9/21/40 19 , and that I last saw him alive on 9/19/40 19 .

Immediate cause of death Uremia — Duration

Due to Carcinoma Bladder — over

Due to Huge Vesical Calculus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Huge vesical calculus
Of operations Cystotomy Bladder

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles S. Levy M. D.
Address 1 W Mt Vernon Pl Date signed 9/21/40

VS 3

F 72993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No. F 72993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be especially important. correct age.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address.....
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~5 days~~ 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Carrlane St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Miss Irene McCauley.
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-05-1168

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) August 30 1882
8. AGE: Years 58 | Months | Days 1929 | If less than one day ..... hr. ..... min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laundry worker.
11. Industry or business Book Keeper

FATHER
12. Name Walter McCauley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jane Boud
15. Birthplace Baltimore

16 (a) Informant Mrs. Helen Herold
(b) Address 2528 Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave
19 (a) SEP 22 1940 (Date rec'd by registrar) Burying for Williams Mort Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20, 1940, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1940 to 9/20 1940, and that I last saw h.r alive on 9/19 1940.

Immediate cause of death	Duration
Hemorrhage	3 weeks
Due to	
Due to Carcinoma of cervix	5 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Squamous cell Ca on biopsy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature [illegible] M. D.
Address St Joseph's Hospital Date signed 9/20/40

F 385675

F 73000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

Registered No. F 73000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days) 8 D

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Portsmouth (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Holladay (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IRMA F. HALL
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: C C HALL
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 12-13-85
8. AGE: Years 54 | Months 9 | Days 8 | If less than one day ... hr. ... min.
9. Birthplace VA (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Robert M. Smith
13. Birthplace Scotland

MOTHER
14. Maiden Name LAURA CHERRY
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 40 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Va
Location Portsmouth Va

18 (a) Funeral director John O Mitchell Sons
(b) Address 119 Eastern Place

19 SEP 22 1940 (Date rec'd by Reg'r) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940 at 9:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1940, to Sept 21 1940, and that I last saw her alive on Sept 21 1940.

Immediate cause of death: Increased intracranial Pressure — Duration 6 mos
Due to: Pachymeningitis — Duration 1 yr
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Otennel M. D. 3853
Address J. H. H. Date signed 9-21-40

73001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 Holbrook St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 E Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Banos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife: Charles Banos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 27 1893

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Kalogeras
13. Birthplace Greece

MOTHER
14. Maiden Name Unknown
15. Birthplace Greece

16 (a) Informant Mrs. Geo. Banos
(b) Address 1507 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Albert M Dafnis
(b) Address 440 E. North Ave

19 SEP 22 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940 at 2-25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1937 to Sept 19 1940, and that I last saw him alive on 9-19 1940.

Immediate cause of death	Duration
Hypertension cardio-vascular disease	
Due to	
Due to	
Other Conditions Bronchial asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D Barnaby M. D.
Address 1531 E North Ave Date signed 9-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Leeds Terr
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [illegible] Driver Jeanette Helen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1940

8. AGE: Years | Months | Days: 13 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Allen Cornelius Driver
13. Birthplace Timberville Va

MOTHER
14. Maiden Name Helen Jeanette Thorstenson
15. Birthplace Baltimore

16 (a) Informant Allen C Driver
(b) Address 1241 Leeds Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director J Wesson Redmer
(b) Address 2301 Edmondson Ave.

19 SEP 22 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1940, to Sept 28 1940 and that I last saw her alive on Sept 28 1940.

Immediate cause of death	Duration
Staphylococcus Septicemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Levin M.D.
Address University Hosp Date signed 9-27-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73003

F 73003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2145 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2145 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Mrs Anna Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Thos J Kelly
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name John Mannion
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Parsons
15. Birthplace Ireland

16 (a) Informant Mr Thomas J. Kelly
(b) Address 2145 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J Conway & Son
(b) Address 901 Hollins St

SEP 22 1940 (Date received) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Sept 22 1940, and that I last saw h.e.r. alive on Sept 22 1940

Immediate cause of death: Congestive Heart Failure
Bilateral-pneumonia — Duration 1 day, 3 Days
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions (at age) Expression of Cataracts (4-10-45)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M D M. D.
Address Bon Secours Hospital Date signed 9-22-40

VS 8

VS 8

73004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4663 Park Heights Ave.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4663 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Timothy Holland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late Julia E. Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1859

8. AGE: Years 82 | Months — | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired Watchman

11. Industry or business B&O RR.

FATHER
12. Name Timothy Holland.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Agnes Unknown
15. Birthplace Ireland.

16 (a) Informant Mrs. James L. Laufman
(b) Address 4663 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John F. Conway & Son
(b) Address 901 Hollins St.

19 (a) Date received by Registrar SEP 22 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-1940 at 1:53 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17-1940 to 9-20-1940 and that I last saw h[im] alive on 9-20-1940

Immediate cause of death: Strangulated Inguinal Hernia — Duration: 3 days
Due to:
Due to:
Other Conditions: Gen. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Left inguinal hernia strangulated
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Collins M.D.
M. D.
Address 2025 W. Fayette St Date signed 9-20-40

VS 3

73095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3610 S. 3rd st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 S. 3rd st. - Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Krauss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Agnes R. Krauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29th 1854

8. AGE: Years	Months	Days	If less than one day
85	11	22	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired Cooper
11. Industry or business Becker Barrel Co

FATHER
12. Name John Krauss
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Wagner
15. Birthplace Germany

16 (a) Informant Mrs Agnes R. Krauss
(b) Address 3610 S. Third St. Brooklyn

17 (a) Oak Lawn (b) Date thereof 9/24/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) SEP 27 1940 (Date rec'd by registrar) (b) Wm. J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21st 1940, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1940 to Sept 21 1940, and that I last saw ~~he~~ alive on Sept 20 1940.

Immediate cause of death	Duration
Cardiac Failure	3
Due to Senile pneumonia	3 yrs
Due to Arterio Sclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Hawkins M.D.
Address 1 W Randall Date signed 9/25/40

VS 3

VS 3

3006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

B 73006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correction is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3029 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Isaac Henry White

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-8769

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Ida Forsyth White
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1866

8. AGE: Years	Months	Days	If less than one day
74	5	23	hr. min.

9. Birthplace Mt. Falls, Frederick Co. Va.
(Town, county, and state)
10. Usual Occupation Retired Locomotive Engineer
11. Industry or business Penna R. R.

FATHER
12. Name Isaiah White
13. Birthplace Va.

MOTHER
14. Maiden Name Johanna Bucker
15. Birthplace Va.

16 (a) Informant Estella White Switzer
(b) Address 3021 Guilford Ave

17 (a) Burial (b) Date thereof 9/25/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1940, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1940, to 9-21 1940, and that I last saw h.i.m. alive on 9-21 1940.

Immediate cause of death	Duration
Coronary Occlusion	4 weeks
Due to Arteriosclerotic heart disease	2
Due to	
Other Conditions Chronic nephritis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John P. Urbeck, Jr. M.D.
Address Franklin Square Hospital Signed 9-28-40

SEP 29 1940

VS 3

73007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-e

F 73007

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caraline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Gorsuch Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martie D. Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband or wife James D. Ross

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 25th 1869

8. AGE: Years	Months	Days	If less than one day
71	7	27	..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Joseph A. Dalger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant James D. Ross Jr
(b) Address 716 Gorsuch Ave

17 (a) Burial (b) Date thereof 9/25/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1940, to Sept. 22 1940, and that I last saw her alive on Sept. 22 1940.

Immediate cause of death	Duration
(a) Cardiac Failure	2 days
Due to (b) Ascities secondary to Metastatic malignancy of liver.	
Due to (c) Severe Arteriosclerosis, and Chronic myocarditis	
Other Conditions Old pulmonary embolis and malignancy of the thyroid. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Feldman M. D.

Address St. Joseph's Hospital Date signed 9-22-40

73008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 73008

Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs 9/6
(e) Length of stay in Baltimore (yrs., mos., or days) (73)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Isabelle Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/21/66

8. AGE: Years 73 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Ruff

13. Birthplace Baltimore

MOTHER 14. Maiden Name Isabella Sheeler

15. Birthplace Baltimore

16 (a) Informant Mrs J. Haupt

(b) Address 2537 Greenmount Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-22-1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Mary M Wiedefeld

(b) Address 701 E. 22nd St

19 (a) 1940 (Filed by registrar) (b) Huntington Indiana Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 Am Sept 19 1940 to Sept 19 1940, and that I last saw h[illegible] alive on Sept 19 1940

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerotic C V Disease +	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy { Myocardial Infarction ; Acute Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.

Address St Josephs Hosp Date signed 9-19-40

73099 F 73099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Edgewood Lane:

CITY OF BALTIMORE: (No. 6000 Ballona Ave. St. 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis W. Hopper.

If U. S. Veteran specify WAR

(a) Residence: No. 1405 John St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. Hopper

6. DATE OF BIRTH (month, day, year) May 20 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel C. Hopper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emmaline McCollister

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs John Hopper

(Address) 1405 John St

18. BURIAL, CREMATION, OR REMOVAL

Place Catalpa Md Date Sept 24, 1940

19. UNDERTAKER Hyatt & Ryon

(Address) Waldorf Md

20. FILED ..., 19... Huntington Williams, M. Registrar.

SEP 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1940, to Sept 22, 1940

I last saw him alive on Sept 22, 1940. Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Vascular Lesion	15 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 4705 York Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

F 73010
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 W Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 W Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 64 years

3 (a) FULL NAME William E. Morgan

3 (b) If veteran, name war —
3 (c) Social Security Account No. 006-07-9821

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1876

8. AGE: Years 64 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Stone Cutter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Lura Morgan
(b) Address 724 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Co

18 (a) Funeral director Joseph Cannington Jr
(b) Address 602 E Washington St

19 (a) SEP 20 1940 (Date rec'd by registrar) (b) Hunting Town Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1938, to Sept 20 1940 and that I last saw him alive on Sept 19 1940.

	Duration
Immediate cause of death: CARDIOVASCULAR DISEASE	
Due to: ARTERIOSCLEROSIS	2 YEARS
Due to:	
Other Conditions: CARCINOMA PROSTATE	1 YEAR

(Include pregnancy within 3 months of death)

Major findings: Of operations: NONE
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Nolan M.D.
Address 1024 Washington Blvd Date signed Sept 21 1940

VS 3

F 73011

73011

F 73011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green Spring Manor Apt
(c) Hospital or institution: Pk. Bgtn. & Slade Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs. 7 mos. 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Green Spring Manor Apt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta R. Kerngood.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Moses Kerngood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1852

8. AGE: Years	Months	Days	If less than one day
87	9	26	hr. min.

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Rosenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wexler
15. Birthplace Indiana

16 (a) Informant Mrs. Harry O. Sedboss
(b) Address Green Spring Manor Apt

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Lincoln Park Cemetery, Stafford & Rochester Location Falls Station New York

18 (a) Funeral director Harold Sandelmeier & Son
(b) Address 1902 Eutaw Place

19 (a) 10 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Sept. 21 1940, and that I last saw her alive on Sept. 21 1940.

Immediate cause of death Abscess of parotid gland (rt) — Duration 2 days
Due to parotitis — 2 months
Due to
Other Conditions Cerebral thrombosis Hemiplegia — 2 months
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 11 E. Chase St Date signed 9/22/40

73012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 E. Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Talbot
(c) City or town RURAL (Queen Anne)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Queen Anne
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Blanche Margaret Kinnamon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1939.

8. AGE: Years 1 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Easton, Talbot Co., Maryland.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Harvey P. Kinnamon
13. Birthplace Maryland.

MOTHER
14. Maiden Name Olga Asche
15. Birthplace Maryland.

16 (a) Informant Olga Asche
(b) Address Queen Anne, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1940 (month) (day) (year)
(c) Cemetery or crematory [illegible] Ch. Cem.
Location Near Cordova, Md.

18 (a) Funeral director James A. Spencer
(b) Address Easton, Md.

19 (a) (Date rec'd by Local Reg.) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Sept. 21 1940, and that I last saw her alive on Sept 21 1940

Immediate cause of death Broncho pneumonia — Duration 2 days

Due to Pneumococci

Due to

Other Conditions Eczema, Prolapse of rectum, Mental deficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prolapse of Rectum 2 sutures 1/40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary P. Hayleck, M.D.

Address Union Memorial Hosp. Date signed 9/21/40

F 73013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 73013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 N. Carrollton ave.
(c) Hospital or institution:
Home Address
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N. Carrollton ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Johnson Denical

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Albert Denical
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) 2-22-1915

8. AGE: Years	Months	Days	If less than one day
25	6	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Europe Md.

MOTHER
14. Maiden Name Julia Holloway
15. Birthplace Durham N.C.

16 (a) Informant Julia Holloway
(b) Address 430 N. Carrollton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 2 E. Preston St.

19 (a) SEP 23 1940 (Date rec'd by registrar) (b) Huntingtown Maryland, M.P. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 1940 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to Sept 20 1940, and that I last saw him alive on Sept 20 1940.

Immediate cause of death
Pulmonary Tuberculosis — Duration: Aug 20/

Due to — Duration: 5 mo

Due to — Duration: Sept 20/40

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. J. Gaters
Address 2225 Pa Ave Date signed 9/21/40 D.

F 73014 F 73014

73014 F 73014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F [redacted] 83-4F Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George W. Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Josephine Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1888

8. AGE: Years	Months	Days	If less than one day
52	6	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Joseph Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Mingomery
15. Birthplace Baltimore, Md.

16 (a) Informant Roland Johnson
(b) Address 2206 McCulloh St.

17 (a) Burial (b) Date thereof Sept 23, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. C. County Md.

18 (a) Funeral director Mrs. R. G. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) SEP 23 1940 (b)
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Sept 19 1940 and that I last saw him alive on Sept 19 1940.

Immediate cause of death Cerebral Hemmorhage — Duration of Sept 19 hrs.
Due to Arterio-Sclerosis — unknown
Due to Hypertension — Sept 17 yrs.
Other Conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Yeomans M. D.
Address 142 W. Monument St. Date signed 9/21/40

F 73015

STATE OF MARYLAND—CERTIFICATE OF DEATH

V 131-B F 73015

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore No. 14-1 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rufus Robertson U. S. Veteran, specify WAR .....

(a) Residence: No. 1400 Linden ave St., Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Robertson

6. DATE OF BIRTH (month, day, and year) Dec 5 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clara, Md.

FATHER

13. NAME Washington Robertson

14. BIRTHPLACE (city or town) (State or country) Wicomico Md

MOTHER

15. MAIDEN NAME Mary D. Evans

16. BIRTHPLACE (city or town) (State or country) Wicomico County

17. INFORMANT Mrs Bridget Robertson (Address) 1400 Linden ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Tyaskin, Md. Date Sept 24, 1940

19. UNDERTAKER Mrs L. E. Messick & Sons (Address) Quantico, Md. Huntingtown Williams, Md.

FILED SEP 23 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1940 to Sept 22, 1940

I last saw h[illegible] alive on Sept 22, 1940; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Endocarditis	
due to Myocarditis	
due to Nephritis	
Other Contributory Causes of importance: Acute Cardiac decompensation	9/14

Name of operation ..... Date of .....

What test confirmed diagnosis Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. J. Sullivan M. D.

(Address) 1401 Eutaw Place

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 73016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
15-16
(d) Street No. 2015 Cheston Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Royall Tippett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lillian Dammann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1886

8. AGE: Years 54 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Richard B. Tippett
13. Birthplace Charles Co., Maryland

MOTHER
14. Maiden Name Margaret Thornton
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mr. J. Royall Tippett
(b) Address 2015 Cheston Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick & Augusta Aves.

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 (d) Rec'd by registrar Hattie Huntington for Williams Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21/40 19 ..., at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1940, to Sept. 21 1940, and that I last saw him alive on 9/20 1940.

	Duration
Immediate cause of death Uremia	
Due to nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac N. Borden M. D.
Address Sinai Hospital Date signed 9/22/40

(Embalmed)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

144-a F 73017
Registered No.

73017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cost of ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Laurella Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 ✓

3 (a) FULL NAME Dorothy Waters

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Garfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1907

8. AGE: Years	Months	Days	If less than one day
33	-	15	hr. min.

9. Birthplace Matthews Co. Va (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER / FATHER
12. Name unknown
13. Birthplace
14. Maiden Name Amanda Smith
15. Birthplace Va

16 (a) Informant Garfield Waters
(b) Address 1910 Laurella ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director J. Halstead
(b) Address 916 Druid Hill ave.

23 1940 (Filed by registrar) (Huntington Williams M.D. Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19-1940, at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Eclampsia of Pregnancy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hemorrhage Meninges

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Sheeler M.D. Medical Examiner.
Date signed 9-20-40

VS 6

F 73018 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9/21 F 22018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Tyson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helease Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1926

8. AGE: Years	Months	Days	If less than one day
13	11	7 6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Arthur Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Ada Wilson
15. Birthplace Md.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-24-40 (month) (day) (year)
(c) Cemetery or crematory Loats Hill
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) SEP 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21 1940, at 12 a2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1940, to 9/21 1940, and that I last saw h er alive on 9/21 1940.

	Duration
Immediate cause of death: Generalized peritonitis	5 days
Due to: Gunts gangrenous appendicitis & rupture	5 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fabian A Fehlen Jr.
Address Balto City Hosp. Date signed 9/21/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73019 V 13-B Registered No. 73019

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Bradley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Bradley St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Pearl Carter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 1, 1918

8. AGE: Years 22 | Months 2 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation ~~Waitress~~ Waitress
11. Industry or business Restaurant

FATHER 12. Name Charles Carr
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Mary Cochran
MOTHER 15. Birthplace Va.

16 (a) Informant Mary Beasley
(b) Address 616 Bradley.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 9-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) ..... (Date rec'd by registrar) (b) Registration District No. .....

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1940 at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature W M Vanderbilt M.D. Medical Examiner.
Date signed 9/19/40

73020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 73020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3909 Norfolk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Oakfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Abraham Salzman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER 12. Name Philip Salzman

13. Birthplace Russia

MOTHER 14. Maiden Name Rachael

15. Birthplace Russia

16 (a) Informant Dr. Hankin

(b) Address 2331 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-40 (month) (day) (year)

(c) Cemetery or crematory Nelson Friendship

Location Balto + Coplin Pk

18 (a) Funeral director Jack Levy Co

(b) Address 1439 E. Baltimore St

19 (a) SEP 25 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Sept 22 1940, and that I last saw him alive on Sept 22 1940.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Hankin M. D.

Address 2331 Eutaw Pl. Date signed 9/22/40

S. Shillman - 6 E. Biddle St.

Er. Shillman - 6 E. Biddle St

F 73021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9/131 - aF 73021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 W 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 W 28th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Wilhelm.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Wilhelm
If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct 24 1860

8. AGE: Years	Months	Days	If less than one day
79	10	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Engineer Penna. R. R.

FATHER
12. Name Jacob Wilhelm.
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca J. Hamic.
15. Birthplace Md.

16 (a) Informant Mary E. Wilhelm.
(b) Address 411 W 28th St.

17 (a) Burial (b) Date thereof Sept 24, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eldorado Ave, Baltimore, Md.

19 SEP 23 1940 (Signature) for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21, 1940, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Sept 21 1940, and that I last saw h[im] alive on Sept 20 1940

Immediate cause of death	Duration
Chronic Interstitial Nephritis	5 years
Due to Arteriosclerosis	5 years
Due to	
Other Conditions Hypertrophy of Prostate Gland	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F. Shillman M. D.
Address 6 East Biddle St Date signed 9/23/40

VS 8

F 73022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73022
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 W 34th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 W 34th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Penn.

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-12-6044

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie E. Penn
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
about 65			hr. min.

9. Birthplace Maryland.
(Town, county and state)
10. Usual Occupation Coal Burner.
11. Industry or business

FATHER
12. Name Enoch E. Penn
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza J. Clark.
15. Birthplace Md.

16 (a) Informant Lillie E. Penn.
(b) Address 829 W 34th St

17 (a) Burial (b) Date thereof Sept 25, 1940.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary
Location Hampden

18 (a) Funeral director Chenowith & Donovan.
(b) Address 3615 Eastern Ave.

19 SEP 23 1940 (b) Hunting for Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22, 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1940 to Sept 22 1940 and that I last saw h[illegible] alive on Sept 21 1940

Immediate cause of death: Cerebral Hemorrhage

Duration
10 dy
own

Due to
Due to
Other Conditions Myocarditis
(Including pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 849 Chestnut Ave Date signed Sept 24 40

3023 Cole × ✓ F 73023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct answer written in every space, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Savage (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert A Cole

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business

FATHER 12. Name Benjamin Cole

13. Birthplace Virginia

MOTHER 14. Maiden Name Sarah Justice

15. Birthplace Md

16 (a) Informant Chart

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 40 (month) (day) (year)

(c) Cemetery or crematory Savage

Location Savage Md

18 (a) Funeral director Lloyd Kaiser

(b) Address Laurel Md

19 (a) Filed 1940 (b) Rec'd by registrar Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940, at 6 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 1940, to 9-23 1940 and that I last saw h[illegible] alive on 9-22 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days

Due to: Degen Cardio-Vasc. Dis.

Due to:

Other Conditions: Poliomyelitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Parks M. D.

Address St Agnes Date signed 9-23

F 73024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

F 73024 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Ridgely St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Robey (F 07-99-Bal #)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7 1940

8. AGE: Years | Months: 6 | Days: 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Edw Robey
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Bessie VENDOUERN
15. Birthplace Balto Md.

16 (a) Informant Edw. Robey.
(b) Address 1135 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location U. A. C.

18 (a) Funeral director Bernard C. Hoke
(b) Address 121 E. Mt. Royal Ave
(a) SEP 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940; at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19. and that I last saw h alive on Sept 22 19 40

Immediate cause of death	Duration
Dysentery	4 d.
Due to Dehydration	
Due to Diarrhea	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hearne Hearnehan M. D.
Address Univ. Hosp. Date signed 9-23-40

F 73025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-73025

Registered No. 93-D F 73025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 Covington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Covington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Preston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Benjamin Preston
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 15, 1865

8. AGE: Years	Months	Days	If less than one day
75	8	6	..... hr. ..... min.

9. Birthplace ~~Balt~~ Harford Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. Johnson
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Julia
15. Birthplace Harford Co Md

16 (a) Informant Mrs. Leonard Preston
(b) Address 1609 Covington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Cem
Location Arlington, Md

18 (a) Funeral director J. J. McCarthy
(b) Address 130 S. Fort Ave.

19 (a) SEP 23 1940 (Registered by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1940 at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Sept 21 1940, and that I last saw h[illegible] alive on Sept 21 1940.

	Duration
Immediate cause of death Myocardial Degeneration	July 2.
Due to Hypertension, Cardio Vasc.	years.
Due to Disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James E. White
Address 5[illegible]4 Harford Ave Date signed Sept. 23

VS 3

F 73026 BALTIMORE CITY HEALTH DEPARTMENT 61 F-73026
CERTIFICATE OF DEATH (Registered No.) F-73026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Bennett Pl.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Bennett Pl. If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Florence Morris
3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex Female
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife John Morris
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Oct 31, 1897
8. AGE: Years 42 43 | Months 10 | Days 19 18 | If less than one day ____ hr. ____ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business
FATHER 12. Name Daniel Henry
13. Birthplace Maryland
MOTHER 14. Maiden Name Martha Tinsley
15. Birthplace Maryland
16 (a) Informant John Morris
(b) Address 1010 Bennett Pl.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Presstman St
19 (a) SEP 23 1940 (Date rec'd by registrar) (b) Huntington Hill Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19/1940 at 6:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/16/1940 to 9/19/1940 and that I last saw her alive on 9/19/1940
Immediate cause of death Diabetes — Duration 6 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. N. Pyfer M.D.
Address 1536 W. Lanvale St. Date signed 9/23/40

VS 3

VS 3

73027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73027

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age in years, months, days, and hours, especially important. Give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78-7-20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2253 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Mary Kreiner

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John George Kreiner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2-1862

8. AGE: Years 78 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Michael Brehm
13. Birthplace Germany

MOTHER
14. Maiden Name ? Wiseman
15. Birthplace Germany

16 (a) Informant MR. John George Kreiner
(b) Address 2253 N. Fulton Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) North & Penna Aves.

19 (a) ---- (Date rec'd by registrar) (b) ---- Registrar

SEP 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at 2.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Sept 22 1940, and that I last saw h.e.r. alive on Sept 22 1940.

Immediate cause of death Cardiac failure — Duration: -

Due to Arteria-sclerotic cardio-vascular disease

Due to Pernicious Anemia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul H. Carroll M. D.
Address Mercy Hosp. Date signed 9/22/40

VS 3

73028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 V E 73028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME RANDOLPH JACKSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-1020

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ola Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-1902

8. AGE: Years 38 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wesley Jackson
13. Birthplace Md

MOTHER 14. Maiden Name Annalee Brown
15. Birthplace Md

16 (a) Informant Ola Jackson
(b) Address 613 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County

18 (a) Funeral director William A Jackson
(b) Address Huntington Ave & Pleasant Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 1940, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest (aorta) — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Sept 20, 1940
(c) Where did injury occur? Steps in front of 615 N. Spring St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? (Specify type of place) —
(e) Means of injury Revolver bullet wound

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 9-20-40

9-23-1940

6

73029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 73029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4949 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Coles (58679)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/13/1914

8. AGE: Years	Months	Days	If less than one day
26	1	32	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Robert
13. Birthplace Va.

MOTHER
14. Maiden Name Virgie Bowen (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A Halstead
(b) Address 918 Druid Hill Ave

19 (a) SEP 23 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21, 1940, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27, 1940, to Sept. 21, 1940, and that I last saw her alive on Sept. 21, 1940.

Immediate cause of death	Duration
Pulmonary TB	2yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret Gretsch M.D.
Address Balto. City Hospitals Date signed 9-21-40

73030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. F 73030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615-E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615-E Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Waldner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Gertrude Waldner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31-1852

8. AGE: Years 88 | Months 0 | Days 20 | If less than one day hr. min. 19

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business Lumber Yard.

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name Hahmann
15. Birthplace

16 (a) Informant August Waldner
(b) Address 1754 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Wendell E. Humphrey
(b) Address 1701 N. Broadway

19 (a) Filed 9-23-40 (b) rec'd by registrar Registrar

Funeral by Rev. Williams, M.E.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1940, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940, to 9-20 1940, and that I last saw h[illegible] alive on 9/20 1940.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	2 yrs
Due to	
Due to	
Other Conditions Myocardial degeneration	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Miller
Address 1701 N Broadway Date signed M/D. 9/23/40

F 73031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 So Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 So Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Norman Francis Price

3 (b) If veteran, name war Yes

3 (c) Social Security Account No. 218-07-4729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1892

8. AGE: Years	Months	Days	If less than one day
48	1	17	hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business

FATHER
12. Name Calvin Price
13. Birthplace Penna

MOTHER
14. Maiden Name Lucretia Daniels
15. Birthplace Penna

16 (a) Informant Elizabeth Price
(b) Address 1022 So Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 '40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ U.S. National Baltimore
Location Frederick Ave

18 (a) Funeral director William M. Mareck
(b) Address 715 Light St

19 (a) Huntington Williams (Registrar)

SEP 23 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 9/22/40

Dr Isaac Miller 1530 S. Charles St South 1515

F 73032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W Registered No. F 73032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 S. Charles st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 S. Charles st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Remmen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Michael Remmen
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 24th 1876

8. AGE: Years 64 | Months 4 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John W. Kiffer
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary F. Hubbard
15. Birthplace Md.

16 (a) Informant Mary F. Pursley
(b) Address 2617 E. Preston St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/25/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

SEP 23 1940 (Date rec'd by registrar)

19 (a) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22nd 1940, at 5:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/40 19... to 9/22/40 19...; and that I last saw h alive on 9/22 19 40.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Hypertension
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 122 E. Chase St Date signed 9/23/40

VS 3

F 73033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-P

Registered No. F 73033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Rural Compact (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Finall

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-2616

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Bessie Finall
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46			..... hr. ..... min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Finall
13. Birthplace Va.

MOTHER
14. Maiden Name Lilly Jones
15. Birthplace Va.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Hanlamore Colm. Location Catholic Cem. Md.

18 (a) Funeral director Hewitt & Ryan
(b) Address Waldorf Md

19 (a) SEP 23 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to Sept 23 1940, and that I last saw him alive on Sept 23 1940.

Immediate cause of death	Duration
Lung Abscess (Multiple of Rt. lung)	2 mos.
Due to	
	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature James B. Nuttall M. D.
Address University Hospital Date signed 9/23/40

VS 3

F 73034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 73034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every question must be answered. Physicians: please write the cause of death clearly and legibly. If correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 W Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mrs Fay Downing

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband ~~or wife~~ James G. Downing

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	10	——— hr. ——— min.

9. Birthplace Virginia - Keller (Town, county, and state)

10. Usual Occupation Dressmaker

11. Industry or business Dressmaking (own place)

FATHER
12. Name Benj J Mears
13. Birthplace Virginia

MOTHER
14. Maiden Name Bertie Kellam
15. Birthplace Virginia

16 (a) Informant Carey F Mears
(b) Address 221 S East Ave - city

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Family Burying Ground
Location Keller Va.

18 (a) Funeral director Broadbent Johnson Co
(b) Address Onancock Va.

19 (a) Filed SEP 23 1940 (b) Registrar Worthington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940, at 10 A.M. S-D

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16-40 1940, to 9-23 1940 and that I last saw h[illegible] alive on 9-23 1940.

Immediate cause of death Carcinoma Uterus

Due to ———

Due to ———

Other Conditions Arthritis Liver & Abd. Ascites

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Uterus
Cirrhosis liver.
Of autopsy Cirrhosis liver

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Whitworth M. D.
Address Md Gen. Hosp Date signed 9-23-40

VS 3

73035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a F 73035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Westfield St., 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Martin Schenk

If U. S. Veteran specify WAR

(a) Residence: No. 2912 Westfield St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schenck

6. DATE OF BIRTH (month, day, year) July 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Harry O. Schenk Son

(Address) 2912 Westfield

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9/24/1940

19. UNDERTAKER Leonard J. Ryan

(Address) 5305 Hartford Rd

20. [illegible] Wilmington Williams, Registrar.

SEP 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1940 to Sept. 21, 1940

I last saw him alive on Sept 21, 1940 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerosis	2 mo.
Myocarditis Decompensated	2 mo.
Uraemia	3 days
Other contributory causes of importance: Chronic Interstitial Nephritis	2 mo.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Thos. F. A. Stumos, M. D.

(Address) 2878 Hartford Rd

No. E—WRITE PLAINLY, with pen and ink. Fill all blanks. Information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

73036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 73036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N Chapel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Sophia Fuka

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1870

8. AGE: Years	Months	Days	If less than one day
69 70		22 21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Koal
13. Birthplace Rumania

MOTHER
14. Maiden Name anna Basha
15. Birthplace Rumania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 9-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
18 (a) Funeral director Frank Brach Son
(b) 2200 N. Chester St
19 (a) (Date rec'd by registrar) SEP 23 1940 (b) Huntington Williams Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22 1940, at 6.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14 1940, to 9/22 1940, and that I last saw her alive on 9/22 1940

Immediate cause of death	Duration
Arteriosclerotic gangrene of foot.	2 mo.
Due to Diabetes mellitus	?
Due to Post-operative shock	2 days
Other Conditions Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation of low thigh 9/20/40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ekkert Jr. M. D.
Address Baltimore City Hosp Date signed 9/22/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

73037

CERTIFICATE OF DEATH

92-B F 73037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 W. Biddle St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wallace If U. S. Veteran specify WAR

(a) Residence: No. 427 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Wallace

6. DATE OF BIRTH (month, day, year) Sept 11th 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) " " (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Virgie Wallace (Address) 535 N. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 9-24, 1940

19. UNDERTAKER A. Hartstead (Address) 9 E Biddle Street

SEP 23 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1940 to Sept 21st, 1940

I last saw him alive on Sept 20, 1940. Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Apoplexy -	1 day.
Mitral Regurgitation of Heart.	2 yrs.
Acute Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 73038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 E. 30th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 E. 30th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mathilda Goetz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank Goetz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1862

8. AGE: Years	Months	Days	If less than one day
78.	8	16	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation At home

11. Industry or business self

FATHER
12. Name (Unknown) Goetz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Meyers
15. Birthplace 1729 E 30th St.

16 (a) Informant Margaret Meyers
(b) Address 1729 East 30th Street

17 (a) Burial (b) Date thereof 9/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Washington, D.C.

18 (a) Funeral director Nelson Cook
(b) Address 217 St Paul Street

19 (a) SEP 23 1940 Huntington Williams M.E.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to m death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Vandeventer M.D.
Medical Examiner.
Date signed 9/22/40

VS 6

73039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. 73039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 73yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? 73 years

3 (a) FULL NAME Elizabeth McCausland Devine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, ~~or divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Patrick J. Devine
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1847

8. AGE: Years	Months	Days	If less than one day
93	0	0	hr. min.

9. Birthplace Ulster Ireland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John McCausland
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Culbertson
15. Birthplace Ireland

16 (a) Informant Margarit Devenill
(b) Address 1622 N. Broadway

17 (a) Burial (b) Date thereof Sept 25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hanover Pa.

18 (a) Funeral director W. Fenimore Cook
(b) Address 1217 St Paul Street

19 (a) D. 9-23-1940 (b) Signature for Director Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22nd 1940, at 5th P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1939, to Sept 22 1940, and that I last saw her alive on Sept 22 1940.

Immediate cause of death Infirmities of age

Due to Mitral Regurgitation & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. O. Carman M.D.
Address 1201 N. Caroline Date signed 9-23-40

73040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B 2

Registered No. F 73040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write the correct age in years, months, days, hours, minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5705 Greenspring Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5705 Greenspring Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Wallace King Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1898

8. AGE: Years	Months	Days	If less than one day
42	6	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Sign Painter
11. Industry or business Self

FATHER
12. Name George T. Clark
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Kemker
15. Birthplace Balto. Md

16 (a) Informant Geo. T. Clark
(b) Address 5705 Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address

19 (a) SEP 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21st 1940; at 8.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Sept 21, 1940 and that I last saw him alive on Sept 20 1940

Immediate cause of death: Tuberculosis of lungs with terminal inanition — Duration 1 yr.
Due to
Due to
Other Conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kewley Wallace M. D.
Address 2839 Wallbrook Ave Date signed Sept 23, 1940

73041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 73041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Jayne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Jayne St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Thomwie Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-9349

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of ~~husband or~~ wife May A. Smith

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Oct 15 1896

8. AGE: Years	Months	Days	If less than one day
43	11	7	..... hr. ..... min.

9. Birthplace Robinson Co. N.C.
(Town, county, and state)
10. Usual Occupation Carpenters Helper
11. Industry or business U.S. Coast Guard

FATHER
12. Name George Smith
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N.C.

16 (a) Informant May A. Smith
(b) Address 505 Jayne ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Date received by registrar) SEP 23 1940 Remington for Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940 at 8 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1940 to Sept 21 1940, and that I last saw h.i.m. alive on Sept 20 1940.

Immediate cause of death	Duration
Coronary Occlusion	5 min.
Due to	
Due to La Grippe	11 days.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alalais
Address 47 Fulton Date signed 9/23/40

F 73042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 73042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Lucille ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac H. Kremer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-6320

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1917

8. AGE: Years	Months	Days	If less than one day
23	7	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Simon C. Kremer
13. Birthplace Russia

MOTHER
14. Maiden Name Katie Zacansky
15. Birthplace Russia

16 (a) Informant Simon C. Kremer
(b) Address 3625 Lucille ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane

18 (a) Funeral director Fol Lillinger & Sons
(b) Address 1124 26 W. North ave

SEP 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1940 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1940 to Sept 23 1940 and that I last saw him alive on Sept. 6 1940

Immediate cause of death Primary Cancer Lung & Metastasis — Duration

Due to Emphysema

Due to Brain Involvement Cancer? Metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchogenic Cancer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark E. Dann M. D.
Address 2305 Eutaw Pl Date signed 9/23/40

VS 3

73043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137-a

Registered No. F 73043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1703
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM HOWARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Mucksaw

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-30 (month) (day) (year)

(c) Cemetery or crematory W. Lutheran
Location Ralph Cemetery

(a) Funeral director Sandy McCleaf & Son
(b) Address 638 Gilmor St

19 (a) SEP 24 1930 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1930, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute urinary retention	
Due to Benign hypertrophy of prostate	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy ar clear

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeyer M.D. Medical Examiner.
Date signed 9-13-30

F 73044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V114-DF 73044 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: Locate Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Light st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fraley (Holthouse)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-14-2139

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosalie Fraley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1911

8. AGE: Years 29 | Months 1 | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Night Watchman
11. Industry or business: Bendix Radio Co.

FATHER
12. Name: John Fraley
13. Birthplace: Lonaconing Md.

MOTHER
14. Maiden Name: Lydia Hagner
15. Birthplace: Balto. Md.

16 (a) Informant: Rosalie Fraley
(b) Address: 1504 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 SEP 24 1940 (b) [illegible] Registrar
(Date received by local registrar)
Huntington Avenue, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1940, at 8:58A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31-40 1940 to 9-23 1940, and that I last saw h. I alive on 9-23 1940

	Duration
Immediate cause of death: Cachexia	—
Due to: Metastatic lesions of right lung	6 wks
Due to: Pneumonic consolidation of right lung	10 wks.
Other Conditions: Secondary anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Multiple nodules of R. lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: A. F. Evans

23. Signature: M. D.
Address: So. Balto. Gen. Hosp. Date signed 9-23-40

F 73045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46-E

F 73045 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4346 Sheldon Ave
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4346 Sheldon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Lewis Wienecke
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-09-0525
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Edna B. Hetzner
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) Dec. 27, 1902
8. AGE: Years 37 | Months 8 | Days 25 | If less than one day hr. 23 min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Automobile Dealer
11. Industry or business

FATHER
12. Name Phillip Wienecke Sr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Wittstack
15. Birthplace Baltimore Md.

16 (a) Informant Edna B. Wienecke
(b) Address 4346 Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1940, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940, to Sept 20 1940, and that I last saw h[illegible] alive on Sept 20 1940.

Immediate cause of death Annular Sarcoma obstructing the duodenum. — Duration 2

Due to Sarcoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma of Cecum
Of autopsy Sarcoma of Duodenum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address Bon Secours Hosp. Date signed 9-20-40

F 23046

F 73046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 73046

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 E.Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 E.Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W.Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida M.Bunce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb.23,1892

8. AGE: Years	Months	Days	If less than one day
48	7 6	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Police
11. Industry or business Baltimore City

FATHER
12. Name George Edward Myers
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Luvenia Bell
15. Birthplace Baltimore Md.

16 (a) Informant Ida M.Myers
(b) Address 2203 E.Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.25/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E.North Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N.Broadway.

19 (a) (b) Registrar

SEP 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Sept 21 1940; and that I last saw h alive on 19

Immediate cause of death Broncho Pneumonia — Duration 6 days.

Due to

Due to Myocarditis — Duration ?

Other Conditions Contributing

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L N Myers Jr

Address 1506 E. 32 Date signed 9/23/40

385 F 73047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137. Registered No. F 73047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3533 E. Fairmount (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Edward Hayward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Flora Hayward

6 (c) If alive, give age: 87 years

7. Birth date of deceased (mo., day, yr.) 10-20-[illegible]

8. AGE: Years 65 [illegible] | Months 11 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Tom Hayward

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Williams

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto Md

18 (a) Funeral director Philip A Hendrickson

(b) Address 2024 Eutaw St

19 (a) [illegible] (Local registrar) (b) Hunting H. Williams, M.D. Registrar

SEP 24 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Sept 23 1940 and that I last saw him alive on Sept 23 1940.

Immediate cause of death: Uremia — Duration: 9 days

Due to: Renal insufficiency — Duration: ?

Due to: Nutted structure and benign prostates hypertrophy — Duration: ?

Other Conditions: Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings:

Of operation: Benign hypertrophy

Of autopsy: no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M. D.

Address Johns Hopkins Hospital Date signed 9/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Fill in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73048

SEP 24 1940
Vs. ? [illegible]

F 73048

F 73048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183-a Registered No. F 73048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 W. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Frances Cornish
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Joseph Cornish
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1871
8. AGE: Years Approx 69 Months Days If less than one day hr. min.
9. Birthplace Dorchester County Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Major Travers
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Cornish
15. Birthplace Md

16 (a) Informant Leba Jackson (Daughter)
(b) Address 1573 W Baltimore St
17 (a) Disposition (burial, cremation, or removal) (b) Date thereof 9/24/40 (month) (day) (year)
(c) Cemetery or crematory Cambridge
Location Cambridge Md
18 (a) Funeral director Burl H Raynum
(b) Address Cambridge Md
19 (a) (b) Registrar
SEP 24 1940 Thomas [illegible] Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940 at 5:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Sept 22 1940
and that I last saw h alive on Sept 22 1940.

Immediate cause of death: Acute Cerebral Apoplexy
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

Duration: Sept 22 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo S Allen MD
Address 5 S Augusta St Date signed 9-23-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

F 73049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73049

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Do not use abbreviations. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma R. Purnell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1877

8. AGE: Years 63 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Jackson
13. Birthplace Md

MOTHER 14. Maiden Name Isabelle Braptow
15. Birthplace Md

16 (a) Informant Harry E. Purnell
(b) Address 738 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto., Md

18 (a) Funeral director Joseph H. Locke, Jr.
(b) Address 1304 N. Central Ave.

19 (a) Huntington Williams (Date rec'd by registrar)

SEP 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Sept. 22 1940, and that I last saw h[illegible] alive on Sept. 22 1940.

Immediate cause of death: Carcino-Uterine Hemorrhage — Duration: 3 mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 84 Warren Ave Date signed 9-25-40

SEP 24 1940

F 73050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 73050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lyman Park Apts
(c) Hospital or institution: home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lyman Park Apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Helen Roane Hoge

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Widow
6 (c) If alive, give age— years

7. Birth date of deceased (mo., day, yr.) July-5-1871

8. AGE: Years 69 | Months 2 | Days 18 | If less than one day — hr. — min.

9. Birthplace Baltimore-Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Henry Roane
13. Birthplace Virginia

MOTHER
14. Maiden Name Belle Gregs
15. Birthplace Maryland

16 (a) Informant Mr. B. Stoops (son)
(b) Address Lyman Park Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep-25-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 102 W. NORTH AVENUE

SEP 24 1940 (b) Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23/40, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to Sept 23 1940.
and that I last saw her alive on 9/23 1940.

Immediate cause of death Myocarditis
Interstitial
Due to Arterio-Sclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Gradual

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M H Woody
Address 1403 Park Ave Date signed 9/24/40

F 73051

VS 3

73051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1164-C Registered No. F 73051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Willard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER L. JONES

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-0436

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15. 1900

8. AGE: Years 39 | Months 11/10 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Wilton Farms Dairy

FATHER
12. Name Jeremiah Jones
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ida L. Chiswell
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ida L. Jones (Mother)
(b) Address 124 Willard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (month) (day) (year) 9-24-40

(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director F. B. Wippert's Sons
(b) Address 1300 Eutaw Pl

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 1940, at 7:40 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to Suicide	
Due to mental depression	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence September 21 1940
(c) Where did injury occur? 124 Willard St Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Revolver

23. Signature H. Lee Allen Medical Examiner. M.D.
Date signed 9-22-40

VS 6

73052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 73052 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N. Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 50 yrs. years

3 (a) FULL NAME Leonard Starkman - Leonard Starkman.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 219-03-6928 —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Starkman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863 - Nov. 11

8. AGE: Years 76 | Months 10 | Days 11 | If less than one day — hr. — min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation ~~Janitor~~ - Engineer
11. Industry or business Southern Hotel

FATHER
12. Name Leonard Starkman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Maryland

18 (a) Funeral director F. B. Wisbert & Son
(b) Address 1300 Eutaw Pl

19 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-22- 1940, at 12 30 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Concussion with hemorrhage — Duration
Due to: multiple fractures
Due to: and lacerations and abrasions.
Other Conditions: Hypertension Cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-20-40
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public — While at work? (Specify type of place)
(e) Means of injury: Struck by auto - while crossing Street

23. Signature Howard J. Tavenner M.D. Medical Examiner.
Date signed 9-22-40

9-24-1940

VS 6

F 73053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

195-E F 73053
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3929 Falls Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN J. LOCKNER

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24-1924

8. AGE: Years	Months	Days	If less than one day, hr.	min.
15	9	29		

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Daniel J. Lockner
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary E Martin
15. Birthplace Balto Co Md

16 (a) Informant Daniel J. Lockner
(b) Address 3839 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-1940 (month) (day) (year)
(c) Cemetery or crematory St Mary's Romdon
Location Balto Md

18 (a) Funeral director Bertrand Keller & Co
(b) Address 3224 N Charles St

SEP 27 1940

19 (a) (Date received by registrar) (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1940, at 6:25 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Septicaemia, staphylococcus aureus hemolyticus	
Due to Osteomyelitis of left tibia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 13, 1940
(c) Where did injury occur? Maryland Training School for Boys (City or town) (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury left leg struck by baseball bat
23. Signature J. J. Wallenmeier M.D. Medical Examiner.
Date signed 9-23-40

VS 6

73054

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59147 F 73054
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be correctly given. Use black ink and do not write outside the lines. Be especially careful to report the exact cause of death clearly and legibly. Physicians: please write the cause of death in such terms as will convey a definite idea of the disease or injury which caused death. Do not use indefinite or unsatisfactory terms.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Wolfe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vivian Hightower

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-33

8. AGE: Years	Months	Days	If less than one day
6	8	24	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Samuel Weaver
13. Birthplace Unknown

MOTHER
14. Maiden Name Mildred Hightower
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Sept 25 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location G. G. County Md.

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 1129 ct. Caroline Street

19 (a) 9/28/40 (Date rec'd by registrar) Huntington Williams M.D. Registrar

vs 80

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940 to Sept 21 1940 and that I last saw he alive on Sept 21 1940.

Immediate cause of death — Duration
Typhoid Fever — 21 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. C. Stiffler Jr. M. D.
Address 229 E. 33rd St Date signed 9-25-40

F 73055

F 73055 HEALTH DEPARTMENT—CITY OF BALTIMORE F 73055

CERTIFICATE OF DEATH ✓83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Leeds St. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A Doetzer

If U. S. Veteran specify WAR.

(a) Residence: No. 3713 Leeds St St., Ward.
(Usual place of abode) (If non-resident give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin F. Doetzer

6. DATE OF BIRTH (month, day, year) Apr 8 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Spitzner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Gebhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jennie A. Doetzer

(Address) 3713 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 26 1940

19. UNDERTAKER Roff C & B. N. Walters

(Address) 847 Hunter St

20. SEP 24 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23, 1940.

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1940 to 9/23, 1940

I last saw her alive on 9/25, 1940. Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Cerebral hemorrhage	2 Days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William P. Hagan M. D.

(Address) 3310 Eastern Ave Balto Md

No. 15 ... should be carefully supplied. AGE should be given ... information should be carefully supplied. Exact statement of ... it may be properly classified. ... state CAUSE OF DEATH in plain terms, so that it ... OCCUPATION is very important. See instructions on back of certificate.

VS 2

A&Co. 5-31 2500

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73056 F 73056

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1022 N. Bond St 131-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1022 St., N. Bond (Ward) 7-4)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Jane Courtney

(a) Residence: No. 1029 N Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A A	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Courtney

6. DATE OF BIRTH (month, day, year) May 28, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Elizabethtown North Carolina

FATHER

13. NAME Isaac Williams

14. BIRTHPLACE (city or town) (State or country) Elizabethtown North Carolina

MOTHER

15. MAIDEN NAME Dorothy Moore

16. BIRTHPLACE (city or town) (State or country) Elizabethtown N.C.

17. INFORMANT Mary Stewart

(Address) 1632 Ellsworth St

18. BURIAL, CREMATION, OR REMOVAL

ELIZABETHTOWN, N.C. Date 9-26 1940

19. UNDERTAKER William A Jackson

(Address) 916 Pedmont ave

20. FILED SEP 21 1940, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1940 to Sept 22, 1940

I last saw her alive on Sept 22, 1940 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Sept 22
Hypertensive Cardio-Renal disease	April

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. D. Hyde M. D.

(Address) 1427 E. Pratt St.

F 73057

(Address) 2226 Garrison Blvd.

F 73057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F73057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2226 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Garrison Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EARNEST H. SCHMIDT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma M Schmidt
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 25 — 1877

8. AGE: Years	Months	Days	If less than one day
63	3	2328	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Realestate
11. Industry or business

FATHER
12. Name Casper Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Degmayer
15. Birthplace Germany

16 (a) Informant Emma M Schmidt
(b) Address 2226 Garrison Blvd

17 (a) Burial (b) Date thereof Sept 26
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles J. Powell
(b) Address 1427 Edmondson Ave

19 SEP 24 1940 (b) Huntington Williams Registrar
(Date received by local registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1940, at 9 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hypertension
Heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D.
Medical Examiner.
Date signed 9-23-40

VS 6

F 73058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 73058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Andrew Dumpson.

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Lillie Mae Dumpson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 10, 1875

8. AGE: Years 65 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Cecil County Md.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Daniel Dumpson
13. Birthplace Cecil County Md

MOTHER
14. Maiden Name Mary Ann —
15. Birthplace Cecil County Md.

16 (a) Informant Lillie Mae Dumpson
(b) Address 1608 E. Madison St

17 (a) Burial (b) Date thereof 9/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Loberth Springs

18 (a) Funeral director Robert L. Young
(b) Address 604 W. Carlisle St.

SEP 24 1940
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 1940 at 11. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1940 to 9/21 1940 and that I last saw h[illegible] alive on 9/21 1940

Immediate cause of death: Hypertensive cardio-vascular disease — Duration 3 yrs

Due to: personal knowledge

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Raynor Browne

Address 1500 E. Madison St Date signed 9/23/40

VS 3

Necker

73059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-V

F 73059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered; suppose correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 2812
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Brightwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM F. NECKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2297

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Irene Necker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12/1898

8. AGE: Years 41 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Insurance Adjuster

11. Industry or business

FATHER 12. Name Jacob J. Necker

13. Birthplace Germany

MOTHER 14. Maiden Name Annie E Bode

15. Birthplace Baltimore Md.

16 (a) Informant Irene Necker

(b) Address 3201 Brightwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1940 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director Harry N. Amacost

(b) Address Edgewood Ave

19 (a) SEP 24 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1940, at 10 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 9-23-40

VS 6

VS 6

F 73060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3612 Hillsdale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 93 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Hillsdale Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Lips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Theodore F. Lips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1847

8. AGE: Years	Months	Days	If less than one day
93		4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Haupt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mildred H. Lips
(b) Address 3612 Hillsdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry T. Amoroso
(b) Address 4204 Ridgewood Ave

19 (a) Filed SEP 24 1940 (Date filed by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1940, to Sept. 23 1940; and that I last saw her alive on Sept. 23 1940;

Immediate cause of death	Duration
1) — Cerebral Sclerosis	10 yrs ?
Heart Disease	
Due to Senility &	
arterio-Sclerosis	
Due to	
Other Conditions Pneumonia Influenza	10 yrs ?
Arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations — None
Of autopsy — Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts Date signed 9/23/40

VS 8

VS 3

F 73061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 73061 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Do not write above or below lines. Be sure to write the causes of death clearly and legibly. Give correct age in years, months, days, hours, or minutes, as the case may be. Answer each question. If none, write none. If unknown or if question does not apply, write unknown or cross out. Where a choice is given, underline the correct one. Data for items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 must be obtained from informant. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3338 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3338 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph M. Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: M. Beatrice Hunter

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 1-1876

8. AGE: Years 64 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Shipping Clerk

11. Industry or business Electric Supply Co

FATHER 12. Name John R. Hunter

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Susan Kane

15. Birthplace Baltimore Md

16 (a) Informant Mrs Beatrice Hunter

(b) Address 3338 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4210 Old Fred Rd

18 (a) Funeral director John Logan Son

(b) Address 940 Edmondson Ave

19 (a) SEP 24 1940 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to Sept 22 1940 and that I last saw him alive on Sept 22 1940.

Immediate cause of death: General Carcinomatosis

Due to: Carcinoma of Prostate Gland

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: General Metastasis

Of autopsy:

Duration: 6 Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliott W. Johnson M. D.

Address 3432 Fredericksburg Date signed

VS 3

F 73062

Pons

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

F 73062 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Fifty
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Pons
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12th 1940

8. AGE: Years 0 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name Thomas E. Pons
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Ellen Ransen
15. Birthplace Baltimore Md.

16 (a) Informant Thos. E. Pons
(b) Address 1805 W Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Pulaski Hwy & Old Frederick Rd

18 (a) Funeral director John Devonshire
(b) Address 706 Hollins St

19 (a) SEP 24 1940 (Date rec'd by registrar) (b) [illegible] (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1940 to Sept 22 1940, and that I last saw he alive on Sept 22 1940

Immediate cause of death Peritonitis — Duration: over

Due to Salpingitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Seymour Jr. M. D.
Address Mercy Hospital Date signed 9/23/40

VS 3

VS 3

73063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 73063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2729 Maryland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Carrie P. Brodie

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Walter S. Brodie
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 3, 1872

8. AGE: Years: 68 | Months: 1 | Days: 19 | If less than one day: ____ hr. ____ min.

9. Birthplace: Staunton, Virginia (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Not obtainable
13. Birthplace: Not obtainable

MOTHER
14. Maiden Name: Amanda Henry
15. Birthplace: ----- Virginia

16 (a) Informant: Mrs. Louise A. Frank
(b) Address: 2729 Maryland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Maryland

18 (a) Funeral director: H. W. Meaux Sons
(b) Address: 805 North Calvert Street

SEP 24 1940 (Date rec'd by Registrar) (b) Huntington Pl. Williams, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1940 at 12 - M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1940 to Sept 22 1940 and that I last saw her alive on Sept 22 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Terminal	
Due to General Arterio sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ✓
(b) Date of occurrence: ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury: ✓

23. Signature: Talbot T. Frank M.D.
Address 1319 Poplar Phone ____ Date signed 9/23/40

3838 F 73064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No. F 73064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erase the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7410 Shirland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Garris

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 225-07-4966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-12

8. AGE: Years	Months	Days	If less than one day
27	11	12	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Shipping Bus.
11. Industry or business

FATHER
12. Name William J. Garris
13. Birthplace N.C.

MOTHER
14. Maiden Name Margaret Cobb
15. Birthplace NC

16 (a) Informant Relative
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/40 (month) (day) (year)
(c) Cemetery or crematory Norfolk Va
Location "

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1905 Eutaw Place

19 Date received by local registrar SEP 24 1940 Hunting for Williamsburg.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 9 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940 to Sept 24 1940 and that I last saw him alive on Sept 24 1940.

Immediate cause of death	Duration
(a) the Meningitis	
due to the Kidney	
(b) Pyelonephritis	
Due to the	over
(c)	
Due to	
(d)	
Other Conditions notory	

(Include pregnancy within 3 months of death)

Major findings:
Of operations the Rt kidney + Rt Pyelonephritis
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemons M.D.
Address Johns Hopkins Hosp. Date signed 9/26/40

VS 73065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-B

F 73065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 E. Woodlea Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-18-40
8. AGE: Years | Months | Days: 3 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Alpheus Brown
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Doris Strach
15. Birthplace Balto. Md.

16 (a) Informant Doris Brown
(b) Address 4404 E. Woodlea Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 24 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) SEP 24 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
5929

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1940, to 9-21 1940 and that I last saw h e r alive on 9-21 1940.

Immediate cause of death	Duration
Congenital Deformity (Spina Bifida & Spastic Paraplegia)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Cunningham M. D.
Address Univ. Hosp. Date signed 9-24-40

VS 2

F 73066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 73066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Do not use abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age in every case. Answer every question. If unknown, say so. Do not leave any item blank. Where the question is especially important, Physicians: please write the answer in full.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Schmidt

3 (b) If veteran, name war None

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Husband

6 (b) Name of husband or wife Catherine E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1882

8. AGE: Years 58 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Rel.

11. Industry or business Car Molder B.O.R.R.

FATHER 12. Name George A Schmidt

13. Birthplace Balto

MOTHER 14. Maiden Name Theresa Haupt

15. Birthplace Balto

16 (a) Informant Frank Schmidt (Son)

(b) Address 1816 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 25 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Martin K. E. Doppel

(b) Address Huntington Williams, Md.

19 (a) SEP 24 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 19 40 to Sept 22 19 40, and that I last saw h[illegible] alive on Sept 21 19 40:

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Cardio-Renal Failure — 3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. N. Meyer M. D.

Address 1538 E. 32nd Date signed

73067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution:
Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Furley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Nemec

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1889

8. AGE: Years	Months	Days	If less than one day
51.	6	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Locomotive Engineer

11. Industry or business Penn. R. R.

FATHER
12. Name Charles Nemec
13. Birthplace Bohemia

MOTHER
14. Maiden Name Frances Bumba
15. Birthplace Bohemia

16. (a) Informant Jesse Enoch
(b) Address 900 E. Chestnut

17 (a) Burial (b) Date thereof 9-27-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Enoch Son
(b) Address 900 E. Chester St

19 (a) SEP 24 1940 Place of death Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1940, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 1940 to Sept. 24, 1940 and that I last saw h. alive on Sept. 24, 1940

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 9/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the age is correct age is especially important. Physicians: please write the cause of death in terms which convey definite information.

VS 3

VINSUI

VS 3

VINSVI

73068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 73068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2325 1303 Potapsco ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernon W. Anderson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 — 1911

8. AGE: Years 29 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Pipe fitter
11. Industry or business B&O R.R.

FATHER
12. Name Samuel C. Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma P. Laudin
15. Birthplace Maryland

16 (a) Informant Mrs Emma P. Anderson
(b) Address 1303 Potapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Bethel camp
Location Anne Arundel Co - Beade

18 (a) Funeral director Harry H Wiltbe
(b) Address 4101 Edmondson Ave Huntington Williams, M.D.

19 (a) SEP 24 1940 (Date received by registrar) Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or the word "unknown" inserted. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 — 1940, at 6:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Transverse Myelitis severed Spinal Cord	2 Mo
Due to Fractured 6th. Cervical vertebra	2 Mo
Due to Pyelonephritis	1 Mo.
Other Conditions Cachexia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 27 - 1940
(c) Where did injury occur? Anne Arundel Co, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? No
(e) Means of injury Struck auto driven under, Kurtz's
23. Signature Howard J. Mackenzie M.D. Medical Examiner.
Date signed 9-24-40

VS 6

(over)

VS 6 (over)

F 73069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 73069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City R 3 0
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glenelg Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) NAME Albert Howard Linthicum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella Melia Linthicum

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 28 1864

8. AGE: Years 76 | Months 10 | Days 26 | If less than one day: ..... hr. ..... min.

9. Birthplace Maryland
(Town, county and state)

10. Usual Occupation Farmer

11. Industry or business Farm.

FATHER 12. Name Charles T. Linthicum

13. Birthplace Maryland

MOTHER 14. Maiden Name Louisa Alma C. Linthicum

15. Birthplace Maryland

16 (a) Informant Mrs. A. Howard Linthicum

(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1940 (month) (day) (year)

(c) Cemetery or crematory St. Louis Cem.

Location Catonsville, Md.

18 (a) Funeral director Eastow Sons

(b) Address Ellicott City, Md.

19 (a) SEP 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23, 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9, 1940, to Sept. 23, 1940, and that I last saw h/m. alive on Sept. 22, 1940.

Immediate cause of death Uremia and Bronchopneumonia with abscess formation — Duration .....

Due to B. Coli Septicemia .....

Due to Ascending G-U tract infection .....

Other Conditions Benign Prostatic Hypertrophy .....

(Include pregnancy within 3 months of death)

Major findings:
• Of operations .....
Of autopsy 1) Benign Prostatic Hypertrophy, 2) G-U tract infection 3) Bronchopneumonia, Tuberculosis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Boston H. Caplan, M. D.
Address University Hospital Date signed 9/23/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

Benjamin Tutt

73070 HEALTH DEPARTMENT—CITY OF BALTIMORE 73070

83-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Federal St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin Tutt

If U. S. Veteran specify WAR.

(a) Residence: No. 414 E. Federal St., Ward 55

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Dolly Mae Tutt

6. DATE OF BIRTH (month, day, year): Feb. 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lincoln Co. Georgia

FATHER

13. NAME: Ulysses Tutt

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Caroline Roundtree

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Agnes Watts

(Address): 414 Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvery Cem. Date: Sept. 26, 1940

19. UNDERTAKER: Mrs. R. A. Elliott & Daughter

(Address): 1129 N. Caroline Street

SEP 25 1940 Huntington Williams Mgr.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/23/40. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1940 to 9/23, 1940

I last saw him alive on 9/23, 1940. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Paralysis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. M. Roberts M. D.

(Address) 1134 Druid Hill Ave.

VD 9

F 73071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-3 Registered No.

F 73071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Use figures for dates and for ages, except write out age if less than 1 day. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 E Lombard St Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Harry L. Mendelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W.

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation (Self)

11. Industry or business Shoe Maker

FATHER 12. Name Abraham Mendelson
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Benj. Mendelson
(b) Address 1609 E Baltimore St

17 (a) Burial (b) Date thereof Sept 25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebur Rosedale
Location Philadelphia Road

18 (a) Funeral director Wm H Sherman & Bro
(b) Address 1124-26 W North ave

SEP 26 1940 (b) Huntingtown, Md.
(Date received) (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11-40 Sep. 24 1940, and that I last saw him alive on Sep 24 40

Immediate cause of death: Coronary Thrombosis — Duration 1 hr

Due to: Goitre Carcinoma — Duration 6 yr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Baylis

Address 2040 Eutaw Date signed 9/27/40

F 73072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

F 73072
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a competent physician to certify to the causes of death clearly and legibly. Do not use abbreviations or symbols. Do not state "Unknown" if there is any reasonable basis for an opinion. Even if the deceased was not attended during last illness, the physician should certify to the cause of death if he can. Any error or illegibility should be corrected by affidavit. Do not write in the space below. Fill in all items if possible, but the certificate must not be delayed for information which cannot be obtained promptly. Be sure to answer "Yes" or "No" whether "Female" is entered or not. If the deceased was a married woman, write her maiden name in parentheses. Write with pen and ink. Use figures for ages, except write "one" under one year or one day. Underline the cause to which death should be charged statistically. Physicians: please write the cause of death clearly and legibly. Please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution: ST. JOSEPH'S
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. LAKEWOOD AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN STEGMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Frances A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23-1874

8. AGE: Years 65 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business U. S. A.

FATHER 12. Name George Stegman

13. Birthplace Germany

MOTHER 14. Maiden Name Mary E. Kier

15. Birthplace Germany

16 (a) Informant Frances A. Stegman

(b) Address 1105 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Towson

18 (a) Funeral director Towson Chapel

(b) Address 5305 Harford Rd.

19 (a) SEP 25 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 24th 1940, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23 1940, to 9/24 1940, and that I last saw him alive on 9/24 1940.

Immediate cause of death Cerebral Thrombosis — Duration 1 day

Due to Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cerebral Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Leaguard M. D.

Address St. Joseph Hospital Date signed 7/24/40

J. B. Leaguard.

M. D. B. 1268-9

V8 3

J B Leaird.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

73073

CERTIFICATE OF DEATH

50 F 73073

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W Franklin St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Ellen Ross Johnson

(a) Residence: No. 643 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: colored
5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frederick Johnson

6. DATE OF BIRTH (month, day, year): November 25, 1881

7. AGE — Years: 58 — Months: 9 — Days: 27 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Nova Scotia British Columbia

FATHER

13. NAME: Edward Cornish
14. BIRTHPLACE (city or town) (State or country): Nova Scotia B.C.

MOTHER

15. MAIDEN NAME: Sarah Weise
16. BIRTHPLACE (city or town) (State or country): Nova Scotia B.C.

17. INFORMANT: Georgina Ross Frazer
(Address): 643 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem. Date: 9/26/ 19 40

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 328 N. Schroeder St

SEP 25 1940 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9.21.40, 19

22. I HEREBY CERTIFY, That I attended deceased from 7.2.40, 19... to 9.21.40, 19...

I last saw her alive on 9.21.40, 19... Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast -	May 1940
arteriosclerosis -	—

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Parr, M. D.

(Address) 600 N Carrollton Ave

N. B.—WRITE PLAINLY. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. FURNISHING state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B F 73074

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 South Stockton St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Alexander Thomas (Thompson)

If U. S. Veteran specify WAR

(a) Residence: No. 42 South Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 1, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
50	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eliza Green

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Joseph Mitchell

(Address) 42 South Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/26/ 1940

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED SEP 25 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1940, to Sept 23, 1940

I last saw h.. alive on Sept. 20, 1940 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
Cardiac decompensation	

Other contributory causes of importance:

myocardial degeneration	?
Chronic Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Sherwington M. D.

(Address) 201 N Caroline St.

N. B.—WHITE PAPER should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 73075
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Please write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write your name and address.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 W 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 W 27th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida J. Isley.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Joseph F. Isley.
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Nov 19, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	5	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Simms
13. Birthplace Md.

MOTHER
14. Maiden Name ? McCleary.
15. Birthplace Md.

16 (a) Informant Joseph F. Isley.
(b) Address 529 W 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26, 1940. (month) (day) (year)
(c) Cemetery or crematory Highland Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director Rhenowalt & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date rec'd by registrar) SEP 25 1940 (b) Huntingtown Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24, 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/5 1940 to 9/24 1940 and that I last saw her alive on 9/20 1940.

Immediate cause of death	Duration
Metastasis Cerebral	
Due to Carcinoma of breast (Rt.)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Glassman M.D.
Address 2687 Wilkens Ave. Date signed 9/25/40

F 73076

3832 F 73076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

Registered No. F 73076

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Anne's
(c) City or town Queenstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-30-16

8. AGE: Years	Months	Days	If less than one day
24	7	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Saul Green
13. Birthplace Md

MOTHER
14. Maiden Name Alice Settler
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-25-40 (month) (day) (year)
(c) Cemetery or crematory Queenstown
Location Centreville Md

18 (a) Funeral director Jno. T. Francis & Hersey
(b) Address 578 N. Biddle St.

SEP 25 1940 (Date received by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940 to Sept 24 1940 and that I last saw him alive on Sept 24 1940.

Immediate cause of death	Duration
Uremia	
Due to nephritis, ? Typus	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Scarred Kidney, ? Hypernephroma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Billings M.D.
Address Johns Hopkins Hosp. Date signed 9-25-40

F 73077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-c

F 73077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118 Glendale Avenue
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Glendale Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harper Kellar McKean

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Ethel
6 (c) If alive, give age: 44 years
7. Birth date of deceased (mo., day, yr.): May 18/1896
8. AGE: Years: 44 | Months: 4 | Days: 4 | If less than one day: ..... hr. ..... min.
9. Birthplace: Endover Pa. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Harper. M. McKean
13. Birthplace: Endover Pa.

MOTHER
14. Maiden Name: Edna Eardsley
15. Birthplace: Endover Pa.

16 (a) Informant: Ethel McKean (Wife)
(b) Address: 3118 Glyndale. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25/40 (month) (day) (year)
(c) Cemetery or crematory: U.S. Balto. National
Location: Fredrick Ave.

18 (a) Funeral director: Lilly & Waters Inc
(b) Address: 403 S. Wolfe St.

SEP 25 1940 (Date received) (b) Hunter Lee Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to Sept. 22 1940, and that I last saw him alive on Sept. 22 1940.

Immediate cause of death: Bronchogenic carcinoma with metastasis to liver — Duration: 1 year

Due to:

Due to:

Other Conditions: Anemia (chronic) 2 years
Heated Lymphozyma calcified Tuberculosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Liver
Of autopsy: Bronchogenic Ca. with Metast

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. J. Slappert
Address: 6 Mon Mot Rd Date signed Sept 26 M.D. 1940

F 73078

F 73078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121-a Registered No.

F 73078

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 FOSTER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 FOSTER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME MARY DOTTERWEICH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: PETER DOTTERWEICH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 27 1876

8. AGE: Years 63 64 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN FEIDLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant HELEN DOTTERWEICH (DAUGHTER
(b) Address 3304 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 26/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST. Huntington Williams, W. Va.

19 (a) SEP 25 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH SEPT. 23 1940, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Sept 23 1940 and that I last saw her alive on Sept 23 1940.

Immediate cause of death: Arteriosclerotic Cardiovascular Renal Disease — Duration 7/25/40
Due to:
Due to:
Other Conditions: Cardiac Decompensation with Anasarca — 9/7/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas D Edwards M.D.
Address 2746 Alameda Date signed 9/24/40

VS 3

F 73079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-D

Registered No. F 73079

PLEASE WRITE PLAINLY with pen or pencil, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas S. McCrea Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-1107

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary V. McCrea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1878

8. AGE: Years	Months	Days	If less than one day
62	2	21	hr. min.

9. Birthplace Federalsburg Md.
(Town, county, and state)
10. Usual Occupation Printing Office
11. Industry or business Linotype Operator

FATHER
12. Name William McCrea
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Pennewell
15. Birthplace Del.

16 (a) Informant James Townsend Hospital Records
(b) Address Federalsburg Md.

17 (a) Burial (b) Date thereof Sept. 28 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Federalsburg Md.

18 (a) Funeral director J. J. Trampleasure
(b) Address Federalsburg Md.

19 SEP 25 1940 (b)
(Date Filed by Registrar) Registrar
Hunter Jos. Williams, M.D.

VS. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1940, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1940 to Sept. 25 1940, and that I last saw h[illegible] alive on Sept. 25 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerosis	?
Due to	
Other Conditions Carcinoma of left antrum (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations Carcinoma left antrum c wide extension
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances M Swagler
Address University Hospital Date signed 9/25/40 M. D.

VS. 3

F 73080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73080

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapelgate Lane
(c) Hospital or institution:
Summit Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1752 Bank St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME CHARLES H. RIEFNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Louisa Riefner
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 1855

8. AGE: Years	Months	Days	If less than one day
85	6		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Watchman - retired
11. Industry or business Baltimore City.

FATHER
12. Name William Riefner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore

16 (a) Informant Mrs. Charlotte King (Daughter)
(b) Address 519 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address NORTH AVE. & BROADWAY

19 SEP 25 1940 (Date filed by Registrar) (b) Registrar

VS 3

PLEASE WRITE PLAINLY, with pen and ink. Fill in all blanks. Be sure and state the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23. 1940 19 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940 to Sept 23 1940, and that I last saw h[illegible] alive on Sept 21 1940.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Cutterman
Address 2324 Reisterstown Rd Date signed 9/24/40 M. D.

F 73081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73081

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Baltimore, Maryland

Registered No.

CITY OF BALTIMORE: (No. 2058 Druid Park Drive) (13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eldred Case

If U.S. Veteran specify WAR

(a) Residence: No. 2058 Druid Park Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Case

6. DATE OF BIRTH (month, day, year): Jan. 29, 1863

7. AGE: Years 77 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Cape Vincent New York

FATHER

13. NAME: Casey Eldred.
14. BIRTHPLACE (city or town) (State or country): Cape Vincent New York.

MOTHER

15. MAIDEN NAME: ? Acofield.
16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT (Address): Clifford Case (son) 2058 Druid Park Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Sept. 26 1940

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED: SEP 25 1940 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 23 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to Sept. 23, 1940.

I last saw her alive on Sept. 23, 1940. Death is said to have occurred on the date stated above, at 10 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1905?
Arteriosclerotic Cardio-vascular disease	1937

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur Karlyn M. D.
(Address) 4309 Marble Hall Road.

N. B.—WHITE PAPER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73082
384534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 Registered No. F 73082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B Preisinger

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-69

8. AGE: Years 71 | Months — | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER 12. Name John Preisinger
13. Birthplace Germany

MOTHER 14. Maiden Name Anna Mary Kane
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director George J Roth's Son
(b) Address 1735 Hanford Ave

19 (a) (Date received by registrar) (b) Registrar

SEP 25 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1940 to Sept 24 1940
and that I last saw h alive on Sept 24 1940

Immediate cause of death Pulmonary Embolism — Duration 1 hr?

Due to

Due to

Other Conditions Arteriosclerosis; generalized — Duration ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostate Hypertrophy
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E Brecklaw M.D.
Address Johns Hopkins Hosp. Date signed 9/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to the causes of death clearly and legibly. Physicians: please write the cause of death as especially important.

VS 3

F 73083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

Laabs.

F 73083 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give the causes of death clearly and legibly. Do not age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna E. Labbs (Laabs)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gustav H. Laabs

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 4/20/1868

8. AGE: Years 71 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name ? Fichner
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Elsie Krebs
(b) Address 1800 - Hanford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md

18 (a) Funeral director Geo. J. Fuith Sons
(b) Address 1235 Harford Ave

SEP 27 1940 (Date registered) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 6:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1940, to Sept 24 1940, and that I last saw her alive on Sept 24 1940.

Immediate cause of death Carcinoma of Tonsil, Left — Duration

Cardiac & Respiratory Failure

Due to Carcinoma of Tonsil, Left with pulmonary metastasis

Due to

Other Conditions Hypertension & generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tumpkin M. D.

Address Md. General Hosp. Date signed 9/29/40

VS 3

73084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 73084
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Broom & Lombard sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home 243 Forrest st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN HUDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. SS.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April ? 1891

8. AGE: Years 49 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Lumber yard

FATHER
12. Name John Hudson
13. Birthplace Maryland

MOTHER
14. Maiden Name Fanny ?
15. Birthplace Maryland

16 (a) Informant Levi Alford
(b) Address 1835 N Spring st

17 (a) Burial (b) Date thereof 9-25-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Auburn
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Edmondson Ave

SEP 25 1940
(Date rec'd by registrar)

(b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage

Due to Tuberculosis pulmonary acute

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Asst. Medical Examiner.

Date signed 9-17-40

VS-6

384046

F 73085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B

Registered No. F 73085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Ellsworth Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Mary Miles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife — — —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-23

8. AGE: Years	Months	Days	If less than one day
16	11	0	.....hr. .....min.

9. Birthplace N C (Town, county, and state)
10. Usual Occupation H. Work
11. Industry or business

FATHER
12. Name Wm Miles
13. Birthplace N.C.

MOTHER
14. Maiden Name Frances Cleaver
15. Birthplace N C

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25th 40 (month) (day) (year)
(c) Cemetery or crematory
Location Roxborough, N.C.

18 (a) Funeral director Edward O Wilson
(b) Address 1000 Pentwater Rd

19 (a) SEP 25 1940 (Date rec'd by registrar) (b) Huntington Wilson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940, at 9.31 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940 to Sept 23 1940 and that I last saw her alive on Sept 23 1940

Immediate cause of death	Duration
Disseminated Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Mitchell N. Miller M. D.
Address 7 - 14 N Date signed 9-7-40

sep 92
73086.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24- Registered No. F 73086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108½ Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Alverta Culp

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife.....
6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 5-20-18

8. AGE: Years 22 | Months 4 | Days 3 | If less than one day .....hr. .....min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER — 12. Name James Reguesters
13. Birthplace Md.

MOTHER — 14. Maiden Name Laura Veney
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 (month) (day), (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilgus

18 (a) Funeral director E D Wilson
(b) Address 1000 Brantley

19 (a) SEP 25 1940 (Date rec'd by registrar) Huntington Hall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940 at 11 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1940 to Sept 23 1940.
and that I last saw h alive on Sept 23 1940.

Immediate cause of death	Duration
(?) anaerobic strepto-coccal septicemia	
Due to generalized fibritonitis	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations generalized peritonitis
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature John H Ridley M. D.
Address J H Hosp. Date signed.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to every item. Please write the causes of death clearly and legibly. Date of death or stillbirth is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73087 — 77-D — Registered No. F 73087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 W Camden St. (If rural give location)
(Hoffman House)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMERSON ~~RIDGELEY~~ OR RISLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 146-09-8441

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah B. Rumkley

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1893

8. AGE: Years 46 | Months 10 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation Poultry Business

11. Industry or business

FATHER
12. Name Frank Risley
13. Birthplace N.J.

MOTHER
14. Maiden Name Annabelle Adams
15. Birthplace N.J.

16 (a) Informant W.B. Parvella
(b) Address Pleasantville, N.J.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 25, 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Pleasantville, N.J.

18 (a) Funeral director A. Lee Adams
(b) Address 4644 York Road Huntingtown Williamsport, Md.

19 (a) Date received by Registrar SEP 25 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23, 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Chronic alcoholism	
Due to	
Due to	
Other Conditions: no (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D. Medical Examiner.
Date signed 9-27-40

VS 6

73088

Steele
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 73088
Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) If hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Park Depasit
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. B. Steele

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1858

8. AGE: Years 82 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Julian Steele
13. Birthplace Md

MOTHER
14. Maiden Name Gerhart
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Sept 29 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Forest Lawn
Location ~~Catonsville~~ Port Deposit, Md.

18 (a) Funeral director C. E. Tyson.
(b) Address Perryville Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md.

SEP 30 1940

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1940 to 9-25 1940 and that I last saw him alive on 9-25 1940.

Immediate cause of death: Arteriosclerotic Heart Disease & decompensation — Duration: [illegible]
Due to Tuberculosis — Due to [illegible]
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md. Gen. Hosp. Date signed 9/25/40

F 73089

F 73089 LB 59360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-27

3 (a) FULL NAME [redacted] Frank P. Burkhead.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1870

8. AGE: Years 69 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Balto) (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business Laboring

FATHER
12. Name unknown Andrew Burkhead
13. Birthplace unknown

MOTHER
14. Maiden Name Frances Miller
15. Birthplace unknown (Germany)

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-40 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1212 St Paul St

19 (a) [illegible] (b) Huntingdon Pennsylvania

SEP 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/24 1940, at 2:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20 1940, to 9/24 1940, and that I last saw h[illegible] alive on 9/23 1940.

Immediate cause of death	Duration
Carcinoma of roof of mouth & metastasis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 9/24/40

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 73090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V131-B

F 73090
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Paul apts
(b) Street address Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. St Paul Apts Mt Royal Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alida W Gittings

3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband ~~or wife~~ Julian E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8 1880

8. AGE: Years 60 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Phila Penna
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dr David F Woods
13. Birthplace Carlysle Pa

MOTHER
14. Maiden Name Helen Stewart
15. Birthplace Phila Penna

16 (a) Informant Julian E Gittings
(b) Address St Paul apts

17 (a) Burial (b) Date thereof 9-29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) Date received (b) Registrar
SEP 30 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1940 to Sept 25 1940 and that I last saw h Er alive on Sept 24 1940

Immediate cause of death
Uremia
Chronic Nephritis
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration
4 days
? yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas W. Lamm
Address 1327 Park Ave Date signed Sept 23 40

F 73091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

F 73091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Cold Spring Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle Evelyn Hickey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: August Hickey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14-1894

8. AGE: Years 46 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Alfred T Wessels
13. Birthplace Virginia

MOTHER
14. Maiden Name Louva E Tull
15. Birthplace Baltimore Md

16 (a) Informant August H Hickey
(b) Address 28 Summerfield Rd

17 (a) Burial (b) Date thereof 9-28-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Burial Co
Location Woodlawn Cemetery

18 (a) Funeral director Wiedeman Chapel
(b) Address 1317 St Paul St

19 (a) (b)
(Date rec'd by registrar) Registrar

P 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1940 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940 to Sept 25 1940 and that I last saw her alive on Sept 25 1940.

Immediate cause of death Heart failure — Duration

Due to Rheumatic C V Disease with Auricular fibrillation

Due to

Other Conditions Bilateral femoral embali
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Greene Jr. M. D.
Address Mercy Hospital Date signed 9/25/40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

SEP 26 1940 VS 2

F 73092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 73092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5709 Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? /

3 (a) FULL NAME Raymond Childs.

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1898

8. AGE: Years 41 | Months 8 | Days 21?6 | If less than one day hr. min.

9. Birthplace Havana, Cuba.
(Town, county, and state)

10. Usual Occupation Bookkeeper + Clerk

11. Industry or business

12. Name George L. Childs (FATHER)
13. Birthplace Troy, N. Y.

14. Maiden Name Aurora San Pelays (MOTHER)
15. Birthplace Havana, Cuba.

16 (a) Informant George L Childs
(b) Address 64 Summit Av. Bronxville N.Y.

17 (a) Ship (Burial, cremation, or removal) (b) Date thereof Sept 28 40 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cemetery
Location Troy N.York

18 (a) Funeral director William Book
(b) Address 1217 St. Paul Street

19 (a) Date received (month) (day) (year) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1940, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1940, to Sept. 25 1940, and that I last saw him alive on Sept. 25 1940.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 day
Due to Intestinal obstruction	2 days
Due to generalized Peritonitis " " acute Suppurative appendicitis	5 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Generalized Peritonitis
Of autopsy Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Livingood M. D.
Address Mercy Hospital Date signed 9-25-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

73093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 937 F 73093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town West Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15
(If rural give location)
(e) If foreign born, how long in U. S. A.? 51 years

3 (a) FULL NAME Mr. George Stanhope Kirkley

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ina M. Kirkley
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1877

8. AGE: Years	Months	Days	If less than one day
63	8	4	..... hr. ..... min.

9. Birthplace Monkhouton, England (Town, county, and state)
10. Usual Occupation Plumbing (Cater retired)
11. Industry or business Plumbing

FATHER
12. Name George Kirkley
13. Birthplace England

MOTHER
14. Maiden Name Maria Hallyard
15. Birthplace England

16 (a) Informant S. S. Kirkley
(b) Address 620 W 40 St Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville - Md

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Avenue

SEP 26 1940 (Date rec'd by registrar) (b) ..... Registrar

VS 2

PLEASE WRITE PLAINLY, with ink or indelible pencil, and without abbreviations. Do not use ditto marks. Be sure to write the causes of death clearly and legibly. Give both the primary cause (disease or condition resulting in death) and any secondary causes (conditions contributing to death but not related to the primary cause). Omit entirely such conditions as mere mechanical stoppage, cessation, or failure of cardiac or respiratory action without showing the pathological condition causing such stoppage, cessation, or failure. Do not report the mode of dying, such as heart failure, asphyxia, anemia, or uremia. Do not report merely symptoms, such as pain, weakness, or convulsions. Do not report conditions which did not contribute to the death but were present at the time of death from some unrelated cause. Be sure to report the date of onset and the duration of each cause reported. Be sure to fill in items 22 and 23 if the death was due to external causes. Be sure to answer every question. If there is no objection to cremation, write the word "Cremation" in item 17 (a). Please write the correct age in every case, and if the deceased was a child or an infant, be sure to write the age in the proper space. Physicians: please write clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4:00 P.M. Sept 22 1940, to 11:20 A.M. Sept 25 1940, and that I last saw him alive on Sept 25 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hrs. 20 Min.
Due to Hypertension & C.V.D.	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ross J. Bergand M. D.
Address 801 Medical Arts Date signed Sept 26, 1940

3094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Ruth Simmons

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ellis
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 5-24-16

8. AGE: Years 24 | Months 3 | Days 27 | If less than one day: hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Morris Veasey
13. Birthplace Md -

MOTHER
14. Maiden Name Mary Moore
15. Birthplace Md -

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29/40 (month) (day) (year)
(c) Cemetery or crematory Elkton Cemt.
Location Elkton, Md.

18 (a) Funeral director N. W. Rippin
(b) Address Elkton, Md.

19 (a) 9 29 1940 (Date received by registrar) (b) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1940, at 12 NND M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 25 1940, and that I last saw h[illegible] alive on Sept 25 1940.

Immediate cause of death	Duration
(a) Uremia	
Due to (b) arteriolar sclerosis nephritis	
Due to (c)	
Other Conditions Rheumatic heart disease, mitral stenosis + aortic insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature John Luetscher M.D.
Address Johns Hopkins Hosp. Date signed 9-25-40

F 73095

F 73095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 73095

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate or use ditto marks. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Bonner Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Bonner Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Yetta Edelstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Sholom Sachs
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Jacob Edelstein
(b) Address 3900 Bonner Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd.
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date received by Registrar) (b) Registrar

SEP 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25, 1940, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1940, to Sept 25 1940, and that I last saw her alive on Sept 25 1940.

Immediate cause of death	Duration
Brain Hemorrhage	
(a) Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions Lobar pneumonia left lower lung. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature KURT LEVY, M. D.
Address 1301 Eutaw Place Phone Ark. 0873
BALTIMORE, MD. M. D.
Date signed 9-27-40

F 73096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Use only standard abbreviations. Do not use ditto marks. Be sure to answer each question. If unknown, say so. Do not leave blanks except when directed. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Gwynn Falls Pkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Meyer Caplan

3 (b) If veteran, name war

3 (c) Social Security Account No. 167-16-1049

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rena

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Phila. Pa (Town, county, and state)

10. Usual Occupation Insurance Salesman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Leah Edlowitch

15. Birthplace Russia

16 (a) Informant Mrs Rena Bloom

(b) Address 1627 Gwynn Falls Pkway

17 (a) Burial (b) Date thereof 9/26/40 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto Hebr. Cong.

Location Belair Rd

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-26 N Monument Ave

19 (a) [illegible] (b) [illegible] Registrar

SEP 26 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1940, at 1:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above. (Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute dilatation	
Due to Chronic Myocardial Degeneration	
Due to Coronary Sclerosis	
Other Conditions Generalized Atheromatosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malamud M.D. Medical Examiner.

Date signed 9-26-40

VS 6

Eckelt

F 73097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 73097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of street or number. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Eberley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Eberley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Emma Eckelt

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Edward L. Eckelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 28, 1855

8. AGE: Years 84 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Herman Klag
(b) Address 3906 Eberley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Gay St.

18 (a) Funeral director Howard W. Bligh Jr.
(b) Address 4914 Belair Road

SEP 26 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 25, 1940, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 20 1940, to Sep. 25, 1940, and that I last saw her alive on Sep. 24, 1940

Immediate cause of death	Duration
Myocarditis (chronic)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 514 Drury Lane Date signed Sep. 25, 1940.

VS 3

VS 3

1940.

F 73098

Bucker

F 73098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-G

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Gorsuch Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice G. Bucher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1867

8. AGE: Years 73 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Social Teacher

11. Industry or business

FATHER 12. Name Louis A. Bucher

13. Birthplace Baltimore

MOTHER 14. Maiden Name Eliza Hart

15. Birthplace Baltimore

16 (a) Informant Lula M. Bucher

(b) Address 713 Gorsuch Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/27/40 (month) (day) (year)

(c) Cemetery or crematory St. Johns Memorial Park

Location York Road

18 (a) Funeral director A. D. Hazelwood

(b) Address 9539 Falls Road

19 (a) SEP 26 1940 (Date received by registrar) (b) Huntingtown, Calvert Co., Md. Registrar

VS 3

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1940, to September 24 1940, and that I last saw h[illegible] alive on September 24 1940.

Immediate cause of death	Duration
Cerebrosis	
Due to Cerebral Hemorrhage	
Due to Carcinoma of Pancreas	
Other Conditions Generally Debilitated	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milner F. Dodd M. D.

Address Mercy Hospital Date signed 9-28-40

73099

F 73099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH (Geneva Apts)

CITY OF BALTIMORE: (No. 3405 Greenway St. 12-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Elizabeth Corlett Fiske

If U. S. Veteran specify WAR.....

(a) Residence: No. 3405 Greenway St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fiske

6. DATE OF BIRTH (month, day, year) June 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr 26th 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Corlett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME George Anna Spencer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Daughter

(Address) 3405 Greenway

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Church Can.

Place New York City Date Sept 27, 1940

19. UNDERTAKER Henry W. Jenkins & Sons

(Address) McCulloh & Orchard Sts.

20. Filed Sep 28 1940 Huntington Williams, M.D. Registrar.

Gtg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to Sept 25, 1940

Last saw her alive on Sept 24, 1940. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset 1935

Other contributory causes of importance:

Cerebral Vascular accident — Date of onset 9/29/40

Was an operation performed? yes Date of Nov 1935

For what disease or injury? Ca of breast

Name of operation Wade Kenny Date of Nov 1935

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Francis W. Gluck, M. D.

(Address) 745 Park Ave

information should be carefully supplied. AGE should be correctly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 73100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 73100 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write "None," so that there may be no omissions. Be sure that the information as to name, age, and birthplace is correct and complete. Use a separate certificate for each death. Do not use abbreviations. If the exact date of birth is unknown, the age at last birthday should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 88-11-4

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 6101 Parkheights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma S. Graves

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband ~~or wife~~ Wm. A. Graves.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20/51

8. AGE: Years	Months	Days	If less than one day
88	11	4	hr. min.

9. Birthplace Dickeyville, Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business None

FATHER
12. Name Joshua Zimmerman
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Elizabeth Spurrier
15. Birthplace Carroll Co. Md

16 (a) Informant Mrs. Nellie Ward.
(b) Address 6101 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Balto. Md.

18 (a) Funeral director Loring Bryce.
(b) Address 5005 Park Heights Ave.

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Filed by [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1940, to Sept 23 1940, and that I last saw h[illegible] alive on Sept 23 1940.

Immediate cause of death: Coronary Thrombosis — Duration 36 hrs
Due to: Coronary Arteriosclerosis — yrs
Due to: Senility
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. L. Hazlehurst M. D.
Address 5017 Park Heights Ave Date signed 9-24-40

M. D. B. 1263-0

73101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73101

CERTIFICATE OF DEATH

1-83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Fawcett St. 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie L. Price

(a) Residence: No. 420 Fawcett St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Willis H. Price

6. DATE OF BIRTH (month, day, year) June 9-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boyman, Md

FATHER

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Willis H Price

(Address) 420 Fawcett St

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place London Park Date Sept 26, 1940

19. UNDERTAKER J. M. J. Lickey & Sons

(Address) Madison

FILED SEP 26 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1940 to Sept 24, 1940

I last saw her alive on Sept 23, 1940. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/23/40
Hypertension	1936 (?)

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Abram Goldman, M. D.

(Address) 2313 W. North Ave.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73102

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 N. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME ~~Mrs. Philip G. Lumpkin~~ Philip G. Lumpkin
3 (b) If veteran, name war None
3 (c) Social Security Account No. 212-03-5040

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Katherine Lumpkin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1892

8. AGE: Years	Months	Days	If less than one day
48	6	30	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Jeweler
11. Industry or business

FATHER 12. Name Storm Lumpkin
13. Birthplace Va

MOTHER 14. Maiden Name Mary Ellen Burnett
15. Birthplace Va

16 (a) Informant Mrs Katherine Lumpkin
(b) Address 3107 N. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-40 (month) (day) (year)
(c) Cemetery or Crematory Baltimore
Location Baltimore - Md

18 (a) Funeral director Wm. H. Kuehn Sons
(b) Address North & Pulaski

19 (a) SEP 28 1940 (Local registrar) (b) Huntington Pitts Balto Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Sept 24 1940
and that I last saw h[illegible] alive on Sept 24 1940

Immediate cause of death	Duration
Bronchio-pneumonia	14 days
Due to	
Due to	
Other Conditions Bronchial Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M.D.
Address 2026 W. Fayette St. Date signed 9-24-40 M. D.

VS 3

73103

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

37866 F 73103
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not abbreviate. Write out the full name of the city, town, or county. Do not use ditto marks. Be sure to answer each question in such full detail as the question requires. Do not omit any item if you can obtain the information. Do not write in the space marked "Registered No." Be sure to fill in items 19 and 20 relating to the causes of death clearly and legibly. Cause of death must be certified for every death, however apparently unimportant, and the certificate filed with the Registrar before a burial permit can be issued. Please see that your certificate is complete and correct and that it is typewritten or written with pen and ink. Carbon copies are not permitted. Physicians: please write the cause of death in such terms as will show the underlying cause of death. Indefinite terms, such as "heart failure," "exhaustion," "old age," "pneumonia," "infection," "septicemia," "uremia," "convulsions," "cancer," "tumor," should be amplified by reference to the primary cause of death.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.(?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-7926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife Va.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1885

8. AGE: Years	Months	Days	If less than one day
55	5	3	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Jackson
13. Birthplace Va.

MOTHER
14. Maiden Name Betsy ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director UNIVERSITY MEDICAL SCHOOL SEP 26 1940
(b) Address Commissioner of Health

19 (a) SEP 26 1940 (Date rec'd by registrar) Per M. A. Moore Registrar
Huntington Williams M.D. 3530

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19-1940, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10-1938 to 9-19-1940, and that I last saw h[illegible] alive on 9-19-1940

Immediate cause of death Cardiac Failure — Duration ?
Due to Hypertensive CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy [illegible] done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 9-23-40

VS 3

Gallion ✓

F 73104 F 73104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Color, Wilkens
(b) Street address ~~343 S. Strieker St~~
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Strieker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Joseph Gallion
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Myrtle Wilson
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Jan 30 1902

8. AGE: Years	Months	Days	If less than one day
38	8	25	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City

FATHER
12. Name Joseph Gallion
13. Birthplace Balt

MOTHER
14. Maiden Name Jenny May Sole
15. Birthplace Randolph Mo.

16 (a) Informant Charles Gallion
(b) Address 425 S Vincent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A Wittle
(b) Address 4101 Edmondson Ave

19 (a) ..... (b) Lillington Williams registrar
(Date rec'd by registr.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 4 h M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-20 1940, to 9-25 1940 and that I last saw h.. alive on 9-24 1940.

Immediate cause of death ~~Uremia~~ Sub Acute Nephritis — Duration 6 wks
Due to Arteriosclerosis
Due to Hypertensive Cardio-Vas Dis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Subacute Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S Parks M.D.
Address 1 Cypress Date signed 9/25

PLEASE ANSWER ALL QUESTIONS. Physicians: please write the causes of death clearly and correct as is especially important.

9/29 8 9/30 OK

73105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73105 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Augusta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy Bilson Weise

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry W. Weise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1874.

8. AGE: Years	Months	Days	If less than one day
66	6	7 6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew J. Bilson
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lucy J. Phillips
15. Birthplace Virginia

16 (a) Informant Henry W. Weise
(b) Address 1 S. Augusta Ave. Irvington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Harry A. Mustyce
(b) Address 4101 Edmondson Ave.

19 (a) (Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23-40 19 , at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to 9-23 1940, and that I last saw her alive on 9-23 1940.

Immediate cause of death	Duration
a. Cerebral hemorrhage	2 mos
Due to Hypertension	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature F. J. Lyons
Address 3321 Frederick Ave. Date signed 9-26-40

VS 8

23106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73106

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Mc Henry St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2012 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mamie Miller

6. DATE OF BIRTH (month, day, year) June 8-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Basket

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manfc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adolf Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mamie Miller

(Address) 2012 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 27, 1940

19. UNDERTAKER George L. Lefkowitz

(Address) 2101 Frederick Ave

Filed SEP 26 1940, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1940, to Sept. 24, 1940

I last saw him alive on Sept. 24, 1940 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio	6 years
Vascular disease	2 years
Coronary thrombosis	2 weeks
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Virginia Keller M. D.

(Address) 2030 Wilkens ave

Information should be carefully analyzed. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 73102

F 73107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-E

F 73107
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" inserted where data cannot be obtained. Do not use abbreviations or initials. Give the causes of death clearly and legibly. Use only one cause on a line. Do not enter modes of dying, such as heart failure, asphyxia, anemia, or uremia, without assigning the disease or injury causing this condition. Give full name of hospital; do not use initials. If not in hospital, give residence. Give both month and day of birth. If unknown, enter "unknown" but never leave blank. If less than one day old, give hours or minutes. Physicians: please write the cause of death in such terms as will convey a definite idea of the pathological condition. Indefinite or unsatisfactory terms, such as "debility," "old age," "exhaustion," "cancer," "tumor," "abscess," "paralysis," "convulsions," "fever," "inflammation," "hemorrhage," "rheumatism," "malignant disease," are not sufficient. Do not return this certificate to the undertaker. Every item must be correct as especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Hammer Dorsey Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD 1 - Race Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years
24 3

3 (a) FULL NAME Florence May Popp

3 (b) If veteran, name war	3 (c) Social Security Account No.
no.	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	M

6 (b) Name of husband or wife William Lewis Popp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1883

8. AGE: Years	Months	Days	If less than one day
57	1		hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Andrus
13. Birthplace Sweden

MOTHER
14. Maiden Name Annie Pruitt
15. Birthplace Maryland

16 (a) Informant Mr. Wm. Lewis Popp
(b) Address Dorsey, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto. Md.

18 (a) Funeral director H. Sander & Sons Inc
(b) Address North Ave. & Broadway

SEP 26 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1940, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	1
Subdural Hematoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 24
(c) Where did injury occur? 5 Ft Ave & Chesapeake (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Auto collision - thrown from car

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 9-25-40

VS 6

VS 6

73108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 73108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Bolton (57872)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1880

8. AGE: Years	Months	Days	If less than one day
59	8	24	hr. min.

9. Birthplace Ga.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Anthony Thirsty
13. Birthplace Ga.

MOTHER
14. Maiden Name Frances Young
15. Birthplace Ga.

16 (a) Informant Hospital Records
(b) Address

17 (a) Shipped (b) Date thereof Sept 27, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Grove Cemetery
Location Athens, Georgia

18 (a) Funeral director Mrs Ida Baily
(b) Address 1421 Jefferson St

19 40 (b) Tinsley & Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1940, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30, 1940, to Sept. 24 1940 and that I last saw her alive on Sept. 24, 1940.

Immediate cause of death Tuberculosis of lungs — Duration June 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret Boetsch M. D.
Address Balto. City Hospitals Date signed 9-24-40

FINGER PRINTS: Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 73109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 73109

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Harrison Gray

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-05-7752

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Negro	Married

6 (b) Name of husband or wife: Lillian Collins Gray
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1888

8. AGE: Years	Months	Days	If less than one day
51	10	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Harry H. Gray
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Julia Gray
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Baltimore Md.

18 (a) Funeral director Wm. Geo. F. Hoffman
(b) Address 1631 Druid Hill Ave

19 SEP 26 1940 (Date received by local registrar) (b) Huntington Williams Funeral Home

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1940 to Sept. 24 1940, and that I last saw him alive on Sept. 24 1940

Immediate cause of death	Duration
Coronary thrombosis	8 days
Due to	
Due to	
Other Conditions Lobar Pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address U.S. Marine Hospital Date signed 9-24-40

DEATHS—Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 73110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 73110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Carpenter
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John A. Carpenter
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 15-1880
8. AGE: Years 59 | Months 11 | Days 22 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William West
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John A. Carpenter
(b) Address 1610 Druid Hill Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.
18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave

SEP 26 1940 (Date rec'd by registrar)

Burial Permit issued by Wilkinson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940 at 4:30 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from June 1 1940 to Sept 23 1940 and that I last saw deceased alive on Sept 23 1940

	Duration
Immediate cause of death Myocarditis	4 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address [illegible] Date signed 9/26/40

F 73111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 73111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Fleet St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredericka Lentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Lentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1860

8. AGE: Years 80 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Wm. Aultevogt
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Knwon

16 (a) Informant Wm. E. Lentz
(b) Address 2528 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location C. Donnell St

18 (a) Funeral director John F. Miller
(b) Address 2654 Jefferson St.

19 (a) SEP 26 1940 Huntington Nitkerson M.D.
(City, Fire Dept. Registrar) (Physician)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 3 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1934, to Sept 24 1940, and that I last saw h[illegible] alive on Aug 31 1940.

Immediate cause of death Chr. Myocarditis & Complete Heart Block
Myocardial Failure — Duration 9-24-40

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address 842 N. East Ave. Date signed 9-26-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

Fill in and sign in ink. The causes of death clearly and legibly. correct age is especially important. Physicians: please write the

F 73112

F 73112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Overland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Ronald C Parks~~ Roland C Parks

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-7196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sadie W. Parks
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	—	16/4	hr. min.

9. Birthplace Grasonville Co Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Drugs

FATHER
12. Name Christopher C. Parks
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Chesson
15. Birthplace Md

16 (a) Informant Mrs Sadie W Parks
(b) Address 2906 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Woodlawn Balto Co

18 (a) Funeral director John Ulrich
(b) Address 2008 Allens Ln

19 (a) Date received by Local Registrar SEP 26 1940 (b) Registered No.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940 at 9 30 a M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Subarachnoid Hemorrhage	
Due to Cerebral Concussion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/25/40
(c) Where did injury occur? 4529 Harford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by automobile

23. Signature W. Edward Gripe M.D. Medical Examiner.
Date signed 9/27/40

VS 6

F 73113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No. F 73113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1664 Dooley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1664 Dooley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer L. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Sadie Smith

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 4 - 1869

8. AGE: Years	Months	Days	If less than one day
71	2	21	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Chemist

11. Industry or business Educational Institution

FATHER
12. Name Lester Smith
13. Birthplace Baltimore

MOTHER
14. Maiden Name Susan Mason
15. Birthplace Baltimore

16 (a) Informant Mrs Sadie Smith
(b) Address 1664 Darley Ave

17 (a) Burial (b) Date thereof Sept 28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) Filed (Date received by Registrar) SEP 26 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion
Bronchial Asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Wendell Scott M.D.
Medical Examiner.

Date signed 9/25/40

F 73114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73114 Registered No.

F 73114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Give full name of deceased. Fill in correct age in years, months, days, or hours. Give usual residence. Do not use initials but write full name of each. Give the causes of death clearly and legibly. Physicians: please write the cause of death clearly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Mace Stock
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Mace Stock (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Meredith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife James Meredith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant daughter, Martha Skriggs
(b) Address 2406 Mace st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) SEP 28 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-22-1940, at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular Disease	
Due to	
Due to	
Other Conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 9-23-40

VS 6

F 73115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 73115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 E Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 E Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert A Wander

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-10-6115

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Edna E.

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 16 1880

8. AGE: Years 60 | Months | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Mechanist

11. Industry or business

FATHER 12. Name Robert A Wander Sr.
13. Birthplace Germany

MOTHER 14. Maiden Name Juliana Ringlich
15. Birthplace Germany

16 (a) Informant Edna Wander
(b) Address 1800 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 40 (month) (day) (year)

(c) Cemetery or crematory Northwood Cem.
Location Philadelphia Pa

18 (a) Funeral director Mark H.E. Doppel
(b) Address 37 S. Linn St

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 4 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to Sept 25 1940, and that I last saw h[illegible] alive on Sept 26 1940.

Immediate cause of death: Coronary thrombosis

Due to: Coronary sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: [illegible]
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Homaleen M. D.

Address 733 August St Date signed 9/26/40

Please write plainly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 73116

VS 8

73116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 73116

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 1

3 (a) FULL NAME Emma E. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert T. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4, 1857

8. AGE: Years	Months	Days	If less than one day
83	8	19 2P	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Banks
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Carr
15. Birthplace Maryland

16 (a) Informant Mrs. Emma B. Kirwan
(b) Address 3600 Clarks Lane

17 (a) Burial (b) Date thereof Sept. 27, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.
18 (a) Funeral director E. L. Kirwan
(b) Address 1005 W. Baltimore St.
(a) Registrar (b) Hunter York Williams M.D. Registrar

SEP 28 1940

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to Sept 24 1940, and that I last saw her alive on Sept 24 1940.

Immediate cause of death	Duration
Chronic Myocarditis with decompensation	2
Due to Senility	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Walter Brumer M.D.
M. D.
Address 3603 Edmondson Ave. Date signed

73117
55847 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-D

Registered No. E 73117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 3422 Keswick Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13-6 Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Baugher

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-4074

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Divorced

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/13/1896

8. AGE: Years	Months	Days	If less than one day
43	11	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Joshua (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial. (b) Date thereof 9/27/40/
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Louden Park.
Location Frederick Rd.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

18 (c) (Date received by registrar) (b) Huntington [illegible] Registrar

SEP 28 1940
VS 8

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Cause given is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25-1940, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-1940 to 9-25-1940 and that I last saw h[illegible] alive on 9-25-1940

Immediate cause of death [illegible] Bronchopneumonia & Lacunar Infarction

Due to Multiple Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia.

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 9-25-40

VS 3

F 73118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 73118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2-mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 F. L Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Merle Roth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Ann Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10 1917

8. AGE: Years 23 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Welder Beth Steel

11. Industry or business

FATHER
12. Name Merle Roth
13. Birthplace Penn.

MOTHER
14. Maiden Name Ivor Rose Wysocke Rex
15. Birthplace Penn

16 (a) Informant Mrs. Rose Roth
(b) Address 1054 Franklin St. Johnstown Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/28/40 (month) (day) (year)

(c) Cemetery or crematory
Location Johnstown, Pa

18 (a) Funeral director Henry H. Wehle
(b) Address 4101 Edmondson Ave

SEP 26 1940 (b) Huntington Williams, Registrar
(Date received by Local Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1940, at 6 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fractured 2nd Cervical vertebra (broken neck)	
Due to Compression of spinal cord	
Due to Subarachnoid Hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-23-1940
(c) Where did injury occur? Sparrows Point Balto. Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury. Struck right. struck head against auto. bumper

23. Signature Howard J. Knudsen M.D.
Medical Examiner.
Date signed 9-26-40

VS 6

73119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 73119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 50 W Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 50 W Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gary Dengate

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28, 1940

8. AGE: Years	Months	Days	If less than one day
	3	28	27 hr. min.

9. Birthplace Bellwood, Pennsylvania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robert L. Dengate
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Marjorie Lovac
15. Birthplace Pennsylvania

16 (a) Informant Robert L. Dengate
(b) Address 50 W. Biddle St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept 27/40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Dale
Location Glasgow Penn

18 (a) Funeral director W Deacon Leach
(b) Address 1215 St Paul St

19 SEP 26 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 8:00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Broncho Pneumonia	1 Day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. (Medical Examiner)
Date signed 9/25/40

VS 6

VS 6

F 73120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1133 w F 73120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE ST.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 WEEKS
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. CAROLINE & OLIVER STS.
5815 Sefton Ave Harrison
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARY ELLEN MURPHY

3 (b) If veteran, name war .....
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 4 1890

8. AGE: Years	Months	Days	If less than one day
50	6	22	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Department Store
11. Industry or business Cashier

FATHER
12. Name John J. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret A. Hunt
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Gertrude McWilliams
(b) Address 5815 Sefton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director Mamie Cook Sifter
(b) Address 1600 West North Ave

19 (a) ..... (b) Huntington Hill, M.D. (Signature of registrar)

SEP 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26 1940, at 2.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1940 to 9/26 1940, and that I last saw h[illegible] alive on 9/26 1940.

Immediate cause of death Bronchopneumonia — Duration 1 week
Due to Syphilis?
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Harry T. Walson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 9-26-40

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks with the correct data clearly and legibly. Answer each question. If none, write none. If unknown, or if the question does not apply, write unknown. Be sure the causes of death are stated in terms of disease and not in terms of mode of dying. Do not use abbreviations or symbols. The cause of death must be certified to the best of your knowledge and belief. If there was no physician in attendance, or if he did not see the deceased after death, the circumstances of death must be investigated before a certificate can be completed. Be sure that the information concerning the deceased is complete and correct as far as it is known. Be sure that the age is correct. Be sure that the certificate is signed. Physicians: please write the cause of death clearly and legibly. Be sure that the age is especially important.

Doyle

73121 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73121

X 193-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Belmont Ave. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Katharine G. Doyle

(a) Residence: No. Annapolis, Md. St., Ward. Anne Arundel

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Capt James G. Doyle U.S.N.

6. DATE OF BIRTH (month, day, year): Dec. 6, 1863

7. AGE: Years 76 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: Daniel Donovan

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Tuley

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Rosemary Doyle 202 Dawes Terrace Annapolis Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery Md. Place Date 9/28 19 40

19. UNDERTAKER: William Cook (Address) 1217 St. Paul St.

FILED SEP 27 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 8 1940, to Sept 26 1940

I last saw h.E alive on Sept 22 1940. Death is said to have occurred on the date stated above, at 1.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Myocarditis	15 yrs
Other contributory causes of importance: Bone tumor over Rt orbit	over

Was an operation performed? Yes Date of 1933

For what disease or injury?

Name of operation Removal left eye + tumor

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Wheaton M. D.

(Address) 4304 York Rd

If not buried in Baltimore, give name of cemetery or crematory and location

V8 2

No. [illegible] information should be carefully supplied. AGE should be stated EXACTLY. If unknown it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 73122
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Eutaw Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred C. Erhardt, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-07-5219

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: May Erhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1896

8. AGE: Years 44 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Rebst Brewing Co

FATHER
12. Name Fred C. Erhardt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Gamey
15. Birthplace Baltimore

16 (a) Informant Self (on admission to hosp.)
(b) Address 716 Eutaw Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Mary's
Location Govans

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) SEP 27 1940 (b) Burial permit

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940, to Sept 21 1940 and that I last saw h[im] alive on Sept 25 1940.

Immediate cause of death	Duration
Peritonitis	
Due to Diverticulosis of colon, Perforated small intestine	2 yrs? 7 days?
Due to Atelectasis & pneumonia, at base	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Large mass in colon
Of autopsy Diverticulosis & perforation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. J. Roop M.D. M. D.
Address Mercy Hospital Date signed Sept 26/40

F 73123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4418 Forest View Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4418 Forest View Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 1

3 (a) FULL NAME Mary M. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Armstead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4-1861

8. AGE: Years 79 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Burkley Co W. Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph T. Nesmith
13. Birthplace Winchester Va

MOTHER 14. Maiden Name Mary E Luttrell
15. Birthplace Burkley W. Va

16 (a) Informant John H. Wilson
(b) Address 4418 Forest View Ave

17 (a) Interment (b) Date thereof Sept 29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rose Dale W. Va
Location West Virginia

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) (Date rec'd by registrar) (b) Registrar
SEP 27 1940 Huntington

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26. 1940, at 8.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940, to Sept 26 1940, and that I last saw her alive on Sept 26 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to	
Due to	arm.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Trowbridge M. D.
Address 1123 St Paul St Date signed 9/26/40

F 73124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73124 Registered No. 1/92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use figures for dates and ages. Be sure to give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 West Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 W. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Frederick Andrew Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie Thomas

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 25, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	—	hr. — min.

9. Birthplace: Somerset Co Md (Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business: Boat

FATHER — 12. Name: Robert Thomas
13. Birthplace: Va

MOTHER — 14. Maiden Name: Sarah Wakfall
15. Birthplace: Maryland

16 (a) Informant: Lee A. Thomas
(b) Address: 932 Bovard St

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-28-40 (month) (day) (year)
(c) Cemetery or crematory: U. S. National
Location

18 (a) Funeral director: Adolphus Halstead
(b) Address: 916 Druid Hill Ave.

19 (a) SEP 27 1940 (Date received by registrar) (b) Hunter Jr. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1940, at 2.8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10/ 1940, to 9/25/ 1940, and that I last saw h alive on 9/25/ 1940

Immediate cause of death: Myocardial Failure — Duration
Due to: Arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: W. H. Roevelt M. D.
Address: 601 N Carrollton Ave. Date signed 9/26/40

73125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73125
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 Guilford Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Montgomery

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1872

8. AGE: Years 68 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired School Teacher

11. Industry or business Baltimore City

FATHER
12. Name Robert J. Montgomery
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Clabby
15. Birthplace Ireland

16 (a) Informant Mrs. Agnes M. Dollack
(b) Address 2728 Guilford Ave

17 (a) Burial (b) Date thereof Sept. 28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Catherdral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Cantelmo & Son
(b) Address 924 E. Eager St.

19 (a) SEP 27 1940 (b) Lutherville, Md.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1940 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch-9 1940, to Sept 26 1940, and that I last saw her alive on Sept 26 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 mnth

Due to: Arterio-Sclerosis — 5 yrs

Due to:

Other Conditions: Edema Lungs — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed Sept 26 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 73126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73126 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Riverside Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Riverside Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY FRAZIER BANGS

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Margaret Bangs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1865

8. AGE: Years	Months	Days	If less than one day
74	8	25	hr. min.

9. Birthplace Wilmington, Del.
(Town, county, and state)
10. Usual Occupation Photographer
11. Industry or business Self

FATHER
12. Name Eli Banks
13. Birthplace Bridgton, Me.

MOTHER
14. Maiden Name Esther Lewis
15. Birthplace Mass.

16 (a) Informant Miss Edna M. Banks
(b) Address 1517 Riverside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues.

19 (a) Date received (month) (day) (year) (b) Registrar

SEP 27 1940

Huntington Woods, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25, 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1938, to Sept. 25, 1940, and that I last saw him alive on 9-25 1940

Immediate cause of death	Duration
Arteriosclerosis	3 yrs.
Chronic Myocardial Degeneration	2 yrs.
Due to	
Due to	
Other Conditions Chronic Arthritis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Holland M. D.
Address 707 E. Fort Ave. Date signed 9-26-40

F 73127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Brighton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Brighton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME MARY EVA ALBERT

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Claude H. Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 30, 1886

8. AGE: Years 54 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace: Harrisonburg, Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Joseph C. Bowen
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Catherine Brathwaite
15. Birthplace: Virginia

16 (a) Informant: Mr. Claude H. Albert
(b) Address: 3009 Brighton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 28. 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Woodstock, Virginia

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) Date received by registrar: SEP 27 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 9 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above; held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hemorrhage, external
Due to: Laceration of right elbow
Due to: Suicide
Other Conditions: Mental depondency
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: Sept 25, 1940
(c) Where did injury occur? 3009 Brighton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Razor blade

23. Signature: H L Wallenmeyer M.D. (Medical Examiner)
Date signed 9-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

73128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 aF 73128 Registered No.

PLEASE WRITE PLAINLY, with pen or pencil, and DO NOT USE ABBREVIATIONS. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ava K. Gardon

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Paul K. Gardon

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace New York (town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Elias Kriner

13. Birthplace Poland

MOTHER 14. Maiden Name Fannie Friedman

15. Birthplace Poland

16. (a) Informant Husband

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Location E Balto St

18 (a) Funeral director Jack Louis Inc

(b) Address 1439 E. Balto St

19 (a) (Signature of registrar) Huntington Williams (By whom) M. D.

SEP 27 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27 1940, at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1940 to 9/27 1940, and that I last saw her alive on 9/27 1940.

	Duration
Immediate cause of death: shock	2 days
Due to: coronary occlusion	3 days
Due to: coronary sclerosis	8 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilen M. D.

Address Sinai Hospital Date signed 9-27-40

73129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-c

F 73129 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 15 years

3 (a) FULL NAME Jane Bernstein
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Peretz Harris
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Rose
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave
18 (a) Funeral director Jos. Levy Son
(b) Address 1439 E. Balto St
19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

SEP 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26/40 19 , at 7⁰⁵ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25/ 1940 to 9/26 1940 and that I last saw h.. alive on 9/26 1940

Immediate cause of death Exanition — Duration

Due to Ca of thyroid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place).
(e) Means of injury

23. Signature Jesse N. Borden M. D.
Address Sinai Hospital Date signed 9/27/40

F 73130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 73130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski Sts.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Ferndale Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Earl W. King.

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. ———

6 (b) Name of husband or wife ———

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26-1940

8. AGE: Years | Months | Days: 10 | If less than one day: 4 hr. min.

9. Birthplace Ferndale Md
(Town, county, and state)

10. Usual Occupation ———

11. Industry or business ———

FATHER — 12. Name Mark King
13. Birthplace Balto. Md

MOTHER — 14. Maiden Name Lillian Zielonka
15. Birthplace Balto. Md

16 (a) Informant Mr. Mark King
(b) Address Ferndale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie Md

18 (a) Funeral director Geo. E. Beyer Jr.
(b) Address 1512 Hollins St.

19 (a) SEP 27 1940 (Date received by registrar) (b) [signature] Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940, at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1940, to Sept. 26 1940, and that I last saw h~~e~~ alive on Sept. 26 1940.

Immediate cause of death: Prematurity — Duration of ———

Due to ———

Due to This baby was born prematurely about 2 (6 mo.)- ———

Other Conditions ———
(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence ———
(c) Where did injury occur? ———
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ——— While at work? ———
(Specify type of place)
(e) Means of injury ———

23. Signature Chas. L. Bagg Jr. M. D.
Address Pointlicum Md Date signed 9-27-40

F 73131

F 73131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 73131 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give exact residence and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapel Gate Lane.
(c) Hospital or institution: Summit Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Selma Ave., Halethorpe, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 Years years

3 (a) FULL NAME ANNA GERSTBRICH

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frank E. Gerstbrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1858

8. AGE: Years	Months	Days	If less than one day
82	2	9	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Edward Vleck
13. Birthplace Austria

MOTHER
14. Maiden Name Don't know
15. Birthplace Austria

16 (a) Informant Frank A. Gerstbrich
(b) Address 6 Selma Ave., Halethorpe, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.,

19 (a) Date received (Registrar) (b) Registrar
SEP 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1940, at 12:31 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 22 1940, to Sept 25 1940 and that I last saw he alive on Sept 25 1940

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M. D.
Address 2324 Reisterstown Rd. Date signed 9/26/40

F 73132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D

F 73132
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Furley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Eva Parker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mr. William H Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1870

8. AGE: Years: 70 | Months: 5 | Days: 17 | If less than one day: hr. min.

9. Birthplace Chance, Somerset Co. Md.
(Town, county, and state)

10. Usual Occupation Home Wife.
11. Industry or business

FATHER
12. Name Rufus P. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Webster
15. Birthplace Maryland

16 (a) Informant Mrs Ella Rogers
(b) Address 4217 Belvidere Ave Balto Md

17 (a) Burial (b) Date thereof Sept 29-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chance Cemetary
Location Chance Md

18 (a) Funeral director John Leach
(b) Address 200 Williams St

19 (a) SEP 27 1940 (b) Huntington Williams
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1940 to Sept. 26 1940, and that I last saw her alive on Sept. 26, 1940.

Immediate cause of death: Carcinoma of lung & pleura — Duration: 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Bloody pleural fluid Bact. coli present
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pierpont M. D.
Address 3 E Lexington Date signed Sept 29 1940

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the

38387 D
F 73133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

158

F 73133
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1414 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Campbell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-39

8. AGE: Years | Months: 11 | Days: 15 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Campbell
13. Birthplace Md.

MOTHER
14. Maiden Name Mildred Edwards
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) [illegible]

SEP 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940 at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1940 to Sept 26 1940 and that I last saw him alive on Sept 26 1940

Immediate cause of death: Sudden death - unexplained — Duration:

Due to:

Due to:

Other Conditions: Malnutrition — 5 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Bolduan M. D.
Address Johns Hopkins Hosp Date signed 9-27-40

PLEASE WRITE PLAINLY, WITH [illegible]. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

73134 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73134

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospital 14-6 Ward)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. WINFIELD S. GARDNER

If U. S. Veteran specify WAR

(a) Residence: No. 1607 St. STEPHEN St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JESSIE M. GARDNER

6. DATE OF BIRTH (month, day, year) Aug. 28. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED. Supt. of MAINTENANCE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME GEORGE GARDNER.

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME EMMA Scott

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT Mrs. JESSIE M. GARDNER.
(Address) 1607 St. Stephen St.

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date Sept. 28. 1940

19. UNDERTAKER D. Howard Strong
(Address) 715 Light St.

20. FILED SEP 27 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1940, to Sept 26, 1940

I last saw him alive on Sept 24, 1940 Death is said to have occurred on the date stated above, at 12:42 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Hypertensive Heart disease & Cerebral Arteriosclerosis	

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) L. Wallenstein M. D.

(Address) [illegible]

INFORMATION should be carefully supplied. Accurate information should be carefully supplied. Exact statement of state. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 73135

LB 59450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 73135

186-aa Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3327 E. Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna C. Stapf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	? Widow

6 (b) Name of husband or wife ? Fred. Stapf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Oct 26, 1851

8. AGE: Years	Months	Days	If less than one day
88 ?	11 ?	5 6 ?	hr. min.

9. Birthplace ? Balto. Md. (Town, county and state)
10. Usual Occupation ? ~~Housework~~
11. Industry or business Housewife

FATHER
12. Name ? Carl Rothaupt
13. Birthplace ? Ger.

MOTHER
14. Maiden Name ? Magdalene ?
15. Birthplace ? Ger.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave.

18 (a) Funeral director J. J. McCurdy
(b) Address 130 E. Fort Ave.

SEP 27 1940 (Date rec'd by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25 1940 at 6 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1940 to 9-25 1940, and that I last saw her alive on 9-25 1940.

Immediate cause of death	Duration
Subtrochanteric fracture of left femur	24 days
Due to	
Due to	
Other Conditions Gen. arterio sclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 4th, 1940
(c) Where did injury occur? 3327 E Monument St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place). While at work? —
(e) Means of injury Fell to floor (Lost balance)
23. Signature Henry L. Ryder M. D.
Address Balto. City Hosp. Date signed 9-26-40

H. L. Wollenweber, M.D. Asst Medical Examiner

PLEASE WRITE PLAINLY, with unfading ink. Be sure to state the causes of death clearly and legibly. Do not use abbreviations or symbols. Be sure to correct age is especially important. Physicians: please write the

VS 3

73232
38136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 73136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Tempie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-12-[illegible]

8. AGE: Years	Months	Days	If less than one day
67	1	14	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Stewart

13. Birthplace Md

MOTHER 14. Maiden Name Eliz. Dickus

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 28 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director H. O. H. Kelbaugh

(b) Address 1303 Presbyterian Huntington Ave Station

19 (a) 9 29 (Date received by registrar) (b) [illegible] Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940 at 8 07 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Sept 26 1940, and that I last saw h[illegible] alive on Sept 26 1940

Immediate cause of death Coronary occlusion — Duration

Due to Arteriosclerosis & Hypertension cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Infantum of myocardium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. H. Bethune M. D.

Address Johns Hopkins Hosp Date signed 9-26-40

73137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 73137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 S STRICKER ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
Street No. 447 S STRICKER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M ROETH.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-8823

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife HELEN NASH.
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 12 23 1900

8. AGE: Years 39 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO MD
(Town, county, and state)

10. Usual Occupation MACHINE OPERATOR.

11. Industry or business

FATHER
12. Name ALBERT ROETH.
13. Birthplace BALTO MD.

MOTHER
14. Maiden Name NELLIE CAVILL
15. Birthplace BALTO MD

16 (a) Informant HELEN ROETH
(b) Address 447 S STRICKER.

17 (a) Burial (b) Date thereof 9/30/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory NEW CATHEDRAL
Location

18 (a) Funeral director Leonard J Rode
(b) Address 5305 Belair Road

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3 40

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26-40 19 , at 3 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1940 to Sept 26 1940, and that I last saw him alive on 9-25 1940

Immediate cause of death — Duration

Bilateral Pulmonary Tuberculosis — unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Raeuin,
Address 206 S. gilmor St. Date signed 9/29/40

73138

F 73138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 S. Charles St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Hutson

If U. S. Veteran specify WAR

(a) Residence: No. 1209 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hutson

6. DATE OF BIRTH (month, day, year) Jan. 14, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Hutson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Catherine Hutson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary Hutson

(Address) 1209 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Adas Hellen Date Sept. 28 1940

19. UNDERTAKER Fred. A. Raquet & Bro.

(Address) 1216 S. Charles St.

20. FILED SEP 27 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from May. 20, 1940 to Sept. 25 1940

I last saw him alive on Sept. 24 1940 Death is said to have occurred on the date stated above, at 8.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (non alcoholic) (Sulfanilamide)	
Other contributory causes of importance:	
Acute Oedema of Lungs	9/24/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Campbell M. D.

9/26/40 (Address) 164 Hanover St.

N. B.—WRITE PLAINLY. Fill in all items. AGE should be carefully supplied. AGE information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 27 1940

73139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73139 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 845 N Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Constance Roggio (Concetta Roggio)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Giuseppe Roggio
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1858

8. AGE: Years	Months	Days	If less than one day
81	9	17	hr. min.

9. Birthplace Augusta, Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Domenico Puma
13. Birthplace Augusta, Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Giuseppe Zangara
(b) Address 845 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28. 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd. Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) SEP 27 1940 (Entered by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 hrs.
Due to	
Due to Arteriosclerotic Cardiosclerosis	4 years
Other Conditions Abscess	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Peterick M.D.
Medical Examiner
Date signed 9/26/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

73140

CERTIFICATE OF DEATH

V/31-a

F 73140

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Druid Hill St. 14-7 Ward)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannett Boston

(a) Residence: No. 1738 D. Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Boston

6. DATE OF BIRTH (month, day, year) 9-12-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Asbury Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Pierce

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Boston

(Address) 1738 D Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Jim Cem Date 9-28 1940

19. UNDERTAKER George T. A. Gibson

(Address) 1733 Druid Hill Ave

20. FILED SEP 27 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25- 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1940 to 9-25 1940

I last saw h-e alive on 9-24 1940 Death is said to have occurred on the date stated above, at 7 01 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic - Cystic -	
Vascular Renal	1 year
Disease & Senility	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 1007 N Eutaw St

information should be carefully supplied. AGE should be stated in years, or if under one year, in months, days, or hours. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 73141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-A Registered No. F 73141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 E Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B Carson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	2	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name William
13. Birthplace Balto.

MOTHER
14. Maiden Name Ella May
15. Birthplace Balto.

16 (a) Informant Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 27 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) (Date received by Registrar) SEP 27 1940 Huntington Williams, M.D. Registrar
vs 3 5933

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18- 1940, at 6.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16- 1940, to 9-18- 1940, and that I last saw h alive on 9-18- 1940

Immediate cause of death	Duration
Cyanosis	5
Due to Arteriosclerosis, myocardial degeneration	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma, myocardial degeneration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 9-27-40

73142

OGK
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

40169 F 73142
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 655 Archer St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21 W

3 (a) FULL NAME Milos Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65	?	?	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace N.C.

MOTHER
14. Maiden Name Jane
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 29 1940 (month) (day) (year)
(c) Cemetery or Crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Walter B. Sipes
(b) Address 134 W. Barney St.

19 (a) (Entered by registrar) (b) Registrar
SEP 27 1940
Huntingdon Pennsylvania, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26- 1940, at 2 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21- 1938, to 9-26- 1940, and that I last saw h~~e~~ alive on 9-26- 1940.

Immediate cause of death Cerebral Thrombosis — Duration 2 days
Due to Gen. A-S — Duration ?
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 9-27-40

F 73143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

Registered No. F 73143

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Cross out words not applicable. Be sure to answer all questions correctly and completely. Ages, dates, and birthplaces must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Brimmer Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Anna M. Wallman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	12	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER 12. Name Rudolph - Wallman
13. Birthplace Germany
MOTHER 14. Maiden Name Mary Anne Spickler
15. Birthplace Germany

16 (a) Informant Mrs Frank Shipley
(b) Address Savage Md

17 (a) Burial (b) Date thereof Sept. 29 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Cem.
Location Waterloo Sta.

18 (a) Funeral director Deaton Sons
(b) Address Ellicott City.

SEP 27 1940
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26/1940, at 10:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1940, to 9/26 1940, and that I last saw her alive on 9/26 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Degenerative Cardio-Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Brady Smith, M.D.
Address St. Agnes Hospital Date signed 9/26/40

F 73144

CCK

BALTIMORE CITY HEALTH DEPARTMENT 59237

CERTIFICATE OF DEATH 131-a Registered No. F 73144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1442 Andre Street 241
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie Summers

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1908

8. AGE: Years	Months	Days	If less than one day
32	1	16	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Trawinski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances K
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 9/28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto., County
18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St
19 (a) SEP 27 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1940, at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16- 1940, to 9-25- 1940, and that I last saw h alive on 9-25 1940.

Immediate cause of death	Duration
Cyanosis	?
Due to Arteriolar sclerosis, nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 9-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 73145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THERESA STEIGERWALD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife Calvin H. Steigerwald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John McDonald
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Oxworth
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Eyerly
(b) Address 1713 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Homeland, Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 SEP 27 1940 (b) Harrington Williams, Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Valvular heart disease mitral stenosis

Due to

Due to

Other Conditions Rheumatic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-26-40

VS 6

73146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 73146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1544 W. 41st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1544 W. 41st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ISABELLE VINTON BROOKS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas R. Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard C. Wills
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Isabelle V. Huston
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Norman E. Brooks, 28
(b) Address 1544 W. 41st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/40 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 SEP 27 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25, 1940 at 10.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/24 1940 to 9/25 1940 and that I last saw h[illegible] alive on 9/23 1940

Immediate cause of death Myocardial failure — Duration

Due to Hypertensive cardio-vascular-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Hershman M. D.
Address 2687 Wilkens Ave. Date signed 9/26/40

VS 8

F 73147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 73147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 S Patterson Pk. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Patterson Pk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME James Zalewski
3 (b) If veteran, name war
3 (c) Social Security Account No. 220-03-0817

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1892

8. AGE: Years	Months	Days	If less than one day
47	9	18	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business
FATHER 12. Name Adam Zalewski
13. Birthplace Poland
MOTHER 14. Maiden Name Mary
15. Birthplace Poland
16 (a) Informant Marie Zalewski
(b) Address 412 S Patterson Pk Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County
18 (a) Funeral director John M Weber
(b) Address 401 S Chester St
19 (a) SEP 27 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 8:45 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Rheumatic Cardio-	
Due to Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William A Kefauver M.D. Medical Examiner.
Date signed 9/26/40

VS 6

VS 6

grav #10

73148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-D

F 73148
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 W Lee (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACK GROVE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery PUBLIC CEMETERY SEP 27 1940
Location Commissioner of Health

18 (a) Funeral director – Per H. A. Moore
(b) Address

19 (a) SEP 27 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9th 1940, at 6 25 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Shock traumatic — Duration
Due to Fracture of both legs (tibia + fibula)
Due to
Other Conditions Rupture of liver Cirrhosis of liver.
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 9, 1940
(c) Where did injury occur? Linden and North (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury hit + run – struck by motor cycle
23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 9-29-40

VS 6

motorcycle while crossing st

grav #11

73149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164

C F 73149
Registered No.

VS 6 motorcycle while crossing st

Gran #11

3149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C F 73149

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Stateroom 35
(b) Street address S.S. State of Virginia
(c) Hospital or institution: Pier 14 Light St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Springfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 Oak St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME TRUMAN B. RUSSELL.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location

SEP 27 1940
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) SEP 27 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to: Suicide

Due to: Mental dependency

Other Conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: September 5, 1940
(c) Where did injury occur? Stateroom 35, S.S. State of Virginia (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? no
(e) Means of injury: Revolver

23. Signature: H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 9-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

73150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 73150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NANCY BOWEN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20. 1940

8. AGE: Years | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas H. Bowen
13. Birthplace Balto, Md

MOTHER
14. Maiden Name anna Murray
15. Birthplace Balto. Md

16 (a) Informant Thos. H. Bowen
(b) Address 1003 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Anne Co., Md

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St Huntingtown Williams, M.D.

SEP 27 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26, 1940, at 8 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Malnutrition — Duration

Due to Prematurity

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Wollenweber M.D. Medical Examiner.

Date signed 9-26-40

VS 6

73151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-D Registered No. 73151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Apartments 1st Floor
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Thornhill Rd Homeland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

71 12

3 (a) FULL NAME Adele E. Carswell

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Dr Walter S. Carswell
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 23 1874

8. AGE: Years	Months	Days	If less than one day
66	7	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Jesse F. Ely
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Adele L. Dodge
15. Birthplace Maine

16 (a) Informant Walter S. Carswell
(b) Address Timonium Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/28/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 SEP 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Sept 26 1940, and that I last saw h~~er~~ alive on Sept. 26 1940.

Immediate cause of death	Duration
Hemiplegia - right	8 hours.
Due to Hypertension Arteriosclerosis -	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Warner M. D.
Address 2404 Garrison Blvd Date signed 9-27-40

VS 3

CGK 59161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73152 48-B Registered No. F 73152

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....s.....
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Clairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Sparks

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-1887 (?)

8. AGE: Years	Months	Days	If less than one day
52	11	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Greger
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa (?)
15. Birthplace Germany

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof 9/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location E. Dornell St.

18 (a) Funeral director John C. Miller, Inc.
(b) Address 2436 E. Oliver Street, Huntington Williams, M.D.

SEP 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26 1940, at 1 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1940, to 9-26 1940, and that I last saw he alive on 9-25 1940

Immediate cause of death Carcinoma of uterus c metastasis — Duration 3½ yrs

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Henry L. Kaplan M. D.
Address Balt. City Hosp. Date signed 9-26-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Give the causes of death clearly and legibly. correct age, is especially important. Physicians: please write the

VS 3

VS 8

73153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E

Registered No. E 73153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Moore st. (If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Melvin (Browne) Brown
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-9999

4. Sex male | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife Lillian Browne Brown
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 37 | Months 6 | Days | If less than one day .....hr. .....min.

9. Birthplace Ga (Town, county and state)
10. Usual Occupation laborer
11. Industry or business

FATHER 12. Name Jeff Browner
13. Birthplace Ga.

MOTHER 14. Maiden Name Rossie Hatten
15. Birthplace Ga.

16 (a) Informant Lillie (Browne) Brown
(b) Address 514 Moore St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-40 (month) (day) (year)
(c) Cemetery or crematory Elkton
Location Georgia

18 (a) Funeral director A. Gladstead
(b) Address 1940 Pa Ave 340

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26/40 19.. at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22/40 to 9/26/40; that I last saw him alive on 9/24/40 at 6:30 P.M.

Immediate cause of death	Duration
Gas bacillus infection	
Due to	
Due to	
Other Conditions Extensive laceration of rt. forearm, elbow and upper forearm	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gas bacillus infection rt. upper extr.
Of autopsy Evidences of generalized Toxemia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide N
(b) Date of occurrence 9/22/40
(c) Where did injury occur? 514 Moore st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Puncture wound through glass

23. Signature Howard Howe M. D.
Address Provident Hosp Date signed 9/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be answered. Be sure the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

VS 8

F 73154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4314 Falls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4314 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ora Elizabeth Miller

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Isaiah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1858

8. AGE: Years	Months	Days	If less than one day
82	65	8	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Andrew Snyder
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Snyder
15. Birthplace Germany

16 (a) Informant Pierre S Miller
(b) Address 4314 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory Millers Station
Location Carroll Co

18 (a) Funeral director A B Marshall
(b) Address 3839 Huntington Ave, Balto, Md.

SEP 28 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Sundermann M.D. Medical Examiner.

Date signed 9/27/40

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73155 — 46-D — Registered No. F 73155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 N. Highland Ave.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N. Highland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Catherine C. Joeckel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George C. Joeckel
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57	-	-	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William A. Callahan
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary A. Buchheimer
15. Birthplace Baltimore, Maryland

16 (a) Informant George C. Joeckel
(b) Address 430 N. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick & Augusta Aves.

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 (a) SEP 30 1940 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12 1940 to 9/26 1940, and that I last saw h[illegible] alive on 9/25 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Retention to Urine	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Gordon M.D.
Address 2400 [illegible] Date signed 9/27/40 (M.D.)

VS 3

F 73156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 L Registered No. F 23156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 S. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE A. KNOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 22-1939

8. AGE: Years	Months	Days	If less than one day
1	5	5	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CHILD
11. Industry or business

FATHER
12. Name RUDOLPH KNOTT
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ETHEL EMBACK Emback
15. Birthplace CONN.

16 (a) Informant RUDOLPH KNOTT (FATHER)
(b) Address 21 S. WASINGTON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 28-40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location BELAIR ROAD

18 (a) Funeral director Tilley & Zeiler INC.
(b) Address 403 S. WOLFE ST

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 27 1940, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 25, 1940 to Sep. 27, 1940, and that I last saw him alive on Sep. 27, 1940.

Immediate cause of death	Duration
Ileo-Colitis	7 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Perugini M. D.
Address 514 Drury Lane Date signed Sept 27 1940

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

73157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 23152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 231 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Born Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Heath (52648)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Ollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1901

8. AGE: Years	Months	Days	If less than one day
39	2	20	hr. min.

9. Birthplace S. Car. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Monroe Peay
13. Birthplace S. Car.

MOTHER
14. Maiden Name Jennie Johnson
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28th /40 (month) (day) (year)
(c) Cemetery or crematory
Location Winnsboro S.C.

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Brentwood

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1940, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7, 1940, to Sept. 25, 1940, and that I last saw her alive on Sept. 25, 1940

Immediate cause of death	Duration
Tuberculosis of lungs	Sept 1939
Due to Pulmonary hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret Chetsek M. D.

Address Balto. City Hospitals Date signed 9-25-40

VS 3

VS 3

F 73158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F. 73158

Registered No. F 73158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jennie H. Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ William H. Ross

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1870

8. AGE: Years 70 | Months 1 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob R. Howard
13. Birthplace Md.

MOTHER 14. Maiden Name Sallie Smith
15. Birthplace Md.

16 (a) Informant William H. Ross, H. Son
(b) Address 2047 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Thyers
(b) Address 170 Druid Hill Ave

SEP 28 1940 (Date received by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24" 1940, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1940, to 9-24 1940 and that I last saw her alive on 9-24 1940.

Immediate cause of death: Hypertension - Cardio Scaffilosy, Renal Insuff.
Due to: Diabetes Mellitus
Due to: Cardiac Hypertrophy
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. K. V. Butler M.D.
Address 2033 Druid Hill Ave Date signed 9/26/40 M. D.

VS 3

F 73159
886198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 73159
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use no abbreviations. Do not use ditto marks. If unknown, write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Jackson Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

65

3 (a) FULL NAME Ethel Abrams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Norman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-09

8. AGE: Years: 31 | Months: 8 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Penn (Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER
12. Name: Aaron Sleerd
13. Birthplace: Pa

MOTHER
14. Maiden Name: Harriet ?
15. Birthplace: Pa

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 28/40 (month, day, year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto Md

18 (a) Funeral director: John Crutchett Sons
(b) Address: 1900 Eutaw Place

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to Sept 27 1940, and that I last saw her alive on Sept 27 1940.

Immediate cause of death: Coronary occlusion

Due to: ? Luetic vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John Lindsay, Jr. M. D.

Address: JOHNS HOPKINS HOSPITAL Date signed

VS 3

F 73160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73160 ✓ 1313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Brentwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mallory Rice

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	married

6 (b) Name of husband or wife Mary Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-17

8. AGE: Years	Months	Days	If less than one day
22	9	1	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name James Rice
13. Birthplace Va

MOTHER 14. Maiden Name Hud Jones
15. Birthplace Va

16 (a) Informant Mrs Mary Rice
(b) Address 1526 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mrs A Frances E. Kensley
(b) Address 528 N. Biddle St

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Hamilton Wilson Undertaker

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940 to Sept 26 1940 and that I last saw him alive on Sept. 26 1940.

Immediate cause of death (a) Uraemia *
Due to (b) pulmonary edema

Due to (c)

Due to (d)

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chronic nephritis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Butler M. D.
Address 22 Joseph's Hosp Date signed 9/29/40

F 73161 ✓ F 73161

VS 3

F 73161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 73161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 N. Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 N. Guilford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Eliza J. Revell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1877

8. AGE: Years 63 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name King of Toney
13. Birthplace Md

MOTHER 14. Maiden Name Martha Mowe
15. Birthplace Md

16 (a) Informant Mrs. Susie Revell
(b) Address 2304 N. Guilford Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 9-29-40 (month) (day) (year)

(c) Cemetery or crematory Tabernacle Mem
Location Harford Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) SEP 28 1940 (Date rec'd by registrar) (b) Hunter or Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940 at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7 1940, to 9/26 1940, and that I last saw her alive on 9/26 1940.

Immediate cause of death Bronchopneumonia — Duration 9/22/40

Due to Senile Dementia — 8/7/40

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Leyland, M. D.

Address 2202 N. Bond St Date signed 9/29/40

VS 3

For Chenowith Paul H.

F 73162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 73162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Elm Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louisa Creswell (Legal) (over)

3 (b) If veteran, name war -

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Amos E Rego.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 - 1860

8. AGE: Years 79 | Months 9 | Days - | If less than one day hr. min.

9. Birthplace Harford Co Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business -

FATHER 12. Name Samuel Creswell

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Cora Armiger

(b) Address 3312 Elm Ave

17 (a) Burial (b) Date thereof Sept 30-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mountain View Cemetery

Location Harford Co Md

18 (a) Funeral director Frank H Seitz

(b) Address 814 N 36 St.

19 SEP 28 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940 at 9 22 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1 1940 to Sept 26 1940 and that I last saw he alive on Sept 26 1940.

Immediate cause of death Myocardial failure — Duration 3 wks.

Due to Hypertension — ? ovr

Due to Arteriosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert V. Chenowith M. D.

Address 1127 St Paul St Date signed 9-27-40

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27a Registered No. F 23163

F 73163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME Sonja Chase Burial # F 09855 (650)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/1940.

8. AGE: Years | Months: 4 | Days: 16 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leroy Chase
13. Birthplace Trenton N.J.

MOTHER
14. Maiden Name Dorothy Scott.
15. Birthplace Balto Md.

16 (a) Informant Dorothy Chase
(b) Address 826 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Miss Katie R Williams
(b) Address SEP 28 1940 Schroeder St

19 (a) (Date rec'd by registrar) (b) Arrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1940, at 6.50 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4- 1940, to 9-25- 1940 and that I last saw h.. alive on 9-25- 1940.

Immediate cause of death Acute Gastro-Intestinal Indigestion — Duration 21 days,
Summer Diarrhea
Due to Shigella Newport isolated.
Due to
Other Conditions Chronic Medical Malnutrition. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C-F Maloney M.D.
Address Provident Date signed 9/26/40

VS 3

VS 3

73164

DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 ✓

Registered No. F 73164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered and every space filled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N Arlington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 ✓

3 (a) FULL NAME Elaine Thomas ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1937

8. AGE: Years	Months	Days	If less than one day
3	2	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Nealey Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanore Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt - Zion
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) SEP 28 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1940, to Sept 26 1940, and that I last saw her alive on Sept 26 1940. ✓

Immediate cause of death	Duration
Tuberculous Meningitis	2 1 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. C. Stiles Jr. M. D.
Address 2296 E 33rd St Date signed 9-25-40

F 73165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 73165

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 S. Potomac Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. Potomac Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 Years years

3 (a) FULL NAME META EBERSBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George A. Ebersberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1865

8. AGE: Years	Months	Days	If less than one day
75	4	25 19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant John Ebersberger
(b) Address 1913 E. 32nd Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lwan Cemetery
Location Colgate, Md.

18 (a) Funeral director John Ulluck
(b) Address 2008 Orleans St.

19 SEP 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Sept 26 1940, and that I last saw h[er] alive on Sept 26 1940.

Immediate cause of death	Duration
Diabetic Coma	Sept 24 40
Due to Diabetes Mellitus	Aug 1939
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William T. Bauer M. D.
Address 8012 Reisterstown Rd Date signed Sept 27-40

F 73166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 73166 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town ~~Baltimore~~ Fullerton Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Schneider

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife E. Schneider
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 5th 1874

8. AGE: Years	Months	Days	If less than one day
65	9	22	hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Klees
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Dill
15. Birthplace Baltimore Md.

16 (a) Informant J. E. Schneider
(b) Address Joppa Rd. Carney

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30th 40 (month) (day) (year)
(c) Cemetery or crematory St Johns Luth
Location Balto Co. Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd Huntington Hillside, Md.

19 (a) SEP 28 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1940 to Sept 27 1940; and that I last saw h[illegible] alive on Sept 27 1940.

Immediate cause of death	Duration
Respiratory failure	
Due to Diabetes Mellitus, C	
Due to Gangrene of Lt. lower extremity	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Truman Jr M.D.
Address Mercy Hospital Date signed 9/27/40

VS 3

F 73167

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87 C

F 73167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Marshall
(c) Hospital or institution: 23-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Marshall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Towery

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3641

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband wife Martha B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26-1870

8. AGE: Years 69 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name John N. Towery
13. Birthplace Martinsburg W Va

MOTHER
14. Maiden Name Sarah Selena
15. Birthplace Martinsburg W. Va

16 (a) Informant Robert Towery
(b) Address 1525 Marshall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director J. D. Stevenson
(b) Address 3001 Kentucky Ave

19 (a) SEP 28 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1940, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to Sept. 26 1940, and that I last saw him alive on Sept. 25 1940

Immediate cause of death: Paralysis agitans and general arteriosclerosis — Duration: Indefinite

Due to

Due to

Other Conditions Edema of Lungs — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Campbell M. D.
Address 1644 Hanover St Date signed 9/27/40

F 73168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. F 73168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Dover Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 - 2

(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Dover Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Maude Young

3 (b) If veteran, name war: ____

3 (c) Social Security Account No. 214-18-3750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife: ____

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1917

8. AGE: Years	Months	Days	If less than one day
23	8	1	____ hr. ____ min.

9. Birthplace Winnsboro, S.C. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Hospital

FATHER
12. Name Charles Young
13. Birthplace Winnsboro, S.C.

MOTHER
14. Maiden Name Hattie Armstrong
15. Birthplace Winnsboro, S.C.

16 (a) Informant Richard Winfield
(b) Address 709 Dover Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-40 (month) (day) (year)
(c) Cemetery or crematory Winnsboro S C
Location ____

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N Mount Street

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2.15.40 19__ to 8.19.40 19__, and that I last saw her alive on 7.5.40 19__.

Immediate cause of death: Bilateral Pulmonary Tuberculosis — Duration: about Feb. 1940

Due to: ____

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature James M. Pair M. D.
Address 400 N. Carrollton Ave. Date signed 9.24.40

H. L. Wallenweber M D, Asst Medical Exam

F 73169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-E F 73169
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3329 Calhoun St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 44 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7305 Old Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Patricia Jane Anderson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife EDNA ROBERTS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1940

8. AGE: Years	Months	Days	If less than one day
0	1	12	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Clifford Anderson
13. Birthplace Ohio

MOTHER
14. Maiden Name Louise Roberts
15. Birthplace Baltimore, Md.

16 (a) Informant mother
(b) Address 7305 Old Harford Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-29-40 (month) (day) (year)
(c) Cemetery or crematory MOUNT OLIVET PARK
Location

18 (a) Funeral director Leonard J. Roach
(b) Address 630 N. Milton Ave.

SEP 29 1940 (Date received by Registrar) Hunting for Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Sept 27 1940, and that I last saw h[illegible] alive on Sept 27 1940.

	Duration
Immediate cause of death Acute cardiac dilatation	8 Hrs.
Due to Congenital heart disease	6 wks
Due to	
Other Conditions Broncho pneumonia (Include pregnancy within 3 months of death)	8 Hrs.

Major findings:
Of operations no operations
Of autopsy Congenital heart - Patent D.V. Septum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L. Hayhoe M. D.
Address Union Memorial Hosp. Date signed 9/28/40

VS 8

F 73170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1770 - F 73170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Silver Run (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vera Leppo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18 1922

8. AGE: Years	Months	Days	If less than one day
17	11	10	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business School

FATHER
12. Name Charles A Leppo
13. Birthplace Maryland

MOTHER
14. Maiden Name Estella Zingling
15. Birthplace Maryland

16 (a) Informant Charles Leppo
(b) Address Westminster Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1. 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Silver Run. Md.

18 (a) Funeral director J. W. Stoltz & Son
(b) Address Littlestown, Pa. R.F.D. Pike

19 (a) SEP 29 1940 (Date rec'd by registrar) (b) Hunting for Millers, Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28- 1940, at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Traumatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-22-40
(c) Where did injury occur? Near Westminster Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury automobile. Collision

23. Signature Howard J. Mowen M.D.
Medical Examiner.
Date signed 9-28-40

Cover

VS 6

Cover

F 73171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164

F 73171
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Paton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Paton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL D. TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-14-1095

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 91

8. AGE: Years 48 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Spottsylvania Co Va. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Delaware Taylor

13. Birthplace Spottsylvania Co Va

MOTHER 14. Maiden Name Louise Lewis

15. Birthplace Spottsylvania Co Va.

16 (a) Informant Carrie Taylor

(b) Address 3421 Paton Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/29/1940 (month) (day) (year)

(c) Cemetery or crematory Spottsylvania Co Va.

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Schroeder St.

19 (a) SEP 29 1940 (Date rec'd by registrar) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 19 40, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun-shot wound of head — Duration

Due to Suicide

Due to mental despondency

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept 27, 1940
(c) Where did injury occur? 3421 Paton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury 12 gauge Winchester shot

23. Signature J. T. L. Wallenmeyer M.D. Medical Examiner.

Date signed 9-27-40

VS 6

F 73172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 F 73172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-4-3
(e) Length of stay in Baltimore (yrs., mos., or days) 2-4-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn (b) County
(c) City or town Hartford
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Collins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Agnes B Grennan

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 - 1882

8. AGE: Years 57 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and State)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Grennan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Mannion
15. Birthplace Ireland

16 (a) Informant Mt Hope Records
(b) Address City

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-29-40 (month) (day) (year)
(c) Cemetery or crematory Hartford Conn
Location Hartford Conn

18 (a) Funeral director Edward Mongello
(b) Address 108 W Market

19 (a) SEP 29 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 25 1938, to Sept 28 1940, and that I last saw her alive on Sept 28 1940.

Immediate cause of death	Duration
Carcinomatosis	1 yr
Due to Scirrhous Carcinoma of st breast	
Due to	
Other Conditions Paranoid Condition	2 Mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P. Alagia M. D.
Address 336 Cathedral St Date signed

F 73173

Wellham

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 N Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 N Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Wellham

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Walter W Wellham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1853

8. AGE: Years 88 | Months | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Owsley
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Washington
15. Birthplace Md

16 (a) Informant Mrs Bertie M Diffil
(b) Address 301 N Dunsten Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) SEP 29 1940 Hunting by Williams (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1937, to Sept 28 1940, and that I last saw h[illegible] alive on Sept 24 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	2
Due to Generalized Arteriosclerosis	?
Due to Essential Hypertension	?
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Albert Pittenbrat M. D.
Address 2302 Edmondson Ave Date signed 9/30/40

F 73174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 8

F 73174
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4914 Litchfield ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4914 Litchfield ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Wallace Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9 - 1931

8. AGE: Years	Months	Days	If less than one day
9	6	19	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation School boy
11. Industry or business

FATHER
12. Name James E. Wallace
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret W. Webster
15. Birthplace Md.

16 (a) Informant James E. Wallace
(b) Address 4914 Litchfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 30 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Pk.
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) SEP 29 1940 (Date received by Registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Sept 26 1940, and that I last saw h[illegible] alive on Sept 26 - 1940.

Immediate cause of death Acute endo-cardios - acute pericarditis — Duration 16 days

Due to Scarlet Fever — 3 weeks

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D. McDermott M. D.
Address 1136 Poplar Pl. Date signed 9/27/40

F 73175

VS 3

F 73175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73175 Registered No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Upperco (If outside city or town limits, write RURAL and give town) R.D.
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herschell Ford

3 (b) If veteran, name war No
3 (c) Social Security Account No. 216-07-4197

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Myrtle Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1882

8. AGE: Years 58 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Night Watchman
11. Industry or business Congoleum Nay Co.

FATHER
12. Name Buchannon Ford
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Eichorn
15. Birthplace Md

16 (a) Informant Mr. Henry T. Ford
(b) Address R.D. Finksburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Providence Meth. Location Ham Sta. Carroll Co. Md.

18 (a) Funeral director C. M. Walt-
(b) Address Union Field Md

SEP 29 1940 (Date rec'd by registrar)

(a) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Generalized burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 9/28/40
(c) Where did injury occur? Congoleum Nay Co. (City or town) Sykesville (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Boiler exploded, covered with super-heated steam

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 9/28/40

F 73176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73176
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 410 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Leadenhall St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Thelma Risper (47325)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1905

8. AGE: Years	Months	Days	If less than one day
35	5	16	hr. min.

9. Birthplace N. Car.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John Brown
13. Birthplace N. Car.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Sept 29 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Bal A R Co Md

18 (a) Funeral director Isaiah L Brown Dead
(b) Address 1051 W Montgomery St

19 (a) SEP 29 1940 (b)
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24, 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1939 to Sept. 24 1940, and that I last saw her alive on Sept. 24, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Oct. 1937

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret Gutsch M. D.
Address Balto. City Hospitals Date signed 9-24-40

VS 8

F 73177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145-F

F 73177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Winchester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	5	5		

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Clothing Designer

11. Industry or business

FATHER
12. Name Henry L E Gardner
13. Birthplace Germany

MOTHER
14. Maiden Name Frederickal Beck
15. Birthplace Germany

16 (a) Informant C. L. Gardner
(b) Address 2917 Winchester st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director George W. Embry
(b) Address Fulton & Fayette

19 (a) SEP 29 1940 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27/40 19 , at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1940, to 9/27 1940, and that I last saw him alive on 9/22 1940.

Immediate cause of death Ca Throat

Due to

Due to Myocardial Failure - Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr M. D.

Address Md General Hosp Date signed 9/27/40

VS 8

F 73178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 73178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1953 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1953 W. Fayette St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME John J. Lawless

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Mary A. Lawless

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 24 1865

8. AGE: Years	Months	Days	If less than one day
75	3	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Metal Shop

FATHER
12. Name Patrick Lawless
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna McKeiver
15. Birthplace Ireland

16 (a) Informant Miss Mary Lawless
(b) Address 1953 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4312 Old Frederick Rd

18 (a) Funeral director John Gorman & Son
(b) Address 901 Holbrook St

19 SEP 29 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1937 to 9/27 1940 and that I last saw h alive on 9/ 19

Immediate cause of death	Duration
Cardiac decompensation	6/1-40
Due to Chronic Myocarditis	1930
Due to	
Other Conditions Chronic Interstitial Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Field Carter M. D.
Address 2115 N Bolton St Date signed 9/27/40

VS 3

VS 3

F 73179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a F 73179

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Howard Sts.

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Hours

(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3006 Clearview Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3717

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1887

8. AGE: Years 53 | Months 8 9 | Days 6 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Md Casualty Co.

FATHER — 12. Name Charles Wagner.

13. Birthplace Balto. Md

MOTHER — 14. Maiden Name Magdalena Johennings

15. Birthplace Balto Md

16 (a) Informant Mrs Magdalena Wagner

(b) Address 3006 Clearview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location Balto Md

18 (a) Funeral director Geo Zepp & Son

(b) Address 1512 Hollins St

19 SEP 29 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27, 1940, to Sept 28 1940, and that I last saw her alive on Sept 28 1940.

Immediate cause of death Peripheral circulatory collapse — Duration

Due to Acute intestinal obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. M. Stinson M.D.

Address Md. Gen. Hosp. Date signed 9/29

F 73180

VS 3

385 to 386 73180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 73180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E. Henrietta (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel George

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-77

8. AGE: Years	Months	Days	If less than one day
63	3	25	hr. min.

9. Birthplace Jerusalem (Town, county, and state)
10. Usual Occupation Pensioned
11. Industry or business

FATHER
12. Name George George
13. Birthplace Jerusalem

MOTHER
14. Maiden Name Christina
15. Birthplace Jerusalem

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Geo F Berger Jr
(b) Address 1512 Hollins St

19 (a) SEP 29 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 9 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1940, to Sept 27 1940, and that I last saw him alive on Sept 27 1940.

	Duration
Immediate cause of death Uremia	
Due to Chronic renal insufficiency - hydronephrosis	?
Due to Carcinoma of prostate	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate
Of autopsy Carcinoma of Prostate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl E Burkland
Address Johns Hopkins Hosp. Date signed 9/29/40

VS 3

VS 3

F 73181

F 73181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5027 Guyon Oak Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME Oriole Ford Bansel Bansel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Lewis L Bansel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	12	hr. min.

9. Birthplace Crisfield, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name W. H. Ford.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Rachel Nelson
15. Birthplace Maryland.

16 (a) Informant Records.
(b) Address Hospital Records

17 (a) Burial (b) Date thereof Sept 30 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Crisfield Md

18 (a) Funeral director Hughes Dukes & Lee
(b) Address North & Pennsylvania Aves

19 SEP 29 1940 Registrar
(Date rec'd by Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 5:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940 to Sept 28 1940, and that I last saw her alive on September 28 1940.

Immediate cause of death	Duration
Metastatic carcinoma of lung.	Approx 2 years
Due to	
Due to	
Other Conditions Pulmonary collapse	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operation Mastectomy (1937) showed carcinoma, left breast.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence L Cannon

Address Md. General Hospital Date signed 9/28/40 M. D.

VS 3

F 73182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 73182

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STAMP RESERVED FOR LOCAL USE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 N. Ellamont St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr. 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 35 N. Ellamont st (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Matthew Bangert (BANGERT)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1891

8. AGE: Years	Months	Days	If less than one day
49	8	10	hr. min.

9. Birthplace Penna, Meyersdale (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Bangert
13. Birthplace Germany

MOTHER
14. Maiden Name Lydia Patton (Patton)
15. Birthplace Penna, Salisbury

16 (a) Informant Mrs Mary Jewell
(b) Address 35 N. Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/40 (month) (day) (year)
(c) Cemetery or crematory Reformed Church Cem.
Location Meyersdale, Pennsylvania

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

SEP 29 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940 at 7:58 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture, skull — Duration
Subarachnoid Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/27/40
(c) Where did injury occur? 35 N. Ellamont St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell down stairs

23. Signature H. H. Vandellyn M.D. Medical Examiner.
Date signed 9/28/40

VS 6

73183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137-a F 73183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hos. St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. William Green Brodie

If U. S. Veteran specify WAR

(a) Residence: No. 3116 Virginia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Butler Brodie

6. DATE OF BIRTH (month, day, year) Apr. 19 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Retired (5yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&OR R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Co N. C.

FATHER

13. NAME William L. Brodie

14. BIRTHPLACE (city or town) (State or country) Warren Co N. C.

MOTHER

15. MAIDEN NAME Drusilla Green

16. BIRTHPLACE (city or town) (State or country) Warren Co N. C.

17. INFORMANT Dr. Wm. A. DeCaindry

(Address) 614 Haverford Place Evergreen

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 30 1940 Pa

19. UNDERTAKER Wm. J. Rickert Sons

(Address) North & Pa aves

20. FILED SEP 29 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 13 1940 to Sept. 28 1940

I last saw him alive on Sept. 28 1940 Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	9-16-40
Duodenitis Ulcers	9-[illegible]-40

Other contributory causes of importance:

Prostatic Hyperplasia	over
Bladder Calculi	9-10-40

Was an operation performed? Yes. 2 Stage Date of 8-14-40 & 8-29-40

For what disease or injury? Prostatic Hyperplasia & Bladder Calculi

Name of operation (1) Suprapubic Cystotomy (2) Suprapubic prostatectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Wallenstein M. D.

(Address) 1 W. Mt. St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20 Registered No. F 73184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 E. 30th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 E. 30th Street,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CORINNE VIRGINIA ROEBUCK

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Taylor Roebuck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1904

8. AGE: Years 35 | Months 10 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ormond Leatherwood
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Gertrude Viola Randall
15. Birthplace Maryland

16 (a) Informant Mrs. Harry T. Roebuck
(b) Address 2004 E. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkwood, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

SEP 29 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1940 at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19.. to 9/26 1940, and that I last saw h.. alive on 9/26 1940

Immediate cause of death: Asthenia — Duration:
Due to: Tuberculosis Kidneys
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Freedman M. D.
Address 117 S. Broadway Date signed

SEP 29 1940
VS 5

4

73185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. E 73185

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Linden Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Charles H. Fink

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Abt. 54			hr. min.

9. Birthplace: Youngstown Ohio (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Pat O'Malley
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Charles H. Fink
(b) Address: 1801 Linden Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/30/40 (month) (day) (year)

(c) Cemetery or crematory
Location: Youngstown Ohio

18 (a) Funeral director: John J. Fahey Sons
(b) Address: 1318 Bright St.

19 (a) [illegible] (Signature of registrar) (b) Huntington [illegible] Registrar

SEP 29 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940 at 6 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 hrs.
Due to	
Hypertension - Cardio - Vascular	
Other Conditions Chronic —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsch M.D. Medical Examiner.
Date signed 9/29/40

VS 6

F 73186
385-930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 157-a F 73186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Wheeling (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Kruger St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Missen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-40

8. AGE: Years | Months: 6 | Days: 17 | If less than one day: hr. min.

9. Birthplace: West Virginia (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER
12. Name: Gust Missen
13. Birthplace: Race Missen

MOTHER
14. Maiden Name: Lillian Tomati
15. Birthplace: Va.

16 (a) Informant: Reards –
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 30 / 1940 (month) (day) (year)
(c) Cemetery or crematory Wheeling W Va
Location

18 (a) Funeral director: Clarence Berche
(b) Address: Wheeling W Va

19 (a) SEP 29 1940 (Date rec'd by registrar) (b) Huntington, West Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 7 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1940, to Sept 29 1940, and that I last saw h alive on Sept 29 1940.

Immediate cause of death: Hydrocephalus congenital — Duration: life
Due to
Due to
Other Conditions: Operation – cloroid plexectomy (Include pregnancy within 3 months of death)
Major findings:
Of operations: Hydrocephalus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address 1 Blue Building Hosp Date signed 9-30-40

VS 3

F 73187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 H F 73187 Registered No.

MARGIN RESERVED FOR BINDING • PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution U. S. A. Sta. Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 Manchester (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth E. Meekins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Martin Wilbur Meekins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1908

8. AGE: Years	Months	Days	If less than one day
32	6	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Rustic
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Grace Price
15. Birthplace Baltimore, Md.

16 (a) Informant M. Wilbur Meekins
(b) Address 3730 Manchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Reisterstown Rd.

19 (a) Filed (Date received by Registrar) Registrar

SEP 29 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940 at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiating gas poisoning

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9/27/40
(c) Where did injury occur? 3730 Manchester Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Gas - kitchen stove burners

23. Signature [illegible] M.D. Medical Examiner.
Date signed 9/27/40

3188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73188

Registered No. 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W. Lexington St. 20-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Johns Dawes Sr.

If U. S. Veteran (Civil War or Spanish War) Social Security

(a) Residence: No. 2123 W. Lexington St., ... Ward. 215-05-1579

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie E. Dawes

6. DATE OF BIRTH (month, day, year): April 19-1884

7. AGE: Years 56 | Months 5 | Days 8 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bakery

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Dawes

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Mary E. Jordan

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Carrie E. Dawes

(Address) 2123 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Sept. 30 1940

19. UNDERTAKER: George L. Schuyler

(Address) 2101 Frederick Ave

20. FILED SEP 29 1940 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1940, to Sept 27, 1940

I last saw him alive on Sept 26, 1940 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 days

Other contributory causes of importance:

Arterial Sclerosis — 5 yrs

Diabetes Mellitus — 5 yrs

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. L. Tony M. D.

(Address) 6 W. Franklin St

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COK

F 73189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59438 131-a

Registered No. F 73189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Mullin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Giddings

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1888

8. AGE: Years 52 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Care of Children

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Dollie Savage
15. Birthplace unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Not Autopsy

18 (a) Funeral director George L. Nelson
(b) Address 1303 Pressman St

19 (a) (b) Registrar

SEP 30 1940 (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27-1940, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24-1940 to 9-27-1940 and that I last saw h-- alive on 9-27-1940.

	Duration
Immediate cause of death: Cerebral Thrombosis	13 days
Uremia	?
Due to: Arteriosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Meyer Goldstein M. D.
Address Balto City Hosp Date signed 9-28-40

F 73190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where necessary. Do not use abbreviations. Give the causes of death clearly and legibly. Special attention is directed to the necessity for entering the correct age in every case. Underlining is especially important. Physicians: please write the cause of death in lines 20 and 22 only.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Lorman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS FRANKLIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8615

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Agnes Franklin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1890

8. AGE: Years 50 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace West River md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Franklin
13. Birthplace md

MOTHER
14. Maiden Name Rebecca Harrod
15. Birthplace md

16 (a) Informant agnes Franklin
(b) Address 1600 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location West River Md

18 (a) Funeral director Geagle & Nelson
(b) Address 1303 Preastman St

19 (a) SEP 30 1940 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertensive heart disease

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place).
(e) Means of injury

23. Signature J. T. Wallenmeyer M.D. Medical Examiner.

Date signed 9-26-40

VS 6

73191

BALTIMORE CITY HEALTH DEPARTMENT 166

CERTIFICATE OF DEATH

F 73191

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHNNIE MAY THOMPSON or DEAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Robert F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 - 1906

8. AGE: Years	Months	Days	If less than one day
33	11	-	hr. min.

9. Birthplace Palestine - Texas
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name D. Dean
13. Birthplace Texas

MOTHER
14. Maiden Name Emma Gaston
15. Birthplace Texas

16 (a) Informant Robt. F. Thompson
(b) Address 2035 Madison Ave

17 (a) Burial (b) Date thereof Oct 1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Archibald A. Haddis
(b) Address 2101 N. Eutaw St.

SEP (a) 1940 (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 4:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage internal	
Due to Bullet Wound of abdomen	
Due to	
Other Conditions Acute peritonitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Sept 26, 1940
(c) Where did injury occur? 2035 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury shot by revolver during altercation

23. Signature H. L. Wellemeier M.D.
Medical Examiner.
Date signed 9-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct if possible. Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 73192

VS 6

altercation

F 73192

F 73192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2424-Pelham Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424-Pelham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Mary L. McCoy

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Michael C. McCoy
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Apr. 5th, 1879

8. AGE: Years	Months	Days	If less than one day
61	5	22	-hr. - - - -min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Louis Kube
13. Birthplace France

MOTHER
14. Maiden Name Katherine Kane
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. J. E. Winter
(b) Address 2424-Pelham Ave.

17 (a) Burial (b) Date thereof 10/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Geo. J. Ruth, Inc.
(b) Address 173 -Harford Ave

19 (a) SEP 30 1940 (b)
(Date filed by registrar) Registrar

VS 3

Hunter for Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all the causes of death clearly and completely. Please write the correct age is especially important. Physicians: please write the ca

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 27 1940, and that I last saw her alive on Sept 27 1940.

	Duration
Immediate cause of death: Acute Dilatation of Heart	1 day
Due to: Chronic Myocarditis	3 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E Gill Wall
Address 1631 E North av Date signed 9/30/40 M. D.

VS 3 Hunting for Millers, Md.

F 73193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1270 F 73193
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the word "unknown" or the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 E 28th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife John Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1904

8. AGE: Years	Months	Days	If less than one day
35	11	-	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Rosa Bond
15. Birthplace Md

16 (a) Informant Catherine Wilson
(b) Address 630 E. 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Q. A. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 E. Caroline Street

19 (Date received by registrar) (b) Huntington Hillers, Md.

SEP 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28 1940 at 10 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1940 to 9-28 1940 and that I last saw her alive on 9-28 1940

Immediate cause of death	Duration
Acute Cardiac Failure	
Due to Chronic Myocarditis	
Due to	
Other Conditions Chronic cholecystitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chr. cholecystitis
Of autopsy Cardiac dilatation Fluid in lungs & pleural spaces

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Satchell M.D.
Address 28 Jewett Bldg. Date signed 9-30-40

F 73194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-B

F 73194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F Herbert
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-07-7606

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1895

8. AGE: Years	Months	Days	If less than one day
25	1	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Recovery Clerk
11. Industry or business

FATHER 12. Name John T Herbert
13. Birthplace Balto Md

MOTHER 14. Maiden Name Nellie Haffer
15. Birthplace Balt Md

16 (a) Informant Frances Herbert
(b) Address 7 N Milton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Loudendale
Location

18 (a) Funeral director Leonard J Rust
(b) Address 5308 Harford Road

19 SEP 30 1940 (Date rec'd by registrar) (b) Hunting & Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7 1940, to 9/27 1940 and that I last saw h... alive on 9/27 1940

Immediate cause of death Subacute bacterial endocarditis — Duration

Due to Rheumatic endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Herbert M. D.
Address Sinai Hosp. Date signed 9/27

D 73195 alw

F 73195

2439 N. Charles St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 186 a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Bolton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Bolton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Jane Dittus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George P. Dittus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16-1858

8. AGE: Years	Months	Days	If less than one day
82	4	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Alexander Forsythe Dittus
13. Birthplace England

MOTHER
14. Maiden Name Martha Crawford
15. Birthplace Ireland

16 (a) Informant Martha J. Dittus
(b) Address 2118 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director Marine Cook Sykes
(b) Address 1600 W. North Ave.

SEP 30 1940 (Date filed by Registrar)

(b) Huntington Hill Registrar M.D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Encircle the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 9.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to Sep 28 1940, and that I last saw h.. alive on Sep 28 1940

Immediate cause of death Senility — Duration

Due to

Due to

Other Conditions Endocarditis + fractured hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 9.27.40
(c) Where did injury occur? 2118 Bolton St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature M. L. Ingram M.D.
M. D.

Address 2439 N Charles St Date signed 9/30/40

2 d a c

73196 HEALTH DEPARTMENT—CITY OF BALTIMORE 73196

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Bremen St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Dorothue Stebler

If U. S. Veteran specify WAR

(a) Residence: No. 2217 Bremen St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Wm Stebler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dorothy Knox

16. BIRTHPLACE (city or town) (State or country) Wm A Stebler

17. INFORMANT (Address) 2217 Bremen st

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Oct 1st 1940

19. UNDERTAKER A. Jones (Address) 111 S Gilmor st

FILED SEP 30 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/40

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1940 to Sept 27 1940

I last saw h alive on Sept 27 1940 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	9/1/40
High blood pressure	
Other contributory causes of importance:	
arteriosclerosis	6/1/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Shipley Dorsey M. D.

(Address) 1200 Park Ave

information should be given in answering these questions so that it may be properly interpreted. Underlining or capitalizing the state CAUSE OF DEATH in plain terms, so that it may be properly interpreted. Underlining or capitalizing the state CAUSE OF DEATH in plain terms, so that it may be properly interpreted. Underlining or capitalizing the OCCUPATION is very important. See instructions on back of certificate.

Weinstock
F73197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V61

F-73197
Registered No. F 73197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Be sure correct age is especially important. Physicians: please write your name and address plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 N. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N. Smallwood St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Simon Shapiro

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie Shapiro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Tailor

11. Industry or business

FATHER
12. Name David Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Ida —
15. Birthplace Russia

16 (a) Informant Mrs. Shapiro
(b) Address 251 Wisconsin Ave. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd.

18 (a) Funeral director Jack Lewis Inc.,
(b) Address 1439 E. Balto St

19 (a) Date received by registrar SEP 30 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29-40 19 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Sept 29 1940, and that I last saw h alive on Sept 29 1940.

Immediate cause of death
ARTERIO SCHLEROTIC CARDIO-VASCULAR DISEASE — Duration: Several years
Due to DIABETES MELLITUS — several years
Due to HEART BLOCK — 1 hour
Due to PULMONARY EDEMA
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Weinstock M. D.

Address 4603 Pk Heights Ave Date signed 9/30/40

F 73198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F-73198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2606 Rosewood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Rosewood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Jennie Singer
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Simon
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER 12. Name Nash Smith
13. Birthplace Russia

MOTHER 14. Maiden Name Leba Klein
15. Birthplace Russia

16 (a) Informant A Smith
(b) Address 1135 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Rosedale
Location Philadelphia Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St
Huntington Williams, M.D.

19 (a) SEP 30 1940 (Date received by Registrar) (b) Registrar

VS 8

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Be sure age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29-40 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1940 to 9/29 1940 and that I last saw h alive on 9/29 1940

Immediate cause of death Coronary Thrombosis 2 days — Duration

Due to Uremia & cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trawler

Address 1135 E Lanvale Date signed 9/30/40

F 73199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A F 73199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Dundalk Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Guy Troupe

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5263

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married.

6 (b) Name of husband or wife Rose A. Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11-1889

8. AGE Years	Months	Days	If less than one day
51	7	17	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Rose Troupe
(b) Address Balto Ave Dundalk Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Locust Point Cem.
Location O'Donnell St & Ks.
18 (a) Funeral director Thos F. Connelly
(b) Address Essex Md.
19 SEP 30 1940 (Date rec'd by registrar) (b) Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 9.45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to Sept 28 1940, and that I last saw him alive on Sept 28 1940.

Immediate cause of death	Duration
Pulmonary Congestion	
Due to Hypertensive Cardio Vascular Disease	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed 9-28-40

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

F 73200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124

Registered No. 73200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo, 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 W. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lewis Egner (Elizabeth)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1874

8. AGE: Years	Months	Days	If less than one day
66	8	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Friedlein
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Fisher
15. Birthplace Maryland

16 (a) Informant Dr. T. S. Hershey
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location North Ave. & Greenmount

18 (a) Funeral director John G. Connelly
(b) Address East Md.

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Waiting for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940, to Sept 26 1940, and that I last saw him alive on Sept 26 1940

Immediate cause of death: Circulatory Collapse — Duration: 1 hour

Due to: Cirrhosis Liver — 1 year

Due to — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hob nail liver - Ascites

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Crawford

Address Union Memorial Hospital Date signed 9/26/40

PLEASE WRITE PLAINLY. Fill in all blanks with the best information obtainable. Give the causes of death correctly. Underlying cause, antecedent causes, and contributory causes should be stated. Be sure to correct age is especially important. Physicians: please write the cause of death in terms which will convey a definite idea of the pathological condition.

VS 2

F 73201

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D 59664 73201

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to the causes of death clearly and legibly. Underlining of cause of death is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1705 Brunt Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1881

8. AGE: Years	Months	Days	If less than one day
59	6	15	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Frank Spindle

13. Birthplace Va.

MOTHER 14. Maiden Name Eliza. Harris

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L. Brown Son

(b) Address 1251 W Montgomery St Balto Md

SEP 30 1940

(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27- 1940, at 11 03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-23- 1940, to 9-27- 1940 and that I last saw h-- alive on 9-27- 1940.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: A-S. Int. Dis. — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Gen. A-S.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(c) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 9-28-40

F 73202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73202
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 842 S. Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ransom Fields

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Wd.

6 (b) Name of husband or wife Anna Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. ?, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	?	hr. min.

9. Birthplace Orangeburg S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wintie Fields
13. Birthplace SC.

MOTHER
14. Maiden Name [illegible]
15. Birthplace

16 (a) Informant Thaddeus Fields
(b) Address 842 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Orangeburg S. C
Location

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W. Montgomery St. Phone Gl. 1812, Balto, Md.

SEP 30 1940 (Date rec'd by registrar) (b) Registrar

VS 3.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly. Be sure to correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/29 1940, at 1215A, M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Sept 29 1940, and that I last saw h— alive on Sept 29 1940.

Immediate cause of death Lobar Pneumonia — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Carroll M. D.
Address 911 Warner St Date signed 9/30/40

F 73203

VS 3.

F 73203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V166

F 73203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Durham St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE SOMMERVILLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-3556

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10 1898

8. AGE: Years 42 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer - hostler

11. Industry or business Stable

FATHER 12. Name John Sommerville

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Lottie Coleman

15. Birthplace Baltimore Md

16 (a) Informant mother, Mrs Laura Sommerville

(b) Address 411 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3rd 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklandd

18 (a) Funeral director Elroy O Weber

(b) Address 6000 Brooklyn

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Hunting Ton Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940 at 4:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hemmorrhage cerebral	
Due to Bullet wound of head	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Sept 29 - 1940
(c) Where did injury occur? Vacant lot near 2021 Gaylette (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? —
(e) Means of injury Revolver - shooting

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.

Date signed 9-30-40

Reinvestigation

VS 6

VS 6

F 73204
LB 59420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-aF 73204
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 min. 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hr. 18 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jennings

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/23/40
8. AGE: Years | Months | Days | If less than one day: 5 hr. 18 min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Wardell Gray
13. Birthplace N. C.

MOTHER
14. Maiden Name Denzimore Jennings
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/27/40 (month) (day) (year)
(c) Cemetery or crematory Crematory, Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address SEP 30 1940

19 (a) (Date rec'd by registrar) (b) Thurlington W. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1940, at 12:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1940, to Sept. 24 1940, and that I last saw h.m. alive on Sept 24 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to Precipitate labor	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 9-24-40

VS 3

F 73205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B F 73205

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4702 Springdale Ave 28 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Effie Margaretta Culler

If U. S. Veteran specify WAR.....

(a) Residence: No. 4702 Springdale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Culler

6. DATE OF BIRTH (month, day, year) March 28-1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson Maryland

FATHER

13. NAME Daniel Foster

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Wise

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Cora E. Frasier

(Address) 4702 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson Lutheran Cem. Jefferson, Md Date Oct 1 1940

19. UNDERTAKER Charles G. Black

(Address) 742 W. North Ave. Huntington Williams, N.Y.

20. FILED SEP 30 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-40

22. I HEREBY CERTIFY, That I attended deceased from July 17 1940 to Sept 29 1940

I last saw h.. alive on Sept 19 1940 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Immediate

Other contributory causes of importance: Mitral Regurgitation of Heart many yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify No.

(Signed) G Lobdell Ewalt M. D.

(Address) 2945 St Paul St

information should be carefully supplied. Exact statement of... it may be properly classified. ... state CAUSE OF DEATH in plain terms, so that it ... OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

73206

3206

CERTIFICATE OF DEATH

92-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Druid Hill Ave St., 17-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Campbell

(a) Residence: No. 1122 Druid Hill Ave St., Ward. S.S. 218-09-7354

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Campbell

6. DATE OF BIRTH (month, day, year) Feb 10, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME Daniel Kemp

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Druid Kemp

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Addie Campbell

(Address) 1122 Druid Hill Ave

18. BURIAL, CREMATION, REMOVAL

Place Burial Date 9-30-, 1940

19. UNDERTAKER Thos. H. Alexander

(Address) 1200 E. Fayette St

20. FILED SEP 30 1940 Huntington Williams Asst. Registrar

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept, 19 38, to Sept 27, 1940

I last saw him alive on Sept 25, 1940. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	
Endocarditis	
Other contributory causes of importance: Espasmodic renal pain	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas P. Hunkins M. D.

(Address) 1202 Druid Hill Ave

No. 65 ... information should be carefully supplied. AGE ... it may be properly classified. Exact statement of ... state CAUSE OF DEATH in plain terms, so that it ... OCCUPATION is very important. See instructions on ... ns on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73207

CERTIFICATE OF DEATH

F 73207

1. PLACE OF DEATH Home for Incurables 93-D Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Beale Wilton

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., 13-7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	1	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York, Pa

FATHER

13. NAME Richard Payne Wilton

14. BIRTHPLACE (city or town) (State or country) Wrightsville Pa.

MOTHER

15. MAIDEN NAME Frances Bordley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Park Lake Date Oct 4 19 40

19. UNDERTAKER William J. Dukeman + Son
(Address) Bond + Brown Aves

20. FILED SEP 30 1940 Herrington for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 15 1938 to Sept 29 1940

I last saw h.e.r. alive on Sept. 25 1940. Death is said to have occurred on the date stated above, at 7.12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension – Arteriosclerotic Cardio Vasc. Disease	Unknown
Congestive Hypostatic Failure	Sept 1940
Other contributory causes of importance:	
Paralysis Agitans	1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Conrad Wolf M. D.

(Address) 11 E. Chase St. Baltimore, Md.

Information should be complete, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 73208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 D

F 73208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertakers to report the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Denison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE [illegible] GORRELL

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. Nov. 18 1856
8. AGE: Years 83 | Months 10 | Days 20 10 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Dixon Connolly
(b) Address Baldwin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Long Green Md
18 (a) Funeral director C. E. Arthur
(b) Address Fork Md.
19 (a) SEP 30 1940 (Date the City Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Sept 28 1940, and that I last saw h[illegible] alive on Sept 28 1940.

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to: Myocarditis — about 3 mo. duration
Due to:
Other Conditions: Arteriosclerosis — ? years
Hypertension — duration about 3 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 220 Harrison Blvd Date signed 9.29.40

VS 3

F 73209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 73209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use the space for the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 1
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Callow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emilie Bernstein Simon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1866

8. AGE: Years	Months	Days	If less than one day
74	5	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Solomon Bernstein
13. Birthplace Germany

MOTHER 14. Maiden Name Ida Schulwasser
15. Birthplace Germany

16 (a) Informant Mrs. P. Stern
(b) Address Alhambra Apts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 3 40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prospect Hill
Location York, Pa.

18 (a) Funeral director Harry Sonneborn & Son
(b) Address 190 N. Eutaw St. Baltimore, Md.

19 SEP 30 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937, to July 1940, and that I last saw h alive on Sept 1 1940.

Immediate cause of death Coronary Occlusion — Duration Several months

Due to

Due to

Other Conditions Hypertension, Coronary sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 11 E. Chase St. Date signed 9/30/40

VS 3

VS 3

F 73210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46

F 73210
Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 ~~2~~
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Pl
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Goldenberg KATZ

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 25, 1886.

8. AGE: Years	Months	Days	If less than one day
54	6	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Registered Nurse.
11. Industry or business

FATHER
12. Name Louis Katz.
13. Birthplace Germany.

MOTHER
14. Maiden Name Johanna Goldenberg,
15. Birthplace Germany.

16 (a) Informant Mrs. B. Breifuss,
(b) Address New York.

17 (a) Burial (b) Date thereof 10/ 2/ 40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Baltimore, Md.
18 (a) Funeral director ~~Isaac Sonnheim & Son~~
(b) Address 1902 Eutaw Place.
19 (a) SEP 30 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 – 1940, at 12 – 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Sept. 30 1940, and that I last saw her alive on Sept 30 – 1940.

Immediate cause of death: Carcinoma Ventriculi — Duration: approx 3 years

Due to:

Due to:

Other Conditions: Widespread metastases
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma ventriculi with metastases
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Jacobs M. D.
Address 1700 Eutaw Pl. Date signed Sept-30-1940

VS 8

F 73211

Hellmann

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-31-a

Registered No. F 73211

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and regularly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Sts.

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1727 East Federal St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella V. Hellmann

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1865

8. AGE: Years 75 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business At Home

FATHER 12. Name John Starke

13. Birthplace Va

MOTHER 14. Maiden Name Lucie Llewellyn

15. Birthplace Va

16 (a) Informant Friend.

(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/1/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md

18 (a) Funeral director Thomson Son

(b) Address 1519 E Fort Ave

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940 to Sept 28 1940, and that I last saw her alive on Sept 28 1940.

Immediate cause of death Generalized arteriosclerosis

Due to Hypertension

Due to

Other Conditions Peripheral circulatory collapse
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

	Duration
	over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lawrence S. Cannon

Address Maryland Gen. Hosp. Date signed 9/28/40

M. D.

VS 8

VS 8

F 73212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 73212

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Statements of age, residence and date of birth are especially important. Physicians: please write the correct age in Item 8.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 E. 38th st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Barbara K. Ewald

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Charles Ewald
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 15th 1864
8. AGE: Years 76 | Months 7 | Days 14 | If less than one day hr. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business: At Home

FATHER
12. Name: George Knouff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbara (Unknown)
15. Birthplace: Germany

16 (a) Informant: Wm. G. Ewald
(b) Address: 2 E. 33rd St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Oak Lawn
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) Filed SEP 30 1940 (Date of filing) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1940, to Sept. 29 1940, and that I last saw her alive on Sept. 29 1940.

	Duration
Immediate cause of death: Pulmonary Edema	2 hours
Due to: Congestive Heart Failure	?
Due to: Arteriosclerotic Heart Disease	?
Other Conditions: Diabetes Mellitus	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William H. Fuesting M.D.
Address: Bon Secours Hosp. Date signed: 9-29-40

VS 3

73213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 73213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4423 Pimlico Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4423 Pimlico Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB H. LEHNHOFF

3 (b) If veteran, name war ND
3 (c) Social Security Account No. 214-01-8747

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Nettie E. Lehnhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4th 1880

8. AGE: Years 60 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Manager Packing Dept
11. Industry or business Parke Davis Co

FATHER
12. Name Frederick Wm Lehnhoff
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary E. Harpes
15. Birthplace Balto. Md.

16 (a) Informant Mrs Nettie E. Lehnhoff
(b) Address 4423 Pimlico Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Make the causes of death clearly and legibly. Give correct age is especially important. Physicians; please write the

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-29-40

VS 6

73214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a competent person to fill out the causes of death clearly and legibly. Be sure that the age is correct; age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5917 Sefton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5917 Sefton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE M. BROWN

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 5th 1859

8. AGE: Years 81 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace Hanford Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Dress Maker

FATHER
12. Name (Unknown) Brown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant George L. Reed
(b) Address 5917 Sefton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wm Cook
(b) Address 127 St. Paul St Huntington Williams, Mgr.

19 (a) SEP 30 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940, at 6 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease.	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-29-40

VS 6

VS 6

F 73215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Smith Island. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Fountain EVANS

3 (b) If veteran, name war --

3 (c) Social Security Account No. ? ?

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nancy Dize

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 20, 1882

8. AGE: Years 58 | Months 4 | Days 9 | If less than one day: hr. min.

9. Birthplace Smiths Island, Maryland (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Merchant Seaman

FATHER
12. Name William Evans
13. Birthplace Smiths Island, Maryland

MOTHER
14. Maiden Name Catherine Marsh
15. Birthplace Smiths Island, Maryland

16 (a) Informant Records--U.S.Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/40 (month), (day), (year)
(c) Cemetery or crematory Rhodes Point Cem. Location Smith Island Md.

18 (a) Funeral director Tilly & Zeller Inc.
(b) Address 903 N. Gilmor St. Baltimore, Md.

19 (a) SEP 30 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940, to Sept. 29 1940, and that I last saw him alive on Sept. 29 1940.

	Duration
Immediate cause of death: Degeneration of myocardium	18 mos.
Due to: Coronary thrombosis	18 mos.
Due to: Arteriosclerosis, general	unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T.B.H. Anderson M. D.
Address U.S.Marine Hospital Date signed 9/30/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and give correct age is especially important.

VS 3

VS 3

La-3470

F 73216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. F 73216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Dukeland St.
(c) Hospital or institution:

21 - 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 W. Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Edwin H. Webster

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-07-9642

4. Sex: Male
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1880

8. AGE: Years 59 | Months 8 | Days 29 28 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Bartlett, Hayward Co.

FATHER
12. Name Charles W. Webster
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amanda Rice
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Margaret J. Davis
(b) Address 601 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Robert S. Little
(b) Address 3500 Edmondson Ave.

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1939, to Sept 22 1940 and that I last saw h/m alive on Sept 22 1940.

Immediate cause of death: Coronary Occlusion — Duration: Sept 29 hr.
Due to: Arteriosclerosis — 1939
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Nolan M. D.
Address 6826 Washington Blvd Date signed 9-30-40

Howard Kilduffe M.D.
Chief Division Examiners

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

Registered No. 73217

E 22917

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Loretta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Raymond Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1940

8. AGE: Years	Months	Days	If less than one day
	3	14	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Webb
13. Birthplace Md.

MOTHER
14. Maiden Name Ostie Russell
15. Birthplace Balto Md.

16 (a) Informant James Powell Grandfather
(b) Address 1908 Loretta Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/30/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location Balto Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Thurston Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28- 1940, at 7.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23-1940 to 9-28-1940 and that I last saw h[illegible] alive on 9-28-1940

Immediate cause of death Pneumococcic Meningitis — Duration 5 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 9/29/40

Please write plainly. Physicians: please write the corrected age is especially important.

VS 8

VS 8

F 73218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

F 73218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 Cliftmont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Plitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna M. Plitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1887

8. AGE: Years	Months	Days	If less than one day
52	10	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Globe Brewery

FATHER
12. Name George Plitt
13. Birthplace Germany

MOTHER
14. Maiden Name Goeller
15. Birthplace Not Known

16 (a) Informant Edna M. Plitt
(b) Address 3131 Cliftmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Ave. Cem.
Location Frederick Rd.

18 (a) Funeral director John G. Miller
(b) Address 2304 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29- 1940, at 5.03 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy - Inquiry and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Shock - traumatic	
Due to Hemorrhage	
Due to Ruptured Liver & Pancreas	
Other Conditions Fractured ribs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-26-40
(c) Where did injury occur? Balto. Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Automobile (Specify type of place) While at work? Yes Driving car from Brewery
(e) Means of injury Crushed by tail gate of truck in

23. Signature Howard J. Sheridan M.D. Medical Examiner.
Date signed 9-29-40

PLEASE WRITE PLAINLY, WITH INK. Give the causes of death clearly and exactly. Physicians: please write the correct age is especially important.

VS 6

VS 6

F 73219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 51C

F 73219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline Court
(c) Hospital or institution: St Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N. Wolfe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Joseph Manley

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-07-4659

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie F. Manley
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) May 25-1912

8. AGE: Years 28 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Foreman Shit-fitter
11. Industry or business Drill. Shafting Dept

FATHER 12. Name John J. Manley
13. Birthplace England

MOTHER 14. Maiden Name Rose Stanton
15. Birthplace Ill

16 (a) Informant Nellie F. Manley
(b) Address 920 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Ave. Balto.

18 (a) Funeral director J. A. Moran
(b) Address Page & Baltorf

19 (a) SEP 30 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12/40 1940, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1940 to 9/12 1940 and that I last saw him alive on 9/12 1940

Immediate cause of death Metastatic Carcinoma of Lung — Duration unknown

Due to Carcinoma of Testicle — Duration unknown

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wallace Martin M. D.
Address St Joseph's Hospital Date signed 9/28/40

PLEASE WRITE CLEARLY. Physicians: please write the correct age is especially important.

VS 3

F 73220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 73220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of street and number, or other exact location. Be sure to write the causes of death clearly and legibly. Give correct age in every case. Answer every question. Where the answer is "None," so state. Where unknown, or where question does not apply, write "Unknown" or "N. A." The items for which data are not obtainable are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 S. Bouldin St
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 S Bouldin St 9 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES ENNIS

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna V. Ennis
6 (c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Dec. 27-1871
8. AGE: Years 68 | Months 9 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace: Mass (Town, county, and state)
10. Usual Occupation: Painter & Rec Officer
11. Industry or business: U.S. Government

FATHER
12. Name: Daniel Ennis
13. Birthplace: Mass.

MOTHER
14. Maiden Name: don't know
15. Birthplace:

16 (a) Informant: Anna J. Ennis
(b) Address: 118-W. 21st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-1940 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Old Frederick Rd

18 (a) Funeral director: J. J. Moran Jr.
(b) Address: 3222 Pennington Ave, Md

SEP 30 1940 (Date rec'd by registrar)
(b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29, 1940, at 10, M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerosis heart disease — Duration

Due to

Due to

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A Z Wollenweber M.D. Medical Examiner.
Date signed 9-25-40

VS 6

73221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cresslin Street
(c) Hospital or institution:
St Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George Kammer

3 (b) If veteran, name war ———
3 (c) Social Security Account No. 215-09-7977

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife ———
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 7-1885

8. AGE: Years 55 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name John Kammer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Schaub
15. Birthplace Baltimore

16 (a) Informant Mrs George E Mortimer
(b) Address 1708 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 1501 N. Broadway

19 (a) ——— (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 27 1940, at 12 01 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1940, to 9/27 1940; and that I last saw him alive on 9/27 1940.

Immediate cause of death Generalized Peritonitis — Duration days

Due to Ruptured appendix

Due to ———

Other Conditions Lobar Pneumonia P.O.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Laparotomy Ruptured appendix Generalized Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C Walter Hamilton M. D.
Address St Josephs Hospital Date signed 9/27/40

VS 3

F 73222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. F 73222

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give the full name of deceased person. Do not write in the space above. Fill in all blanks for which you have data. Be sure to write the causes of death clearly and accurately. Do not use indefinite terms. Do not write "Old Age" as the cause of death. Write the cause of death which caused the disease or condition which caused death. Also write the contributory causes of death, if any

VS 6

F 73223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

Registered No. F 73223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md. 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Fawcett Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Joseph CALLAHAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male.	white	Divorced

6 (b) Name of husband or wife Agnes C. Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1892

8. AGE: Years	Months	Days	If less than one day
48	7	0	hr. min.

9. Birthplace New York, N.Y. (Town, county, and state)
10. Usual Occupation Fireman, Naval Hosp. Annapolis
11. Industry or business

FATHER
12. Name John Joseph Callahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgett ??
15. Birthplace [redacted], Ireland

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1-1940 (month) (day) (year)
(c) Cemetery or crematory Naval cemetery
Location Annapolis Md

18 (a) Funeral director C L Hopkins
(b) Address Annapolis Md

19 (a) (Date rec'd by registrar) (b) Registrar

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1940, at 3:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1940 to Sept. 27 1940, and that I last saw him alive on Sept. 27 1940.

Immediate cause of death	Duration
Malnutrition and inanition	3 mos.
Due to Carcinoma of the stomach with metastasis to the liver	4 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of stomach with metastasis to liver
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson T. B. H. Anderson M. D.
Address U.S. Marine Hsopital Date signed 9/30/40

VS 3

F 73224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 73224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution:
Saint Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Kenyon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia O'Connell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife John O'Connell
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov 24 1892

8. AGE: Years	Months	Days	If less than one day
47	10	4	hr. min.

9. Birthplace maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Levi Arnold
13. Birthplace md

MOTHER
14. Maiden Name Sarah F. Patterson
15. Birthplace md

16 (a) Informant John O'Connell
(b) Address 3127 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Edmond J. Donovan
(b) Address 3615-17 Chesterfield Ave

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1940, at 5 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27 1940, to Sept 28 1940, and that I last saw her alive on Sept 27 1940.

Immediate cause of death	Duration
Uraemia	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Sloss M. D.
Address So. Balto. Gen. Hosp. Date signed 9/28/40

PLEASE WRITE PLAINLY with pencil or pen and ink and write the causes of death clearly and accurately. Physicians: please write correct age is especially important.

VS 3

F 73225

VS 8

F 73225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73225 ✓ 13/a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3447 Chestnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3447 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert E. Imhoff.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Imhoff
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 24 1873

8. AGE: Years	Months	Days	If less than one day
67	-	6	hrs. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Painter Army R.R.

FATHER
12. Name John Imhoff
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Edgington
15. Birthplace Md

16 (a) Informant Mary E. Imhoff
(b) Address 3447 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
18 (a) Funeral director Edward R. Donovan
(b) Address 3615 Chestnut Ave.
19 (a) SEP 30 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 7 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940 to Sept 30 1940, and that I last saw h. alive on Sept 30 1940.

Immediate cause of death: Cardio-renal-vascular Disease — Duration: 15 yrs.
Due to:
Due to:
Other Conditions: Myocardial Insufficiency — Duration: 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Wilson M. D.
Address 617 W 40th Date signed 9/30/40

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 8

F 73226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

F 73226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Linden Sts
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Wilkins ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Lena M.

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug. 10 1885

8. AGE: Years	Months	Days	If less than one day
55	1	18	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Sheet Metal

11. Industry or business Coast Guard

FATHER
12. Name William J. Smith
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Sophia Kustus
15. Birthplace Baltimore, Md

16 (a) Informant Lena M. Smith
(b) Address 2039 Wilkins ave

17 (a) Burial (b) Date thereof Sept 30 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Cofer
(b) Address 700 W Lombard St.

19 (a) SEP 30 1940 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 3:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1940, to 9/28 1940, and that I last saw h i m alive on 9/28 1940.

Immediate cause of death Pneumonia
Due to complicating operation
Due to
Other Conditions asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations Right Lymphadenectomy
Of autopsy

Duration - 5 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin H. Lucas, Jr. M. D.
Address University Hosp. Date signed 9/29/40

Please write in ink and correct ago is especially important. Physicians: please write the cause of death plainly.

F 73227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 73227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 E Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Helen Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-2-18

8. AGE:	Years	Months	Days	If less than one day
	22	-	26	..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Silas Miller
13. Birthplace VA

MOTHER
14. Maiden Name Ethel Duckett
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Oct 1 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Fayette St

19 SEP 30 1940 (b) Huntington Baltimore Md. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Sept 28 1940, and that I last saw her alive on Sept 28 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis with cavitation left upper lobe, and tuberculous	2 months
Due to Pneumonia left lower lobe.	
Due to	
Other Conditions anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury.....

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed 9-28-40

VS 2

Please write plainly in ink. Be sure to give correct age in years. Physicians: please write correct age is especially important.

F 73228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. F 73228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Payson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie S. Leonhauer - Carrie S. Leonhauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Henry Leonhauer
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1873

8. AGE: Years	Months	Days	If less than one day
66	9	—	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Mr. Tobias Schaar
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Poblemann
15. Birthplace Baltimore

16 (a) Informant Bro. Luther
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
18 (a) Funeral director J. B. Wippert + Son
(b) Address 1200 Eutaw Pl.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940, at 7:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1940, to 9/29 1940, and that I last saw her alive on 9/29 1940.

Immediate cause of death Myocardial failure — Duration

Due to Pulmonary Edema

Due to Chronic Cholecystitis

Other Conditions Right Cystic Kidney

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Fatty infant; gall stones

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Piccinni M. D.
Address Md. General Hosp. Date signed Oct 2 1940

Please write in the correct age is especially important. Physicians: please

VS 3

F 73229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 73229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital 20-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 years

3 (a) FULL NAME Madeline Wiesbruck (Wiesbruck)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Louis Wiesbruck

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 12-1865

8. AGE: Years 55 | Months 3 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name John Schaeffler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Louis Wiesbruck Jr
(b) Address 2546 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director L. B. Wiesbruck + Son
(b) Address 1210 E. Eutaw St

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1940, at 11:42 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25/1940 to 9/29/1940 and that I last saw h er alive on 9/29/1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerotic Heart Disease

Due to Chronic myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Owen Hartman, M.D.
Address Franklin Square Hosp. Date signed 9/29/40

Please write clearly with pen and ink. Physicians: please write the correct age is especially important.

VS 3

VS. 3

F 73230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 73230

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman 1518
(c) Hospital or institution: St. Josephs Hospital 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? 49 yrs. years

3 (a) FULL NAME Mary Bachentine

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1866

8. AGE: Years 73. | Months 10 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name August Bachentine
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Germany

16 (a) Informant Rudolph Johnson
(b) Address 3203 Howard Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director J. Bellapart & Son
(b) Address 1300 East Monument St.

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington-Williams Mort.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1940 to Sept 28 1940, and that I last saw h e alive on Sept 28 1940

Immediate cause of death Pulmonary Congestion — Duration
Due to Cardiac Failure
Due to Hypertrophy of Arteriosclerotic Heart Disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baier M. D.
Address St Josephs Hosp. Date signed 9-29-40

F 73231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 73231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Agnes Hospital # 20-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2653 Hafer St. (If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME GERALD L. BEALL

3 (b) If veteran, name war | 3. (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife.....
6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Edward L. Beall
13. Birthplace City

MOTHER
14. Maiden Name Mary Peters
15. Birthplace City

16 (a) Informant Edward L. Beall
(b) Address 2653 Hafer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director F. B. Wappet & Son
(b) Address 2900 Eastern

19 (a) SEP 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
asphyxia	
Due to aspiration of stomach and intestines	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 30, 1940
(c) Where did injury occur? 2653 Hafer St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury asphyxia

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 9-30-40

VS 6

Spec.—6-8-19—H. P. Co.—1000 Blks.

73232

HEALTH DEPARTMENT—CITY OF BALTIMORE No. ~~F~~ 73232

CERTIFICATE OF DEATH.

159 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Pratt St., ST. 1 - 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Waruszewski

(a) RESIDENCE. No. 2207 Pratt St., ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ½ hr. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1940

7 AGE	Years	Months	Days	If LESS than 1 day, ½ hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Walter J. Waruszewski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Rose N. Sperling

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) Maryland.

14 Informant Mrs. Rose Waruszewski
(Address) 2207 Pratt St.,

15 FILED SEP 30 1940 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29, 1940

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1940, to Sept 29, 1940, that I last saw him alive on Sept 29, 1940, and that death occurred, on the date stated above, at 4-15 P. M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Reier M. D.

9/29 1940 (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: City [illegible] MEDICAL SCHOOL — DATE OF BURIAL: SEP 30 1940

20 UNDERTAKER Commissioner of Health ADDRESS

Per H. A. Moore

N. B.—WHITE PAPER, BLACK INK. TYPEWRITING PREFERRED. AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIAN'S information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

5936

F 73233

5936

F 73233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A F 73233 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2930 Windsor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2930 WINDSOR AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Maggie McCormick

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Widow

6 (b) Name of husband or wife James S. McCormick
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Oct 12-1863

8. AGE: Years	Months	Days	If less than one day
76	11	18	hr. min.

9. Birthplace York County Pa.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Baker
13. Birthplace Germany.

MOTHER
14. Maiden Name Ann M. Schaefer
15. Birthplace Pa.

16 (a) Informant Mrs Rose H. Bittel
(b) Address 2930 Windsor Ave.

17 (a) Burial (b) Date thereof Oct 3-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Mamie Cook Duffer
(b) Address 1600 W. North Ave.

19 (a) (Signature of registrar) (b) Filed Oct 3 1940 Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1940 at 4 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1/39 to Sept 30 1940. and that I last saw her alive on Sept 29 1940.

Immediate cause of death	Duration about 6 mo.
Myocarditis	
Due to Chr Interstitial nephritis	about 6 mo.
Due to Gall bladder disease	?
Due to	
Other Conditions Arterio Sclerosis Hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L Hebbett M. D.
Address 2220 Harrison Blvd Date signed Sept 30/40

VS 3

Sept 30/40

F 73234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 73234

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts.

(c) Hospital or institution:

Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4003 Fairfax Road

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ervin Edmond Scholtz

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Christine Scholtz

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 18, 1871

8. AGE: Years	Months	Days	If less than one day
69	2	11	hr. min.

9. Birthplace Richmond Virginia

(Town, county, and state)

10. Usual Occupation None Retired

11. Industry or business Electrician

FATHER

12. Name Paul Scholtz

13. Birthplace Germany

MOTHER

14. Maiden Name Hedwig Mannstein

15. Birthplace Germany

16 (a) Informant Christine Scholtz

(b) Address 4003 Fairfax Rd

17 (a) Burial (b) Date thereof 10/2/40

(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) ~~Cemetery or crematory~~ Oak Lawn

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 E. Fayette St

19 (a) (b)

(Date rec'd by registrar) Registrar

OCT 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29, 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12, 1940, to Sept. 29, 1940, and that I last saw him alive on Sept. 29, 1940.

Immediate cause of death	Duration
Heart Failure	
Due to Lobar Pneumonia	
Due to	
Other Conditions Arteriosclerotic Heart Disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James Douglas Lockard M. D.

Address Union Memorial Hosp. Date signed 9-9-40

Please write plainly; physicians' correct age is especially important.

F 73235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-E

F 73235 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 N. Decken st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 N. Decken st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) **FULL NAME** Elizabeth Marchioni

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Angelo T. Marchioni
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 13th 1900

8. AGE: Years	Months	Days	If less than one day
39	9	16	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Michael Varga
13. Birthplace Hungary

MOTHER
14. Maiden Name Elvira Varga
15. Birthplace Hungary

16 (a) Informant Mrs Elvira Towath
(b) Address 131 N. Decker St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) OCT 1 1940 (Date rec'd by Registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29th 1940, at 1048 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940, to Sept 29 1940 and that I last saw her alive on Sept 28 1940.

Immediate cause of death	Duration
Intestinal obstruction	1 week
Due to Carcinoma at splenic flexure of colon	1 year
Due to	
Other Conditions Uremia	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony D. Thomas M. D.
Address 4600 York Rd Date signed 9-30-40

PLEASE WRITE correct age is especially important. Physicians: please write the

F 73236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Edmondson Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Park SCHRIBER

3 (b) If veteran, name war	3 (c) Social Security Account No.
S.A.W.	? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura Hannon
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 16, 1877

8. AGE: Years	Months	Days	If less than one day
63	4	12	hr. min.

9. Birthplace Pittsburgh, Penna. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Atlantic Roofing Co.

FATHER
12. Name William Schriber
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden Name Margaret Sellers
15. Birthplace ?? West Virginia

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 W. Pratt St

19 (a) OCT 1 - 1940 (Date rec'd by registrar) (b) Registrar

VS 3

Please write plainly in ink. Physicians: please write the causes of death in such terms as will indicate the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1940, to Sept. 28 1940, and that I last saw him alive on Sept. 28 1940.

Immediate cause of death	Duration
Coronary thrombosis	unknown
Due to Coronary arteriosclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S. Marine Hospital Date signed 10/30/40

F 73237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 73237
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Underline the causes of death clearly and legibly. Give full name of deceased. Do not use initials. Do not abbreviate. Give correct age in years. If child under one year, give age in months, days, hours, or minutes. Do not leave any blanks. Be sure that the cause of death is entered in such terms as to convey a definite meaning. Indefinite or unusual terms are not sufficient. Do not state mode of dying, such as "Collapse," "Shock," "Heart failure," etc., without stating the cause producing it. Write plainly the cause of death which should be entered on the first line, even if only a symptom. Other diseases or conditions resulting in death, but not related to the cause given on the first line, should be entered on lines below. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Dupont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE NOLLMEYER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-01-0715

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Bessie T. Nollmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1904

8. AGE: Years 36 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Weigh Master
11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Frank V. Nollmeyer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Wilhelmina Vollmer
15. Birthplace Balto. Md.

16 (a) Informant Bessie T. Nollmeyer
(b) Address 3312 Dupont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/40 (month) (day) (year)
(c) Cemetery ~~crematory~~ Lorraine
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) OCT 1 - 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Hemorrhage, cerebral — Duration

Due to: Fracture of skull frontal bone

Due to:

Other Conditions: Fracture, mandible
(Include pregnancy within 3 months of death).

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 9-29-40
(c) Where did injury occur? Columbus Circle Druid Hill Park (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? —
(e) Means of injury: collision of two autos

23. Signature: H. L. Wollenweber M.D.
Medical Examiner.
Date signed: 9-29-40

VS 6

F 73238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 73238

Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 E. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James N. Penn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Margaret A. Penn
6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): June 17th 1883

8. AGE: Years	Months	Days	If less than one day
57	3	11	hr. ... min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: Retired Machinist
11. Industry or business: Balto Towel Supply

FATHER
12. Name: James F. Penn
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden Name: Eliza Canoles
15. Birthplace: Balto. Co. Md.

16 (a) Informant: Margaret A. Penn
(b) Address: 322 E. Lanvale St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Morland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (Date received by local registrar) OCT 1 1940 (b) Registrar: H. Hunter for H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28-1940, at 2:10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to: Atherosclerosis
Due to: Terminal Atherosclerosis
Other Conditions: Fatty Liver
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard Sommers M.D.
Medical Examiner.
Date signed 9-29-40

VS 6

73239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73239

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3439 Keswick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3439 Keswick Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CHARLES B. NORRIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Clara V. Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8-1881

8. AGE: Years 58 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business —

FATHER
12. Name James E. Norris
13. Birthplace ~~Md~~ D.C.

MOTHER
14. Maiden Name Emma King
15. Birthplace Md

16 (a) Informant Mrs. Clara V. Norris
(b) Address 3439 Keswick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Gallows St

19 (a) Huntington for Williams, M.D.
(Date rec'd by registrar) Registrar

OCT 1 - 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Do not use abbreviations. Do not state the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29, 1940, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Medical Examiner.

Date signed 9-24-40

OCT VSL- 1940

F 73240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

F 73240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Tessier st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Tessier st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NATHANIEL MITCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1940

8. AGE: Years	Months	Days	If less than one day
	2	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Rosewell Mitchell
13. Birthplace Md

MOTHER
14. Maiden Name Hilda Mitchell
15. Birthplace S C

16 (a) Informant Hilda Mitchell
(b) Address 709 Tessier st.

17 (a) Burial (b) Date thereof 10-1-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Wm. Francis A. Hemsley
(b) Address 517 W. Biddle St.

19 OCT 1-1940 (b) Hunter H. [illegible]
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 6 0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Diarrhea, infantile	
Due to Intestinal	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 9-30-40

VS 6

F 73241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-13 F 73241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 547 Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-1

3. (a) FULL NAME Daniel Craig (59373)

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1884

8. AGE: Years	Months	Days	If less than one day
56		9	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Daniel Cragi (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)
(c) Cemetery or crematory Douglas Mem.
Location Alexandria Va
18 (a) Funeral director Mrs Frances A. Keesley
(b) Address 578 N. Biddle St.
19 (a) (Date rec'd by registrar) (b) Registrar

OCT 1 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29, 1940, at 6:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21, 1940 to Sept. 29, 1940, and that I last saw him alive on Sept. 29, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence A. Serra M. D.
Address Balto. City Hospitals Date signed 9-30-

Physicians: please write the correct age is especially important.

F 73242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No.

F 73242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 N. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 N. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna May Rawlings

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ephas Rawlings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19. 1860

8. AGE: Years 82 | Months 8 | Days 10 | If less than one day, hr. min. 19

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Sylvanus Lewis

13. Birthplace Va

MOTHER 14. Maiden Name Gertrude Burgess

15. Birthplace Va

16 (a) Informant Ephas Rawlings

(b) Address 1208 N. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park Location Baltimore Co. Md.

18 (a) Funeral director Jones Frances A. Henry Esq

(b) Address 518 W. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to Sept 29 1940, and that I last saw her alive on Sept 21 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN - Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Sheppard M.D.

Address 1063 Mosher Ave Date signed 9/30/40

correct age is especially important. If unknown, please write so.

VS 3

F 73243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 73243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Biddle St
(c) Hospital or institution Aged Shelter
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Garrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1855

8. AGE: Years 85 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name not known
13. Birthplace "

MOTHER
14. Maiden Name not known
15. Birthplace "

16 (a) Informant Mrs Emma Wilson
(b) Address 517 N. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hinsley
(b) Address 578 N. Biddle St

19 (a) OCT 1 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1940, to Sept 29 1940, and that I last saw h[illegible] alive on Sept 28 1940

Immediate cause of death Cerebral Hemorrhage — Duration June 29/40

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pettewine M. D.
Address 517 N. Hamilton Ter. Date signed Sept 30/40

correct age is especially important. Physicians, please

VS 3

VS 3

F 73244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 73244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Fairfield Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Fairfield Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olmstead Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1867

8. AGE: Years	Months	Days	If less than one day
72	9	27	hr. min.

9. Birthplace Hartford Va.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Egbert Tucker
13. Birthplace Va

MOTHER
14. Maiden Name Amanda Barksdale
15. Birthplace Va.

16 (a) Informant Della Stevens
(b) Address 3210 Fairfield Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Geo. T. Frances & Kemster
(b) Address 578 W. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 6:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 2 1940 to July 28 1940 and that I last saw him alive on July 28 1940

Duration
Immediate cause of death: Cardio-Renal Disease
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George McDonald M.D.
Address 4404 Cary Date signed 9/30/40

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to give the causes of death clearly and legibly. Give full name of deceased. Do not use initials or nicknames. Be sure to correct age is especially important. Physicians: please write the cause of death in plain terms. Do not use abbreviations or symbols.

OCT 1 1940

OCT 1940
VS 8

F 73245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 73245 Registered No.

Type or print clearly in ink. Do not write over dotted lines. Be sure to write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 S. Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME John Golczewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Caroline Golczewski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Shoemaker

11. Industry or business: for self

FATHER
12. Name ?
13. Birthplace Poland.

MOTHER
14. Maiden Name ?
15. Birthplace Poland.

16 (a) Informant: Andrew Golczewski
(b) Address: 414 S Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W Ofsanko
(b) Address: 1130 Rosary Pl

19 (a) OCT 1 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 8 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inspection + Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 9-29-40

VS 6

73246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 73246

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2429 Francis St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2429 Francis St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Howard Johnson

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Mar 1st 1876

8. AGE: Years	Months	Days	If less than one day
64	6	28	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Retired from Work

11. Industry or business

FATHER 12. Name Randall Fauntoy

13. Birthplace Va

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Howard Johnson

(b) Address 2429 Francis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director George T. A. Gittens Sr

(b) Address 1735 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) 10 Registrar

OCT 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29, 1940, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25, 1940, to Sept 29, 1940, and that I last saw h alive on Sept 28, 1940.

Immediate cause of death Uremia — Duration 4 days

Due to Hypertension Coronary Renal Disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E. 23rd St. Date signed 9-30-40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

OCT. 1 - 1940

F 73247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Ellamont Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Ellamont Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lilly Keen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1861

8. AGE: Years 78 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Aberdeen, Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Timothy Littleton Keen
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Sutton
15. Birthplace Md.

16 (a) Informant Mrs. Sada Linthicum
(b) Address 1801 Ellamont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Grove
Location Aberdeen, Maryland

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto. Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

correct age is especially important. Physicians: please

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29th 1940 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1932 to Sept 29 1940 and that I last saw h[illegible] alive on Sept 29 1940.

Immediate cause of death Cerebral arterio sclerosis with Psychosis. | Duration 4 years
Due to generalized arterio sclerosis with arterio sclerotic cardio-renal disease | Duration Years
Due to | Duration
Other Conditions | Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mitchell M. D.
Address 2901 Edmondson Ave. Date signed Sept 30. 40

F 73248 DH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH H6-B

F 73248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 170 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Samson Galloway

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Paul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1887

8. AGE: Years 53 52 | Months 7 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none Domestic
11. Industry or business

FATHER
12. Name Edward Thornton
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Mands
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospital

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 10-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill
19 (a) ... (Date rec'd by registrar) (b) ...

OCT 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 1940, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-27 1940, to 9-29 1940, and that I last saw h[illegible] alive on 9-29 1940.

Immediate cause of death Ca of Stomach (?) — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.
Address Balt. City Hosp. Date signed 9-30-40

correct age is especially important. Physicians: please write

OCT VR 1940

73249

HEALTH DEPARTMENT—CITY OF BALTIMORE

73249

CERTIFICATE OF DEATH

30 G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3720 Fifth St. Ward 30) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. Born in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry G. BOWRAN

(a) Residence: No. 3720 Fifth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah J. Bowran

6. DATE OF BIRTH (month, day, year) Aug 7-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robt Bowran

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah J. Bowran

(Address) 3720 Fifth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date Oct 2 19 40

19. UNDERTAKER C. B. M. Walter

(Address) Pratt & Stricker Sts

20. FILED 19 Registrar.

OCT 1- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1940 to Sept 30, 1940

I last saw alive on 9/30 1940 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance,

Hypertension
Arteriosclerosis, Senile

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Samuel Aylin, M. D.

(Address) 203 Patapsco ave

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 73250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

Registered No. F 73250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs, 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W. 38th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. William Shaffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth Shaffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1863

8. AGE: Years	Months	Days	If less than one day
77	7 6	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Molder

FATHER
12. Name Emanuel Shaffer
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarandia Everhart
15. Birthplace Maryland

16 (a) Informant Mrs Elizabeth Shaffer
(b) Address 1019 West 38th Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Govans

18 (a) Funeral director D. S. Marshall
(b) Address 3539 Falls Road

OCT 1 - 1940 (Date rec'd by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1940 at 3 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1940, to 9/30 1940, and that I last saw him alive on 9/29 1940.

Immediate cause of death (1) Acute circulatory Collapse — Duration

Due to (2) Gangrene of Right leg (Arterio Sclerotic)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Johnston Jr M.D.
Address Md General Hosp Date signed 9/30/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 73251

VS 3

F 73251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73251

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Idzi (58569)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3481

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	14	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name John (D)
13. Birthplace Poland

MOTHER
14. Maiden Name ??
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) X (Burial, cremation, or removal) (b) Date thereof Oct 2-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave
18 (a) Funeral director John E Dunga
(b) Address 2829 Hudson St
19 OCT 1 - 1940 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29, 1940 at 10:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22, 1940, to Sept. 29, 1940, and that I last saw him alive on Sept. 29, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence D Lenn M. D.
Address Balto. City Hospitals Date signed 9-30-40

correct age is especially important. Physicians: please write

VS 3

VS 3

F 73252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a ✓ F 73252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Ora Hamilton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Sept 22, 1901
8. AGE: Years 39 | Months | Days 7 | If less than one day hr. min.
9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Aaron Hudnell
13. Birthplace Va-

MOTHER
14. Maiden Name Rosetta Conway
15. Birthplace Va-

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/40 (month) (day) (year)
(c) Cemetery or crematory Northumberland Co
Location Va.
18 (a) Funeral director Geo. T. Nelson
(b) Address 1303 Penn Ave Huntingtown Northumberland, Md
19 (a) OCT 2 - 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 29 1940 at 5-25 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept-29 1940 to Sept-29 1940, and that I last saw her alive on Sept-29 1940.

Immediate cause of death	Duration
Meningitis, Acute purulent	
Due to ?	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. H. Hamilton
Address 714 H Date signed 9-30-1940

correct age is especially important. Physicians: please write

VS 3

F 73253 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 73253 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 532 N Fulton Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Clara Hood

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Harry Hood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1872

8. AGE: Years 68 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Unemployed

FATHER
12. Name Edward Thomas Diven

13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Biden

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director Wm. J. Dickerson Sons

(b) Address Dalton Pa. Agts.

19 (a) OCT 1 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1940 to 9/30 1940, and that I last saw h[illegible] alive on 9/30 1940.

Immediate cause of death Adenocarcinoma of rectum c metastases — Duration 1 yr 2 yrs.

Due to

Due to

Other Conditions Cachexia — 1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Eckhardt Jr.

Address Baltimore City Hosp. Date signed 9/30/40 M. D.

correct age is especially important. Physicians: please write

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73254

CERTIFICATE OF DEATH

92-D

F 73254

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Ashland Ave. 7-4 Ward)

Length of residence in city or town where death occurred 17 yrs. 17 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Elizabeth Gibson

(a) Residence: No. 1832 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Gibson

6. DATE OF BIRTH (month, day, year) Sept 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Robert Wilson

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Willie Gibson

(Address) 1832 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Winnsboro S C Date 10/1/40, 19...

19. UNDERTAKER Robert E Williams

(Address) 15 16 Va Ave Huntington Park Calif.

20. FILED OCT 1 - 1940, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-23-40, 19...; to 9-28, 19 40

I last saw h.. alive on 9-27- 19 40 Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvulites	
Other contributory causes of importance: —	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W H Gargree M. D.

(Address) 611 N. Carolina

State CAUSE OF DEATH in plain terms. Do not use abbreviations or symptoms. OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 73255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 73255 Registered No.

correct age is especially important. Physicians: please write this

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3508 Auchentarolly Per
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Auchentarolly (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Joseph Director

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fabia

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Grocery man

11. Industry or business

FATHER 12. Name Nathan Director
13. Birthplace Russia

MOTHER 14. Maiden Name Esra
15. Birthplace Russia

16 (a) Informant Neuman Director
(b) Address 711 Peabody st Wash Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Sharre Tfilah
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) OCT 1-1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30-1940, at 8A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1936, to Sept 29 1940, and that I last saw him alive on Sept 29 1940.

Immediate cause of death — Duration

Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.

Address 733 Arunah St Date signed 10/2/40

F 73256

VS 8

F 73256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

F 73256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., ~~mos., or~~ days) 13
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. E. Hammond St (If rural give location)
1612 Eutaw St
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Joseph Soffer

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Esther
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Book Writer
11. Industry or business

FATHER
12. Name Wm Kramer
13. Birthplace Russia

MOTHER
14. Maiden Name Wm Kramer
15. Birthplace Russia

16 (a) Informant Hyman Sorsdon
(b) Address Balto Md

17 (a) Burial (b) Date thereof 10-1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shomrai Mishmarah
Location Russedale

18 (a) Funeral director Jos. Levin Inc
(b) Address 1939 E. Balto St

19 (a) OCT 1 - 1940 (b) Irvington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1940 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1940 to Sept. 30 1940 and that I last saw him alive on 9-30 1940.

Immediate cause of death	Duration
Pulmonary edema	7 hours
Due to Cardiac collapse	
Due to Arteriosclerotic C-V. disease	
Other Conditions Post operative perineal prostatectomy 9-27-40 (Include pregnancy within 3 months of death)	
Major findings: Of operation Benign prostatic hypertrophy 3rd D.	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton D. Wilder M.D.
Address Sinai Hospital Date signed 9-30-40

Please write correct age is especially important. Physicians, please write

VS 3

F 73257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73257 Registered No. 24-13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Green & Redwood Sts
(c) Hospital or institution: University Hospital, Balt. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Pennsylvania ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Tick Chin and/or Chin Yick

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Chinese
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lew Shee (living in China)
6 (c) If alive, give age: 39 years
7. Birth date of deceased (mo., day, yr.): 49 years

8. AGE: Years: abt 49 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace: Seattle, Wash. (Town, county, and state)
10. Usual Occupation: Restaurant
11. Industry or business: Owner

FATHER
12. Name: Chin Gang
13. Birthplace: China

MOTHER
14. Maiden Name: Toy Shee
15. Birthplace: China

16 (a) Informant: Chin Jim (Son)
(b) Address: 1639 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-2-40 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Woodlawn Md.

18 (a) Funeral director: Stewart & Morton Co.
(b) Address: 108-W. North Ave.

19 (a) OCT 1 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-30-40 19 , at 4.03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29-40 19 , to 9-30-40 19 , and that I last saw him alive on 9-30-40 19 .

Immediate cause of death	Duration
Hemorrhage into G.I. tract	11 hours
Shock	5 hours
Due to: ? Ruptured Esophageal Varices	11 hours
Due to: ? Cirrhosis of Liver	?
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. H. Pierce, M. D.
Address: University Hospital Date signed: 9-30-40

correct age is especially important. Physicians: please write the

VS 3

F 73258

BALTIMORE CITY HEALTH DEPARTMENT

F 73258

F 73258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 F 73258 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Park Ave
(c) Hospital or institution:
Whitelen Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie May Parris

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 31st 1868

8. AGE: Years: 71 | Months: 9 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Samuel B. Parris
13. Birthplace: Portland Maine

MOTHER
14. Maiden Name: Annie K. Willis
15. Birthplace: Portland Maine

16 (a) Informant: Albert K. Parris
(b) Address: 920 W. University Pkwy

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/1/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Evergreen
Location: Portland Maine

18 (a) Funeral director: William Cook
(b) Address: [illegible] St. Ben Huntington Williams, M.D.

19 (a) OCT 1 - 1940 (Date rec'd by registrar) (b) 0 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Sept 30 1940 and that I last saw h-r alive on Sept 30 1940.

Immediate cause of death: Carcinoma (Heart)
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration: 2-3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. H. Moody
Address: 1403 Park Ave Date signed 10/1/40

correct age is especially important. Physicians, please write the

VS 3

VS 3

73259 HEALTH DEPARTMENT—CITY OF BALTIMORE F 73259

24622

CERTIFICATE OF DEATH

146-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Georgia Dilworth

If U. S. Veteran specify WAR ...

(a) Residence: No. Riderwood 17d St., ... Ward. Balto., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homer Dilworth

6. DATE OF BIRTH (month, day, year) 3-14-1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

FATHER

13. NAME Edward E. Carroll

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Amelia J. Bayne

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Homer R. Dilworth
(Address) West Joppa Rd. Riderwood Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 10/4, 1940

19. UNDERTAKER Leonard J. Rueb
(Address) 5305 Harford Rd.

Oct. 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27th, 1940, to Oct. 1st, 1940
I last saw her alive on Oct. 1st, 1940. Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peripheral Circulatory Collapse.	
Pulmonary Congestion and Edema - Mild.	
Preeclampsia	

Other contributory causes of importance:
Premature Separation over of Placenta.

Was an operation performed? Yes Date of 9-30-40
For what disease or injury? Premature Sep. of Placenta
Name of operation Cesarean Section
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. King B.E. Sagar, Jr. M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name OCCUPATION is very important. See instructions on back of certificate.

VS 3

73260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D

Registered No. F-73260

PLEASE WRITE PLAINLY with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly. Please state the exact disease causing death, or in deaths from violence, the nature of injury resulting in death. Do not use only symptoms or modes of dying, such as heart failure, asphyxia, anemia, or uremia. Please fill all items. Please give the full name of hospital or institution. Please give the street address or location of residence. Please report age correctly. Please do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Rock St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOSEPH BEATTY

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1940

8. AGE: Years	Months	Days	If less than one day
	6	18	..... hr. ..... min.

9. Birthplace Lancaster, Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business .....

FATHER
12. Name Isaac Beatty
13. Birthplace New York

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Lancaster Va

16 (a) Informant Mother, Elizabeth Jones
(b) Address 304 Rock St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location .....

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3221 N. Schroeder St

19 (a) OCT 1 - 1940 (Date received by registrar) (b) ..... Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxia

Due to Aspiration of Vomitus

Due to .....

Other Conditions malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-29-40
(c) Where did injury occur? (City or town) (County) (State) 304 Rock St
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? .....
(e) Means of injury aspiration of vomitus

23. Signature D. Lewellen Jr. M.D. Medical Examiner.

Date signed 9-29-40

VS 6

F 73261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

73261
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. Be sure to state the causes of death clearly and legibly. Give the correct age in every case. Where the space provided for any item is inadequate, use the space following Item 23. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Booth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Booth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ISAIAH STRINGER

915

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Common-law

6 (b) Name of husband or wife: Elizabeth C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1885

8. AGE: Years 65 | Months 02 | Days 17 | If less than one day hr. min. 1875

9. Birthplace Dranesville, Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isiah Stringer
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Elizabeth C Stringer
(b) Address 1520 Booth St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs Kates R Williams
(b) Address 922 N Schroeder St

19 (a) Filed OCT 1 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940 at 4 p. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertensive cardiovascular disease	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmaier M.D.
Medical Examiner.
Date signed 9-27-40

F 73262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 73262 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4811 Fleet Ste
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-18-1862

8. AGE: Years	Months	Days	If less than one day
77	10	10	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Laborer (Retired)

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs Conrad Wagner

(b) Address 4811 Fleet Ste

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10- -40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location O'Donnell Str. Rd.

18 (a) Funeral director John F. Connelly

(b) Address Essex Md

19 OCT 1 - 1940 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1940 at 7:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1940 to Sept 28 1940 and that I last saw h[illegible] alive on Sept 27 1940.

Immediate cause of death: Bronchopneumonia

Duration

Due to

Due to General Arteriosclerosis

Other Conditions Hyaemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mrs. Greenberg

Address 46-3 Eastern Ave Date signed 9/30/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 73263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 205 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 664 W. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Hemsley (53560)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7282

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1898

8. AGE: Years	Months	Days	If less than one day
41	9	1	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Packing Fruit
11. Industry or business

FATHER
12. Name Winfield
13. Birthplace Texas

MOTHER
14. Maiden Name Geneva Johnson
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 10-3-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Co. Maryland
18 (a) Funeral director Joseph A. Luby
(b) Address 4022 Mount St.
19 (a) OCT 1- 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1940, at 2:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from March 7, 1940, to Sept. 28, 1940, and that I last saw him alive on Sept. 28, 1940.

Immediate cause of death Tuberculosis of lungs — Duration July 1938
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Lawrence M. Sena M. D.
Address Balto. City Hospitals Date signed 9-30-40

correct age is especially important. Physicians: please write plainly.

VS 3

VS 3

F 73264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Garrison Blvd.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --15
(e) Length of stay in Baltimore (yrs., mos., or days) ---

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Garrison Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME ANNA MARIE RICKETTS

3 (b) If veteran, name war ****

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Arunah S. Ricket[illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	17	....hr. ....min.

9. Birthplace Cecil Co. Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Peckocheck
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Foran
15. Birthplace Ireland

16 (a) Informant Mrs. Frank Ricketts
(b) Address 2109 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. F. Fraul Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) ....(Date rec'd by registrar) (b) .... Registrar

OCT 1 - 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1940, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1939, to Sept 30 1940, and that I last saw h e r alive on Sept 30 1940.

Immediate cause of death	Duration
Cerebral Hemmorrhage	5 · 8 · 35
Due to Cerebral Arteriosclerosis	9 · X · 40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kupp M. D.
Address 20 E. Lanvale Date signed 10-1-40

correct age is especially important. Physicians: please write

OCT 1 - 1940

73265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 Registered No. F 73265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore County Md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Woodland av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21-16

3 (a) FULL NAME Josephine Buckingham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1936

8. AGE: Years 4 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Grier Buckingham

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Cole

15. Birthplace Baltimore, Md.

16 (a) Informant Catherine Cole Buckingham

(b) Address 3109 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2, 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director Loring Byers

(b) Address 5005 Pk. Heights Ave.

19 (a) OCT 1 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27 1940, to Sept. 28 1940, and that I last saw h[illegible] alive on [illegible] Sept. 28, 1940

	Duration
Immediate cause of death: Convulsion, post-operative	
Due to: Possible epilepsy	4 yrs.
Due to:	
Other Conditions: Congenital spastic quadriplegia. (Include pregnancy within 3 months of death)	4 yr.

Major findings:
Of operation: Hyperthrophied tonsils & adenoids
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal M.D.
Address W. B. G. H. Date signed 9/30/40

VS. 3

correct age is especially important. Physicians: please w[illegible]

VS 3

F 73266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 73266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stoddard

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Happh E. Stoddard.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
79	5	6	hr. min.

9. Birthplace Falmouth Maine
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name George Stoddard
13. Birthplace Falonth Maine

MOTHER
14. Maiden Name Sussin Porter
15. Birthplace Falonth Maine

16 (a) Informant Dr. Kolway.
(b) Address 1715 West Pratt St.

17 (a) Removel (Burial, cremation, or removal) (b) Date thereof 10. 1. 1940 (month) (day) (year)
(c) Cemetery or crematory Belfast Maine.
Location

18 (a) Funeral director Robert Brooks & Son
(b) Address 1338 Hollins Street.

19 OCT 1 - 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1, 1940, at 9.04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1940, to 10-1 1940, and that I last saw him alive on 10-1 1940.

Immediate cause of death	Duration
Carcinoma Rectum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A B Langhorne M. D.
Address Franklin Sq. Hosp. Date signed 10-1-40

Please write the correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 73267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. F 73267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Webb

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-09-4293

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1910

8. AGE: Years 29 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation LABORER.

11. Industry or business

FATHER 12. Name James Webb

13. Birthplace VA

MOTHER 14. Maiden Name Janie

15. Birthplace VA

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore, Md.

18 (a) Funeral director Charles H. Harper

(b) Address 514 N. Calhoun St.

19 OCT 1 - 1940 (Date rec'd by Local Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940 at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940 to Sept 30 1940 and that I last saw him alive on Sept 30 1940

Immediate cause of death Lobar pneumonia - Type I pneumococcus. Duration 4 days

Due to

Due to agranulocytosis + leukopenia due to Pyramidon

Other Conditions Acute pulmonary edema & cardiac failure

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Bellenger M. D.

Address Johns Hopkins Hospital Date signed 9-30-40

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

VS 3

F 73268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Belcamp. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Anna Petrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edward Petrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1897

8. AGE: Years 42 | Months 9 | Days 4 5 | If less than one day hr. min.

9. Birthplace Chicago, Ill. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Jos. Soukup
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edward Petrick Jr.
(b) Address Belcamp, Md.

17 (a) Transit (Burial, cremation, or removal) (b) Date thereof Oct 1.1940 (month) (day) (year)
(c) Cemetery or crematory Bohemian National Cem
Location Cicero, Ill.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) OCT 1- 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1940 at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1940 to 9/30 1940, and that I last saw h rr alive on 9/30 1940

Immediate cause of death Paralytic ileus — Duration 48 hrs.

Due to Post operative

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Uterine fibroids
Umbilical Hernia
Of autopsy Paralytic ileus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address Bon Secours Hosp. Date signed 9-30-40

PRINT plainly with pen and ink the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

VS 3

73269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

Registered No. F 73269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2695 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary A. Meekins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Nicholas Smith Meekins
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 17, 186?

8. AGE: Years	Months	Days	If less than one day
72	10	12	..... hr. ..... min.

9. Birthplace Woodlawn, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Smith
13. Birthplace Woodlawn, Md.

MOTHER
14. Maiden Name Charlotte Hidey
15. Birthplace Germany

16 (a) Informant Mrs. Minnie E. Miller
(b) Address 2695 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 N. Baltimore St.

19 (a) OCT 1 - 1940 (Date rec'd by registrar) Huntington Williams, M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to Sept 29 1940, and that I last saw her alive on Sept 25 1940.

	Duration
Immediate cause of death Coronary Thrombosis	Hours
Due to Mitral Stenosis	5 years
Due to Arteriosclerosis	Indefinite
Other Conditions Arteriosclerosis	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Smith M. D.
Address 4509 Liberty Hgts Av Date signed

Please answer all questions correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

73270

CERTIFICATE OF DEATH

92-D F 73270

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Lepton St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Jane Jackson

If U.S. Veteran specify WAR

(a) Residence: No. 1306 Lepton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Jackson

6. DATE OF BIRTH (month, day, year) May 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER

13. NAME Dennis McGroff

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Louise ——

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT (Address) William Rogers 1306 Lepton St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn Date Oct 4 1940

19. UNDERTAKER (Address) Joseph J. Sively 919 N Mount Street

20. FILED OCT 1 - 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 1X, 1940, to Sept 30, 1940

I last saw her alive on Sept 28, 1940. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Feb 15/40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave.

INFORMATION SHOULD BE GIVEN BY PERSON BEST QUALIFIED TO FURNISH IT. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 23271 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Rutkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Jan 6 1881

8. AGE: 57 years (25 or 60 ?) | Months ?9 | Days ?13 | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John M. Weber
(b) Address 401 E. Chester Street

(a) Date received by Registrar (b) Registrar

OCT 2 — 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1940, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1940, to 9/19 1940, and that I last saw her alive on about 9/18 1940.

Immediate cause of death: Arteriosclerotic heart disease — Duration: ?
Due to: Cerebral hemorrhage? — 2 hrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Zachary P. Gehlert Jr.
Address Balto. City Hosp. Date signed 9/21/40 W. D.

correct age is especially important. Physicians: please write

VS 3

F 73272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 73272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 743 S. MONTFORD AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 YRS. years

3 (a) **FULL NAME** MRS. JOHANNA F. YINGLING.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife FREDRICK A. YINGLING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 21 1866

8. AGE: Years	Months	Days	If less than one day
74	6	10	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HENRY MAMMEN
13. Birthplace GERMANY

MOTHER
14. Maiden Name Lotta Maria Myers
15. Birthplace GERMANY

16 (a) Informant HENRY MAMMEN
(b) Address 743 S. MONTFORD AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3/40 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Luth
Location Baltimore
18 (a) Funeral director Phillips Herring Sons
(b) Address 2024 Orleans St.
19 (a) OCT 2 1940 (Date received by registrar) (b) Huntington Wilt, Registrar

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 1 1940, at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 26 1940, to OCT. 1 1940, and that I last saw HER alive on OCT. 1 1940.

Immediate cause of death	Duration
Cardiac Failure	
Auricular Fibrillation	4d ?
Due to	
Arteriosclerotic heart dis.	
Due to	
Other Conditions Tumor of Ovaries & Liver	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature D. J. Reimann M. D.
M. D.
Address Date signed 10-2-40

OK 57589

VS 3

F 73273

OK

BALTIMORE CITY HEALTH DEPARTMENT

57589

CERTIFICATE OF DEATH

1310

F 73273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Robinson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Felix Hebrank

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	19	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Phillip
13. Birthplace Calif.

MOTHER
14. Maiden Name Wilhemina
15. Birthplace Calif.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1940 (month) (day), (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County
18 (a) Funeral director John M Weber
(b) Address 46 S. St Christie St Huntingtown, Md.
19 (a) OCT 2 1940 (Date received by Registrar) (b) Registrar

correct age is especially important. Physicians: please write legibly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30- 1940, at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21- 1940 to 9-30- 1940 and that I last saw h alive on 9-30- 1940.

Immediate cause of death: Cardiac failure — Duration ?
Due to Hypertensive CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Arteriosclerosis and hypertension

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature] M. D.
Address Balto City Hosp Date signed 9-30-40

F 73274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VR 46-E Registered No. 28274

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 Guilford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude K. Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	married

6 (b) Name of husband or wife Philip Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26 1882

8. AGE: Years	Months	Days	If less than one day
58 58	5	5 17	3 hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Capt. P. T. McCormick
13. Birthplace Maryland

MOTHER
14. Maiden Name Theresa Boyle
15. Birthplace Maryland

16 (a) Informant Philip Peterson
(b) Address Parole Md

17 (a) Burial (b) Date thereof Oct 3, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

OCT 2 - 1940 VR

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1st 1940, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1940, to Oct 1st 1940, and that I last saw h[illegible] alive on Sept 30 1940.

Immediate cause of death generalized Peritonitis — Duration 2 days

Due to B. Coli infection from anastomosed colon — 6 days

Due to — 2-3 mo.+

Other Conditions Carcinoma of Colon
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of hepatic flexure of colon-

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Colvin Abrams M.D.
Address Union Memorial Hosp. Date signed 10/1/40

correct age is especially important. Physicians, please write plainly.

OCT VS 2 1940

8 8 6 2 9 B 73275 BALTIMORE CITY HEALTH DEPARTMENT X F 73275
CERTIFICATE OF DEATH 83 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maseth Ave - Edgemere
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor B. Woods

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-93

8. AGE: Years 46 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Montressa Cox
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Oct 3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location

18 (a) Funeral director John Underhill Funeral Home
(b) Address 1900 Eutaw Place

19 (a) (b)
(Date received by registrar) Registrar

OCT 3 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1940 at 6.36 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1940 to Sept 30 1940, and that I last saw him alive on Sept 30 1940.

Immediate cause of death: Subarachnoid Hemorrhage — Duration: 5 days

Due to: Hypertension + Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Huetteker, jr. M. D.
Address John Hopkins Hosp. Date signed Oct. 1, 1940

correct age is especially important. Physicians: please write the

F 73276

Marmion

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-A

F 73276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Rollingham Rd (Bonnie's Hospital)
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Marmion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/1/40

8. AGE: Years: 1 day | Months | Days: 1 | If less than one day: 8 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Louis P. Marmion

13. Birthplace Washington D C

MOTHER — 14. Maiden Name Mary K. Walker

15. Birthplace Baltimore MD.

16 (a) Informant Mrs M. Marmion

(b) Address 528 Rollingham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director George A. Farley

(b) Address Fulton & Fayette

OCT 2 - 1940 (a) (Date rec'd by registrar) (b) Printing of Williams & Wilkins Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1 1940 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1940 to 10/1 1940 and that I last saw h[illegible] alive on 10/1 1940

Immediate cause of death: Congenital atelectasis — Duration

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy atelectasis of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.

Address Mama's Hosp. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73277

VS 3

F 73277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 73277

Registered No. 149-B-64

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Hartford
(c) City or town Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 26 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Smith

13. Birthplace Harford Co. Md

MOTHER 14. Maiden Name Bessie Mullen

15. Birthplace Harford Co Md

16 (a) Informant Mamie Smith

(b) Address Street Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 4 1940 (month) (day) (year)

(c) Cemetery or crematory St Mary's

Location Street Md

18 (a) Funeral director H P Hunter

(b) Address Delta Baltimore Phone

19 OCT 2-1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1940, to 10-1 1940, and that I last saw her alive on 10-1 1940.

Immediate cause of death: Status Thymico lymphaticus — Duration

Due to

Due to

Other Conditions Pregnancy — over 10 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cesarian Section under general anesthesia
Of autopsy No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert T. Lemon, M. D.

Address University Hosp Date signed 10-2

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 73278

VS 3

F 73278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 253 N Bruce st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 N. Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edgar Collins

3 (b) If veteran, name war Wald

3 (c) Social Security Account No. 214-03-6493

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillie Collins

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 29 1897

8. AGE: Years 43 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Bowling

FATHER 12. Name William H. Collins

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Steel

15. Birthplace Talbot Co. Md.

16 (a) Informant Lillie Collins

(b) Address 253 N. Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 3, 1940 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 2222 N. Schroeder St

OCT 2 - 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1940, at 4P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1940, to Sept 29 1940, and that I last saw h alive on 9-29 1940.

Immediate cause of death Coronary occlusion — Duration 12 hrs

Due to Valvular Heart disease — Duration 20 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Woodland

Address 961 Harlem Ave Date signed Oct 1 1940

PLEASE WRITE PLAINLY. Fill out completely and correct all errors. Be sure to state the causes of death clearly and legibly. Statement of age is especially important. Physicians: please write the

VS 2

VS 2

F 73279

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 93-D

F 73279 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 513 W Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State N. C. (b) County

(c) City or town Elam (If outside city or town limits, write RURAL and give town)

(d) Street No. 2 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Rose Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1878

8. AGE: Years 62 Months - Days 26 If less than one day hr. min.

9. Birthplace Elam N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Everett Ross

13. Birthplace Elam N C ?

MOTHER 14. Maiden Name Manora ?

15. Birthplace N. C.

16 (a) Informant Jesse Mitchell

(b) Address 513 W Lafayette Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 2, 1940 (month) (day) (year)

(c) Cemetery or crematory Northing N C

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 E. Schroeder St

OCT 2 - 1940 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 4:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940 to Sept 30 1940 and that I last saw h[illegible] alive on Sept 30 1940

Immediate cause of death Cerebral hemorrhage — Duration 5 hours

Due to Arteria-Sclerosis Hypertension Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm H. Watts M. D.

Address 515 W Lafayette Ave Date signed 10/2/40

H L Wollenweber, M D Asst Medical Examiner

VS 3

F 73280

VS 3 H L Wollenweber, M.D. Asst Medical Examiner

F 73280 F 73280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Curtis Creek Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Curtis Creek
(If rural give location) Hawkins Pt. Rd off Pennington Ave
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Albert N. Fleury

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louise M. Conway

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1877

8. AGE: Years 63 | Months 0 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Bridge Tender

11. Industry or business

FATHER 12. Name Frederick
13. Birthplace ?

MOTHER 14. Maiden Name Sophie Meyers
15. Birthplace Balto.

16 (a) Informant Mrs. A.H. Fleury
(b) Address Curtis Creek R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Annapolis Rd

18 (a) Funeral director H F. McCauley
(b) Address 130 E. Fort Ave.

19 OCT 2-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to Sept 29 1940 and that I last saw h... alive on Sept 29 1940

Immediate cause of death: Myocardial Degeneration
Due to: Hypertension
Due to: Chronic nephritis
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ... M. D.
Address 203 Calhoun Date signed

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Please state the correct age in every case. The information requested in this certificate is especially important.

VS 3

VS 3

F 73281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73281 Registered No. 131

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4820 Windsor Mill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4820 Windsor Mill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALICE A. DOBSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Dobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1857

8. AGE: Years	Months	Days	If less than one day
83	3	2	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph C. Riley
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret J. Aull
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret McConnell
(b) Address Brooklyn, Maryland

17 (a) Burial (b) Date thereof 10/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) OCT 2 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30, 1940, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1935 to Sept 30 1940, and that I last saw her alive on Sept 28 1940.

Immediate cause of death Chronic Cardio-renal disease — Duration 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest H. Kelly

Address 1735 Pop Gr Pl Date signed 10/1/40

VS 3

F 73282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ Virginia (b) County
(c) City or town Iberis
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Taylor

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Sarah Hyson
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	6	hr. min.

9. Birthplace Lancaster, Virginia
(Town, county, and state)
10. Usual Occupation 1st Mate- MV ASP
11. Industry or business Seafaring

FATHER
12. Name Henry Taylor
13. Birthplace Lancaster, Virginia.

MOTHER
14. Maiden Name Sallie Williams
15. Birthplace Lancaster, Va.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 10/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lancaster Co.
Location Ossaning

18 (a) Funeral director Geo. E. Pegram
(b) Address 1363 Pennsylvania Ave. Baltimore, Md.

1940 OCT 2 (b)
(Date filed by Registrar) Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1, 1940, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1940, to Oct. 1, 1940, and that I last saw him alive on Oct. 1, 1940

Immediate cause of death: Uremia, chronic — Duration: Unknown

Due to: — Duration: over

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Clifton M. D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 10/1/40

F 73283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 73283

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Fill in the causes of death clearly and legibly. Give correct age in all cases where it is especially important. Physicians: please write the cause of death clearly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Ashland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Fields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Allan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Wif

11. Industry or business

FATHER 12. Name William Thomas

13. Birthplace Balto md

MOTHER 14. Maiden Name Susan Thomas

15. Birthplace Baltimore md

16 (a) Informant Florence Thomson

(b) Address 1314 Ashland Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 4 1940 (month) (day) (year)

(c) Cemetery or crematory Asbury Evergreen Cem

Location Philp Rd Balto md

18 (a) Funeral director Lottie Gross

(b) Address 1408 Ashland Ave

19 (a) OCT 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940 at 10:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hemorrhage intracranial Senility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Wandelstadt M.D. Medical Examiner.

Date signed 10/1/40

VS 6

F 73284

VS 6

F 73284

F 73284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C Registered No. F 73284

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Give the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLIFTON CAVEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Wiegand Cavey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/28/81

8. AGE: Years 58 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Avalon, Baltimore Co. (Town, county, and state)

10. Usual Occupation Farm Laborer

11. Industry or business

FATHER 12. Name James Edward Cavey

13. Birthplace Howard Co. Md

MOTHER 14. Maiden Name Margaret Ann Johnson

15. Birthplace Howard

16 (a) Informant James Edward Cavey

(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)

(c) Cemetery or crematory Woodstock

Location Woodstock Md

18 (a) Funeral director H. Hepbron Jr

(b) Address Ellicott City

OCT 2-1940 (Date rec'd by registrar)

(c) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1940, at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, hypostatic bilateral — Duration

Due to: Fracture, left tibia and fibula

Due to:

Other Conditions: Cerebral hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations: fracture
Of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 6, 1940
(c) Where did injury occur? Columbia Rd 2 mile east of Ellicott City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? —
(Specify type of place)
(e) Means of injury struck by auto while crossing st.

23. Signature H. I. Wollenmuller M.D. and Medical Examiner.

Date signed 10-1-40

F 73285

VS 6

3855 09 F 73285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 73285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Pryor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Westley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-03

8. AGE: Years	Months	Days	If less than one day
37	7	14	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charlmes Gaines
13. Birthplace Va

MOTHER
14. Maiden Name Andretta ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.
18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 Mc Culloh St.
19 (a) (Date received by registrar) (b) Registrar

OCT 2 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1940 to Sept 30 1940, and that I last saw h[illegible] alive on Sept 30 1940

Immediate cause of death	Duration
Carcinoma breast	
Metastases to	
Due to liver and spleen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy of breast
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Leavell M. D.
Address Johns Hopkins Date signed 10-1-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. 7-73286

F 73286

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 E. Federal St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 E. Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-b

3 (a) FULL NAME Mary E. Hanson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Edward F. Hanson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-1862

8. AGE: Years 78 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward McGaw

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Unknown.

15. Birthplace

16 (a) Informant Howard Hanson

(b) Address 1743 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Newell E. Humphreys

(b) Address 22 N. Broadway.

OCT 2-1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29- 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 29- 1940, and that I last saw her alive on Sept 29- 1940.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	1 yr.
Due to Chronic Parenchymatous nephritis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gill Hall

Address 1631 E North Ave Date signed 9/30/40 M. D.

VS 8

73287

HEALTH DEPARTMENT—CITY OF BALTIMORE

73287

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 Calhoun St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1153 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Apr. 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md

FATHER

13. NAME Nathaniel Queen

14. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md

MOTHER

15. MAIDEN NAME Bessie Williams

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co. Md

17. INFORMANT Louise Smith

(Address) 1153 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 10-2 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED OCT 2 - 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28- 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-24- 1940 to 9-28 1940

I last saw h alive on 9-27- 1940 Death is said to have occurred on the date stated above, at 4.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9-24-40
Hemiplegia	"
Cardio Vascular Renal Disease	unk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jackson M. D.

(Address) 630 Marlborough Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

73288 59579 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 73288 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1018 W. Lanvale Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Young

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1907

8. AGE: Years 32 | Months 9 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name James (d)

13. Birthplace Md.

MOTHER 14. Maiden Name Irene Chase

15. Birthplace Md.

16 (a) Informant Records

(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Balto. Md.

18 (a) Funeral director Wm. Ges. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) Printing for Mfg. Register.

OCT 2 1940

VS 8

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 9-30-1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-1940, to 9-30-1940 and that I last saw h~~er~~ alive on 9-30-1940.

Immediate cause of death Avitaminosis — Duration ?

Due to Chronic alcoholism — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Gladstein M. D.

Address Balto City Hosp Date signed 10-1-40

1. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 73289

F 73289

F 73289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 73289

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Greenspring Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Greenspring Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

15 17

3 (a) FULL NAME Abraham Kay

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1604

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eva Rebecca Kay

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 10 1897

8. AGE	Years	Months	Days	If less than one day
47	5	9	22	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Military Insurance

11. Industry or business Mfg

FATHER
12. Name Morris Kay
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam Miller
15. Birthplace Russia

16 (a) Informant Isadore Kay
(b) Address 4000 Carlisle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Md, Sudbrook

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

OCT 2 — 1940 (a) (Date rec'd by Registrar) (b) Hunter & Jos Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940 at 6 00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Holford M.D. (Medical Examiner)
Date signed 10/2/40

VS 6

F 73290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 73290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1032 N. Eden St (If outside city or town limits, write RURAL and give town.)
(d) Street No. Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edward Fowler

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Helen Fowler
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name not none
13. Birthplace not none

MOTHER
14. Maiden Name not none
15. Birthplace not none

16 (a) Informant Gladys Jones
(b) Address 1905 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3rd 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklawn

18 (a) Funeral director Elroy O. Wilson
(b) Address 1400 Bianty a

19 (a) (Date rec'd by registrar) OCT 2 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (month) Sept 30 (day) 1940 (year) at 10 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Wandel M.D. (Medical Examiner.)
Date signed 9/30/40

PLEASE WRITE PLAINLY with ink. Use no abbreviations. Be sure the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 6

VS 6

F 73291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 73291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Wilmington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Wilmington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Mary Shaffer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry C. Shaffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1869.

8. AGE: Years	Months	Days	If less than one day
71	7	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Robert H. Yeatman
13. Birthplace Va.

MOTHER
14. Maiden Name Ann Bishop
15. Birthplace Va.

16 (a) Informant Mr. Henry C. Shaffer
(b) Address 1002 Wilmington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2/40. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry F. Weikle
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

Oct 2 - 1940 Hearing for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940 at 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to Sept 29 1940 and that I last saw h[illegible] alive on Sept 29 1940

Immediate cause of death Pulmonary TB — Duration 7

Due to

Due to

Other Conditions Pulmonary Hemorrage (Include pregnancy within 3 months of death) — 4 days

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 332 [illegible] Date signed 9-29-40 M. D.

correct age is especially important. Physicians: please write the ca[illegible]

F 73292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 73292

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 411 E. 25th St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 411 E. 25th St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Anna H. Flack

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank M. Flack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 1875

8. AGE: Years	Months	Days	If less than one day
65	8	1	hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER 12. Name Maximillian Heinty.

13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Potser

15. Birthplace Germany

16 (a) Informant Mrs. Clara Russell

(b) Address La Paix Ave (Towson)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/x/1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore City.

18 (a) Funeral director G. Vernon Lemmon

(b) Address 4611 Park Heights

19 (a) OCT 2 - 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 29 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15, 1940, to Sept. 29, 1940, and that I last saw her alive on Sept. 29, 1940.

Immediate cause of death Carcinoma of liver, stomach & pancreas. — Duration 6 mos.

Due to Left breast removed 3yrs. ago. —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)

(e) Means of injury —

23. Signature J. Willis Guyton

Address 3963 Greenmount Ave. Date signed 10/1/40.

VS 3

73293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

Registered No. E 73293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 Chilton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81/10/14

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Chilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERTHA AMELIA STRECKER (LAUF)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Gustav T. Strecker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 16, 1858

8. AGE: Years 81 | Months 10 | Days 15 14 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: Herman Sachtleben
13. Birthplace: Germany

MOTHER
14. Maiden Name: Don't know
15. Birthplace: Germany

16 (a) Informant: Mr. Otto T. Strecker
(b) Address: 5411 Tramore Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location: Parkville, Md.

18 (a) Funeral director: John Ulrich
(b) Address: 2008 Orleans Street.

19 (a) Oct 9 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1940, to Oct 1 1940, and that I last saw h[er] alive on Sept 30 1940.

Immediate cause of death: Myocardial failure — Duration 9/28/40

Due to: arteri-sclerosis / chronic nephritis — 10 yrs.

Due to: — 10 yrs.

Other Conditions: Emphysema — 10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Louis H. Krumeich M. D.
Address 722 E. Lemmon Ave Date signed Oct 4 1940

E 73293

VS 3

F 73294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 73294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jones St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED: Anne Arundel Co.
(a) State Md. (b) County Baltimore
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Walstrum

3 (b) If veteran, name war: Infant
3 (c) Social Security Account No.:

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Infant
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) SEPT 10 1940

8. AGE: Years | Months | Days: 21 | If less than one day: hr. min.

9. Birthplace: BALTO.
(Town, county, and state)

10. Usual Occupation: none
11. Industry or business:

FATHER
12. Name: John H. Walstrum, Jr.
13. Birthplace: BALTO.

MOTHER
14. Maiden Name: Anna Androscuvich
15. Birthplace: BALTO.

16 (a) Informant: JOHN H. WALSTRUM
(b) Address: FERNDALE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 3 40 (month) (day) (year)
(c) Cemetery or crematory: HOLY CROSS
Location: GERMAN HILL RD

18 (a) Funeral director: MARTIN W.E. DIPPEL
(b) Address: LOMBARD AND ANN STS.

19 (a) OCT 2-1940 (Date rec'd by registrar) (b) [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1940, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1940, to Oct 1 1940 and that I last saw h.e.r. alive on Oct 1 1940.

Immediate cause of death: Lobar pneumonia — Duration:

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Joseph Jones M. D.
Address: Univ. Hospital Date signed 10/1/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

VS 2

F 73295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 73295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628-Llewelyn Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) --

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1628-Llewelyn Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME William R. Wade

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith E. (Singleton)
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 3/3/1907

8. AGE: Years	Months	Days	If less than one day
33	6	27	-- hr. -- min.

9. Birthplace Knotts Island, N. C. (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business (Self)

FATHER
12. Name Charles Wade
13. Birthplace N.C.

MOTHER
14. Maiden Name Alice (Bowden)
15. Birthplace N.C.

16 (a) Informant Mrs. Edith E. Wade
(b) Address 1628-Llewelyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) Date received OCT 2 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1940, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/16 1940, to 9/30 1940, and that I last saw h[illegible] alive on 9/30 1940.

Immediate cause of death	Duration
Pulmonary T.B	2 years
Due to	
Due to	
Other Conditions Myocardial degeneration (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Miller
Address 1500 N Broadway Date signed 10/2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

73296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 73296

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Rockingham Co.
(c) City or town Mt. Crawford
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

over

3 (a) FULL NAME Baby Boy Funkhauser

3 (b) If veteran, name war ..... | 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 28 40

8. AGE: Years	Months	Days	If less than one day
			7 hr. 30 min.

9. Birthplace Baltimore, Baltimore Co., Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Eugene Funkhauser
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Va.

16 (a) Informant Elizabeth Funkhauser
(b) Address Mt. Crawford, Va.

17 (a) Removal (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location UNIVERSITY MEDICAL SCHOOL OCT 2 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 (a) OCT 2 - 1940 (b) Per H. A. Moore Registrar
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 1.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1940, to 9-29 1940, and that I last saw him alive on 9-29 1940.

Immediate cause of death	Duration
Respiratory collapse due to prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature C. Scott M. D.
Address Redwood & Greene Sts Date signed 9-29-40

VS 3

5939

73297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 73297 Registered No.

Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jones Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy Upshur

3 (b) If veteran, name war: Infant

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Infant

6 (b) Name of husband or wife:

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1940

8. AGE: Years	Months	Days	If less than one day
			// hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Mother not married
13. Birthplace

MOTHER
14. Maiden Name Ethel Upshur
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] OCT 2 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address ..... Per H. A. Moore

19 (a) OCT 2 - 1940 (What fee duly registrar) Huntington Williams M.D. Registrar

VS 3

5940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1940, at 5-55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to same day, and that I last saw h[illegible] alive on Sept 24 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E S Scott

Address University Hosp Date signed 9/30/40

VS 8 | 3940

F 73298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 73298
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter F. Glasgow

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Sadie Glasgow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29th 1870

8. AGE: Years: 69 | Months: 10 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Hanford Co. Md. (Town, county, and state)
10. Usual Occupation: Store Keeper
11. Industry or business: Own Business

FATHER
12. Name: William Glasgow
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Rebecca Proctor
15. Birthplace: Penna

16 (a) Informant: Sadie Glasgow
(b) Address: 800 E. Preston St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/3/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Wesley Chapel Cemetery
Location: Kent Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) Date rec'd by Reg. OCT 2 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Oct 1, 1940, and that I last saw him alive on Oct 1, 1940.

Immediate cause of death	Duration
Arteriosclerotic Gangrene of Foot & leg, Left	
Due to Arteriosclerosis	
Due to	
Other Conditions Nephritis	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Lumpkin M. D.
Address Md. General Hosp. Date signed 10/1/40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73299

F 73299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Venable Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Venable Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Jackson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Neil Jackson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 9th 1861
8. AGE: Years 79 | Months 1 | Days 22 | If less than one day hr. min.
9. Birthplace New York N.Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Daniel Lawler
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Harold Mitchell
(b) Address 814 Venable Ave
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Calvary
Location N.Y. City N.Y.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) OCT 2 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1st 1940, at 12-05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1940, to Oct 1 1940, and that I last saw h[illegible] alive on Oct 1 1940

Immediate cause of death	Duration
Pneumonia	4 Days
Due to Acute Hypostasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Hungerford M. D.
Address 2700 Harford Ave Date signed Oct 1 1940

F 73300

VS 3

Oct 1 1940

F 73300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - B F 73300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3914 Milford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3914 Milford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel H. Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Margaret C. Miller
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1859

8. AGE: Years	Months	Days	If less than one day
81	0	12	..... hr. ..... min.

9. Birthplace Frederick Co. Md
(Town, county, and state)
10. Usual Occupation Retired Bldg Officer
11. Industry or business Balto City

FATHER
12. Name Christian Miller
13. Birthplace Md

MOTHER
14. Maiden Name Martha Spurrier
15. Birthplace Md

16 (a) Informant Margaret C Miller
(b) Address 3914 Milford Ave

17 (a) Burial (b) Date thereof 10/3/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 W Baltimore St

19 OCT 2 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940 to Sept 30 1940, and that I last saw him alive on Sept 27 1940.

Immediate cause of death	Duration
Chronic Brights Disease	Aug 40
Due to	
Due to	
Other Conditions old age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Friedrich M. D.
Address 3707 Harrison Blvd Date signed 10/1/1940

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 D 7-73301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Give the causes of death clearly and legibly. Please report correct age in years. In infant deaths, under one year, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4303 Maine ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: 73301
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Maine ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Gwin Farinholt (Elizabeth Gwin Farinholt)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Female	White	Married

6 (b) Name of husband or wife Henry W. Farinholt

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 20, 1877

8. AGE: Years	Months	Days	If less than one day
63	3	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas J. Gwin

13. Birthplace Virginia.

MOTHER 14. Maiden Name Maggie Mohler

15. Birthplace Virginia

16 (a) Informant F. B. Farinholt

(b) Address 2004 Mt. Royal ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 (a) OCT 2 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1- 1940, at 5-25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation - Inquest thereon and from the evidence obtained by said Investigation - Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Suicide — **Duration**

Severed throat and wrists to

Due to wounding blood vessels

Due to

Other Conditions Psychoneurosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-1-40
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home - above room While at work? No (Specify type of place)
(e) Means of injury Cut throat with razor

23. Signature Howard [illegible] M.D. Medical Examiner.

Date signed 10-1-40

VS 6

(Date rec'd by registrar) Registrar Date signed

VS 6

F 73302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 73302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 S. Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Bouldin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Klinger

3 (b) If veteran, name war ? | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1863

8. AGE: Years 77 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Balto. City (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name John Klinger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Mary Steri
(b) Address 252 S. Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4-1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location Taylor Ave.

18 (a) Funeral director John G. Connelly
(b) Address Govans, Md.

OCT 2 1940 (a) (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30th 1940, at 9.49 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Sept 30 1940 and that I last saw h— alive on Sept 29 1940.

Immediate cause of death	Duration
Chronic Nephritis	2 years
Due to Arteriosclerosis	
Due to	
Other Conditions Acute Myocarditis	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace M. Tilden M. D.
Address 318 S. Highlander Date signed 10-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in spaces correctly. Be sure to give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 73303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

Registered No. F 73303

OCT 2 – 1940 Huntington Williams, Md. Register
(Date rec'd by Registrar)
VS 8

Address 37 N. Highlands Ave Date signed 10/2/40

F 73303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-C Registered No. F 73303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Fort Deposit Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Floyd Roberts

3 (b) If veteran, name war –

3 (c) Social Security Account No. 248-07-4426

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: –
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 9 – 1917
8. AGE: Years 22 Months 11 10 Days 5 – 22 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Thomas Roberts
13. Birthplace Virginia

MOTHER
14. Maiden Name Lena Combs
15. Birthplace N. Carolina

16 (a) Informant Hospital
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Bata F. G. Robert S. Tilo
18 (a) Funeral director
(b) Address 2700 Edmondson Ave
19 (a) Filed by (signature) Huntington Williams, Md. (Registrar)

OCT 2 – 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 – 1 – 1940 at 10:23 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull, ~~Fracture~~
Due to: Concussion of Brain
Due to:
Other Conditions: Fractured left Humerus Lacerations + bruised Burns
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9 – 29 – 40
(c) Where did injury occur? Near Belair, Harford Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No rear yesterday auto.
(e) Means of injury Riding motor cycle ran into

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10 – 2 – 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6 1940 .0

F 73304

3&8-668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163-7

F 73304
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Kennedy Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Jane McCluse

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-67

8. AGE: Years 73 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Free Lady
11. Industry or business

FATHER
12. Name William G. McCluse
13. Birthplace Md -

MOTHER
14. Maiden Name Eliza Keenan
15. Birthplace Md -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 10/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940 to Oct 1 1940, and that I last saw h[illegible] alive on Oct 1 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 3 da.
Due to Arteriosclerosis
Due to Emboli
Other Conditions Cancer - Hyperthyroid
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ely Laughlin M. D.
Address Johns Hopkins Hosp. Date signed 10/4/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 3 - 1940

F 73305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

F 73305

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3020 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Woodland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Howard

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Levin S. Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25th 1856

8. AGE: Years 84 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace: Calvert Co. Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Samuel Wood
13. Birthplace: Calvert Co. Md.

MOTHER
14. Maiden Name: Sarah E. Birchhead
15. Birthplace: Calvert Co. Md.

16 (a) Informant: Elmer M. Howard
(b) Address: 3020 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (c) OCT 3 - 1940 (Registered by Registrar) (d) Burying to Ft. William, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1st 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Oct 1 1940 and that I last saw h[er] alive on Oct 1 1940.

Immediate cause of death	Duration
(a) Cer. Myocarditis.	About 6 mo.
Due to Arterio Sclerosis Senility.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. S. Harding M.D.
Address: 4840 Belair Rd Date signed: Oct 3/40

F 73306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1950 F 73306 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Elwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WINIFRED COSENS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-40

8. AGE: Years	Months	Days	If less than one day
	6	22	hr. min.

9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name —
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace Md.

16 (a) Informant C M Suter & Sons
(b) Address Hagerstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1940 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director C M Suter & Sons
(b) Address Hagerstown Md

19 (a) (Date received by registrar) (b) Registrar

OCT 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 4:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxia — Duration

Due to Strangulation

Due to Accidental

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 2, 1940
(c) Where did injury occur? 620 N Elwood St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury neck caught between arm and rack of high chair

23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed 10-2-40

CGK

BALTIMORE CITY HEALTH DEPARTMENT 58680 F 73307

CERTIFICATE OF DEATH V 134-B Registered No.

F 73307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 S. Clinton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2611

3 (a) FULL NAME Edward Thorn

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2533

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1882

8. AGE: Years	Months	Days	If less than one day
58	4	26	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Owens Van Co.

11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Schulka
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 5-1940 (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location EASTERN AVE.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 1639 N Broadway

19 (a) OCT 3 1940 (Date rec'd by Registrar) (b) Huntington Station, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1/40 at 2:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27 1940, to 10/1 1940, and that I last saw him alive on 9/30 1940.

Immediate cause of death	Duration
Uremia	4 days
pyelonephritis ?	4 days
Due to Urinary Bladder calculi	?
Benign prostatic hypertrophy	
Due to	
Other Conditions Hypertension C.V. disease	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urinary bladder calculus
Cystoscopic 9/18/40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Eckert M.D.
Address Baltimore City Hosp Date signed 10/2/40 (M. D.)

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 73308

VS 3

F 73308

F 73308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-A

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be typewritten or printed. Use of abbreviations should be carefully avoided. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 N. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Biggs Burgess

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 31, 1901

8. AGE: Years	Months	Days	If less than one day
39	6 7	12	hr. min.

9. Birthplace Howard C. - Md. (Town, county, and state)
10. Usual Occupation None -
11. Industry or business

FATHER
12. Name John Burgess
13. Birthplace Howard C. - Md

MOTHER
14. Maiden Name Mary Burgess
15. Birthplace Howard C. - Md

16 (a) Informant Marie Johnson
(b) Address 914 W. Fayette St. -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 222 N. Schroeder St

19 (a) OCT 3 1940 (Date rec'd by Registrar) (b) Huntingtown Maryland Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2- 1940, at 10:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquest thereon and from the evidence obtained by said Autopsy and Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Due to Cerebral Hemorrhage Spontaneous

Due to

Other Conditions Status Paralyticus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreland M.D. Medical Examiner.
Date signed 10-2-40

VS 6

F 73309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 73309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 S. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

14-9

3 (a) FULL NAME Jennie May Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Julius Berry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1885.

8. AGE: Years 55 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Kansas
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Frank Sale
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles F. Gallion (Son)
(b) Address 425 S. Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Wilkes
(b) Address 4101 Edmondson Ave.

OCT 3 - 1940 (Date rec'd by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1940, at 12a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to Sept 30 1940, and that I last saw h[illegible] alive on Sept 29 1940.

Immediate cause of death: Coronary Thrombosis

Due to Unknown

Due to Unknown

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2151 Wilkens Ave Date signed 10/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 384808 F 73340

BALTIMORE CITY HEALTH DEPARTMENT X 108 F 73310 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Middlesborough (If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Cumberland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Jacob Schultz

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susan
6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): 8-23-79

8. AGE: Years: 61 Months: 2 Days: 10 If less than one day: hr. min.

9. Birthplace: Tazewell Tenn (Town, county, and state)
10. Usual Occupation: Physician
11. Industry or business:

FATHER
12. Name: Benjamin F. Schultz
13. Birthplace: Tenn

MOTHER
14. Maiden Name: Eliza Johnston
15. Birthplace: Tenn

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct 5 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Middlesboro, Ky

18 (a) Funeral director: A. Lee Adler
(b) Address: 4644 York Rd.

OCT 3 1940 (Date rec'd by registrar) (b) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1940, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Oct 3 1940 and that I last saw him alive on Oct 3 1940.

Immediate cause of death	Duration
Septicemia due to hemolytic staphylococcus aureus	16 wks.
Due to Interlobar pneumonia following Leukemia	16 wks.
Due to over	
Other Conditions Uremia	3 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ward W. Biggs, M. D.
Address: Johns Hopkins Hosp. Date signed: 10/3/40

Please write clearly and cite the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 73311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73311 Registered No. 94-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas M Cantwell

3 (b) If veteran, name war | 3 (c) Social Security Account No. 215-05-9230

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1887

8. AGE: Years 53 Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Street Car Conductor
11. Industry or business Railway

FATHER 12. Name Michael Cantwell
13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Lyons
15. Birthplace Ireland

16 (a) Informant Mrs J Cantwell
(b) Address 1908 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Hugh A Farley
(b) Address Fulton & Fayette

19 Date received by registrar OCT 3 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940; at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1938, to Oct 1 1940, and that I last saw him alive on July 30 1940.

Immediate cause of death: Coronary Occlusion — Duration: Immediate
Due to: Myocardial Insufficiency — 2 yrs 3 mos
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G W Billups M. D.
Address 2224 W. North Ave Date signed Oct 2 1940

Howard J. Madden M. D.
Chief Medical Examiner

VS 3

VS 3

Raymond J. Madison M. D.
Army Medical Examiner

F 23312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10/27 at F 23312 Registered No.

F 23313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME DOMENICA or Minnie Rapetti Domenica or Minnie Rapetti

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Rapetti

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 5 8 - 82

8. AGE: Years 58 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lorenzo Farea
13. Birthplace Italy

MOTHER
14. Maiden Name Giovanna Poggi
15. Birthplace Italy

16 (a) Informant John Rapetti (Husband)
(b) Address 2721 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) OCT 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2, 1940, at 6-10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1940, to Oct. 2 1940, and that I last saw h[illegible] alive on Oct. 2, 1940.

	Duration
Immediate cause of death: Chronic Cholecystitis	
Due to: Bronchial Pneumonia (Bilateral)	
Due to:	
Other Conditions: Uremia, chronic nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operation Chronic Cholecystitis
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Johnston Jr. M.D.
Address Md General Hosp Date signed 10/2/40 M. D.

If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 73313

73313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 Bloom
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Bloom (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dawson
(b) If veteran, name war
(c) Social Security Account No. 212-05-0525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	

6 (b) Name of husband or wife Alice Dawson
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 4/1/78

8. AGE: Years	Months	Days	If less than one day
62	8	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Hotel

FATHER
12. Name Chas. H. Dawson
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Beck
15. Birthplace Md.

16 (a) Informant Alice Dawson
(b) Address 727 Bloom St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director George A. Weber
(b) Address 1303 Presstman St

19 (a) OCT 3 - 1940 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24/40 to 10/1/40, and that I last saw deceased alive on 10/1/40

Immediate cause of death Coronary Thrombosis — Duration 3 Months
Due to Arteriosclerosis — 7 Months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Ellis M. D.
Address 727 N. Bloom St. Date signed 10/2/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 73314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73314

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Holbrook St. St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Olert

If U. S. Veteran specify WAR

(a) Residence: No. 1430 Holbrook St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of George J. Olert

6. DATE OF BIRTH (month, day, year) Nov.-14-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	27 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME F. Adam Streb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Trageser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Olert
(Address) 1430 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Oct.-4-1940
Place Date 19

19. UNDERTAKER Henry Hasch + Sons Inc.
(Address) 1301 E. Eager St.

20. OCT 3 - 1940 19 Hutzler for Williamsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-1-1940 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940, to October 1st 1940

I last saw her alive on Sept. 30, 1940. Death is said to have occurred on the date stated above, at 9 a.30 A.M.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Chronic Cor dilat Dilitation	Abt 1 Year

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benj. D. Hayden M. D.

(Address) 3114 Harford Road

Information should be carefully supplied. Any unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

F 73315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

543 F 73315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINIA HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 DYS.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 McELDERRY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecilia Baum (Cecelia Baum)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JAMES A. BAUM

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) AUG. 10 1892

8. AGE: Years	Months	Days	If less than one day
48	1	22	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name HENRY ZINKAND
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name SOPHIA SANDERS
15. Birthplace BALTIMORE MD.

16 (a) Informant JAMES A. BAUM (HUSBAND)
(b) Address 3002 McELDERRY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 7/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 N. Wolfe St. Baltimore, Md.

19 (a) OCT 3 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2 1940 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 19 40 to 10/1 19 40; and that I last saw h alive on 10/1 1940

Immediate cause of death: Cerebellar Tumor — Duration: 2 days

Due to:

Due to:

Other Conditions: own

(Include pregnancy within 3 months of death)

Major findings:
Of operation:
Of autopsy: Cerebellar Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arnold M. Fried M. D.
Address Sinai Hosp. Date signed 10/3/40

VS 2

PLEASE WRITE PLAINLY, with ordinary pen and ink. Fill all blanks. Be sure the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

F 73316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131-a F 73316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Anna E. Hartka

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Hartka

6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Oct. 6/1902

8. AGE: Years: 37 Months: 11 Days: 25 If less than one day: ..... hr. ..... min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Michael Gajkowski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Mary Novak
15. Birthplace: Poland

16 (a) Informant: James Hartka (Hus.)
(b) Address: 2025 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 4/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem.
Location: German Hill Rd.

18 (a) Funeral director: Lilly F. Zielke
(b) Address: 403 S. Wolfe St.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

OCT 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 1 1940 at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to October 1 1940 and that I last saw h[illegible] alive on October 1 1940

Immediate cause of death: Cerebral Embolism
Due to: Hypertension
Due to: .....
Other Conditions: Pneumonia
(Include pregnancy within 3 months of death)

Duration: 9 / 6 days

Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: .....
(b) Date of occurrence: .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury: .....

23. Signature: Walter P. Sikorsky M.D.
Address: 939 N. Ellwood Date signed: Oct 1/40

Hunting for Relatives, M.F.

OCT 8 1940

Sielicki

F 73317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 73317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S. Kinwood-Cove (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Francis Sielicki

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1889

8. AGE: Years 51 #9 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation H. W

11. Industry or business

FATHER 12. Name Adam Fiyrungski
13. Birthplace Poland

MOTHER 14. Maiden Name Ruzjus ?
15. Birthplace Poland

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 (a) OCT 3-1940 (Burial, cremation, or removal) (Date accepted for Baltimore, Md.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2- 1940, at 1148 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1- 1940 to 10-2 1940 and that I last saw her alive on 10-2- 1940

Immediate cause of death Cerebral vascular accident — Duration 11-12 hrs

Due to Hypertensive cardio-vascular disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Lineaweaver, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 10-2-40

VS 3

Please write plainly with pen and ink. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS 3

F 73318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. E 73318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Youngs Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Neal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1909

8. AGE: Years 31 | Months 4 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Stirl
13. Birthplace ?

MOTHER
14. Maiden Name Irene ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 3 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 3 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

5942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1940 at 5-00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1940 to 9/19 1940 and that I last saw h alive on 9/18 1940

Immediate cause of death: Carcinoma of pancreas and generalized metastases — Duration 6 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R Gilbert Jr

Address Baltimore City Hosp. Date signed 9/21/40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 73319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

144-D

Registered No. F 73319

Please write plainly, with ink. Physicians: Fill in all blanks. Be sure to answer every question. Give the causes of death clearly and legibly. Underlying cause of death, with contributing factors, should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** VIRGINIA ALLEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace New Canton, Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Staten

13. Birthplace Virginia

MOTHER 14. Maiden Name Lydia Dean

15. Birthplace Virginia

16 (a) Informant Virginia Allen

(b) Address 829 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 3 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) OCT 3 - 1940 (Date received by registrar) Per H. A. Moag Harding for Williams, M.D. Registrar

VS 3

5943

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25 1940, at A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12 1940 to 9-25 1940, and that I last saw her alive on 9-25 1940.

	Duration
Immediate cause of death Septicemia	2 wks
Due to E. coli urinary tract infection	3 wks
Due to	over
Other Conditions Partial obstruction of sigmoid colon (Include pregnancy within 3 months of death)	

Major findings: Autopsy: Stricture & ulceration recto-sigmoid junction; Of autopsy bilateral pyelonephritis; ulcers & gangrene

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Kaplan M. D.
Address Univ. Hosp. Date signed 10-3-40

VS 3

5943

F 73320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73320 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information above is necessary supplies. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3437 Piedmont Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3437 Piedmont Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT L. McCAULLEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Isabella T. McCaulley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 30, 1856

8. AGE: Years 84 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Foreman-Builder- Ret'd 12yrs.
11. Industry or business: Prudential Oil Company

FATHER
12. Name: Wm. McCaulley
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: LaSalle
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Ethel L. Lips
(b) Address: 2507 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues,

19 (a) OCT 3-1940 (Date rec'd by registrar) (b) Huntington Wilkerson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1940, at 1:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940 to Oct 2 1940, and that I last saw h[illegible] alive on Oct 2 1940.

Immediate cause of death: Myocardial Infarction
Due to: Arterio Sclerosis
Due to: Pulmonary Edema.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Gradual, 3 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W H Moody M. D.
Address: 140 3 Park Ave Date signed 10/2/40

VS 3

F 73321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 73321 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered, and the causes of death clearly and correctly stated. Insert age if infant under one year. Insert correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo20d
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 Pennsylvania Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James ROBINSON

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Birdie Harper Robinson

6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): August 29, 1894

8. AGE: Years: 46 | Months: 1 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Greenville, South Carolina
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: Matt Daltins
13. Birthplace: South Carolina

MOTHER
14. Maiden Name: Lila Daltins
15. Birthplace: Greenville, South Carolina

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-40 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto City

18 (a) Funeral director: Isaiah G. Brown Son
(b) Address: 108 W Montgomery St

19 (a) OCT 3 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3—

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1940, at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1940, to Oct. 1, 1940, and that I last saw him alive on Oct. 1, 1940.

Immediate cause of death	Duration
Emaciation and inanition and	6 mo.
bronchial pneumonia	1 wk.
Due to Carcinoma of rectum	11 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Exploratory and Colostomy

Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Chew M. D.

Address U. S. Marine Hospital Date signed 10/
Baltimore, Md.

VS 3—

F 73322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
Baltimore, Maryland. U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S. Carlton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John ALBRIGHT

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nancy Steward
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1884

8. AGE: Years 56 | Months 8 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Watchman-Archer's Laundry

11. Industry or business

FATHER
12. Name Joseph Albright
13. Birthplace Pocomoke, Virginia.

MOTHER
14. Maiden Name Florence ?
15. Birthplace ~~Baltimore, Maryland~~ Virginia

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 10-4-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brownstein
(b) Address 128 W Montgomery St

19 (a) 10-3-1940 (b) Huntingtown, Md.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1940, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27, 1940, to Oct. 1, 1940, and that I last saw him alive on Oct. 1, 1940.

	Duration
Immediate cause of death: Pulmonary embolism	Terminal
Due to: Cardiac disease, auricular fibrillation	Unknown
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 10-1-40

73323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0

Registered No. F 73323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Harford Road
Hospital or institution: ---

Length of stay in hospital or inst. (yrs., mos., or days) ---
Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County - -
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Harford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

FULL NAME JENNIE C. RILEY

If veteran, name war ****

3 (c) Social Security Account No. -----

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1868

8. AGE: Years 72 | Months 9 | Days - | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home
11. Industry or business ---

FATHER
12. Name Peter Riley
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Murphy
15. Birthplace Ireland

16 (a) Informant Miss Mollie Riley
(b) Address 2200 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas J. Grace & Son Inc.
(b) Address 1111 Mt. Royal Ave
(a) Huntington Hillcrest, Md.
(Date rec'd by registrar) OCT 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1940, at 11 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1940 to Oct 1 1940.
and that I last saw h[illegible] alive on Oct 1 1940

Immediate cause of death: Cerebral Arterio Sclerosis

Due to Complete Arterio Sclerosis & Myocardial -

Due to Terminal pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Kirby M. D.
Address 110 E Northern Pkwy Date signed 10, 2, 40

VS 3

TYPE OR WRITE PLAINLY, WITH PEN. Every item age is especially important.

VS 3

F 73324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154-B

Registered No. F 73324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1969 Pearlman Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 14 years

3 (a) **FULL NAME** August W Anderson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-25

8. AGE: Years	Months	Days	If less than one day
14	11	2926	hr. min.

9. Birthplace Balto City Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Wm E Anderson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Amelia Ebert
15. Birthplace Balto Md

16 (a) Informant Mrs Olga Anderson
(b) Address 1969 Pearlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location: Balto Md

18 (a) Funeral director Albert L Seiltz
(b) Address 1606 N Chester St

19 (a) OCT 3-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-40 19..., to 10-2-40 19..., and that I last saw him alive on 10-2-40 19...

Immediate cause of death	Duration
Staphylococcus Septicemia	
Due to Osteomyelitis - acute tibia	
Due to Cellulitis left arm	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cellulitis left arm
Osteomyelitis bones L left arm
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-25-40
(c) Where did injury occur? Catherine Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Injured arm playing football

23. Signature Conrad L. Richter M. D.
Address 1 W Mt Royal Ave Date signed 10/3/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B F 73325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not use pencil. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 567 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Coster (42911)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1902

8. AGE: Years	Months	Days	If less than one day
37	9	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Office Clerk
11. Industry or business

FATHER
12. Name James F. Coster
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza J. Medley
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross R.R.
Location Balto. Md.

18 (a) Funeral director George J. Kuth Inc.
(b) Address 738 Hanover St. Pimlico for Nicholas, Md.

19 OCT 3 1940 (b) Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1940, at 8:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1939, to Oct. 2, 1940, and that I last saw h[illegible] alive on Oct. 2, 1940

Immediate cause of death: Tuberculosis of lungs — Duration 1932

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lalaker M. D.
Address Balto. City Hospitals Date signed 10-2-40

VS 3

73326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 73326

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 E Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby THORNE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	7 hr. 45 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ~~William~~ George
13. Birthplace ~~Baltimore Md~~ Va.

MOTHER
14. Maiden Name ~~Bertha Warner~~ Bertha E Sherman
15. Birthplace ~~Baltimore Md~~

16 (a) Informant Geo. Thorne
(b) Address 2391 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Clark
(b) Address 1701-03 N Patterson Park Ave

19 (a) OCT 3 - 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1940, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1940 to 10/2 1940, and that I last saw her alive on Oct 1940.

Immediate cause of death	Duration
Prematurity	
Due to Mothers Preeclampsia?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address St. Joseph's Hospital Date signed 10/3/40

VS 3

F 385053
F 73327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

80-a

Registered No. F 73327

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Gallipolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W Mootz

3 (b) If veteran, name war

3 (c) Social Security Account No. 271-12-2910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Ethelyen
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 8-8-15

8. AGE: Years	Months	Days	If less than one day
25	1	25	24 hr. min.

9. Birthplace OKLA. (Town, county, and state)
10. Usual Occupation BAKER
11. Industry or business

FATHER
12. Name John Mootz
13. Birthplace Ohio

MOTHER
14. Maiden Name LINDA MORD
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1940 (month, day, year)
(c) Cemetery or crematory Mound Hill Cem
Location Gallipolis Ohio

18 (a) Funeral director John J. Mitchell Inc
(b) Address 1900 Eutaw Place

19 (a) OCT 3 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

45P

20. DATE OF DEATH Oct 2 1940, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1940 to Oct 2 1940, and that I last saw him alive on Oct 2 1940.

	Duration
Immediate cause of death Brain abscess	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Brain abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address John Hopkins Hospital Date signed Oct 2-40

MAX E. WIRSING

VS 2

MAX E. WIRSING

BALTIMORE CITY HEALTH DEPARTMENT

73328

CERTIFICATE OF DEATH

170-C V

Registered No. F 73328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max E. Wirsing

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-5180

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1869

8. AGE: Years	Months	Days	If less than one day
71	7	7	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Pressman

11. Industry or business News Paper

FATHER 12. Name Max Wirsing

13. Birthplace Germany

MOTHER 14. Maiden Name Frieda Paber

15. Birthplace Germany

16 (a) Informant Anna M. Wirsing

(b) Address 1907 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 4 - 1940 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore Md.

18 (a) Funeral director George L. Schwatt

(b) Address 2101 Fredrick Ave

19 (a) OCT 3 - 1940 (Date rec'd by registrar) (b) Clifton Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing Injury, Chest
Cerebral Clonic Following Convulsions
Due to Fractures, pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/28/40 Eagle Badge
(c) Where did injury occur? Silver Spring at Montgomery Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by motor car

23. Signature Wm. Wade Groff M.D.
Medical Examiner.

Date signed 10/1/40

VS 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F F 73329

Registered No. 1671

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Normount St., Ave., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret P. Wright

If U. S. Veteran specify WAR

(a) Residence: No. 1135 Cookburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wright

6. DATE OF BIRTH (month, day, year) Nov. 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME Benjamin S. Wroth

14. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

MOTHER

15. MAIDEN NAME Carrie Clayton

16. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

17. INFORMANT Mrs. Edward Woodall

(Address) 3209 Normount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown, Md. Date Oct 4, 1940

19. UNDERTAKER George L. Schnabel

(Address) 2101 Aisquith Ave.

20. FILED OCT 3 - 1940 19 Lington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1931 to 10/2 1940

I last saw h. alive on 10/1 1940 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset June 1939

Other contributory causes of importance:

Jaundice

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

VS 5

F 73330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 73330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry F. Card

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Jessie E. Card (nee Gibson)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 9 1882

8. AGE: Years	Months	Days	If less than one day
58	7	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business B. & O. R.R.

FATHER
12. Name Wm. Card
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Jessie E. Card
(b) Address 305 S. Fulton Ave

17 (a) Burial (b) Date thereof Oct. 4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave

19 (a) OCT 3 1940 (b) Huntington Williams, M.D.
(Only for Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1, 1940, at 6:47 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1939, to 10-1 1940, and that I last saw him alive on 9-30 1940

Immediate cause of death: Chronic nephritis with Hypertension — Duration 2 yrs.
Due to:
Due to:
Other Conditions: congestive heart Failure — 4 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Raemer M. D.
Address 206 E. Lyon St Date signed 10-3-40

VS 3

F 73331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 73331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1031 Compton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Compton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie R. Recksiek

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Siegmund Recksiek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1890

8. AGE: Years 49 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER 12. Name Albert M. Berger

13. Birthplace Holland

MOTHER 14. Maiden Name Florence E. Ayers

15. Birthplace Baltimore, Md.

16 (a) Informant Siegmund Recksiek

(b) Address 1031 Compton St

17 (a) Burial (b) Date thereof 10/4/40 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Glen Haven Park Cem

Location Glen Burnie, Md

18 (a) Funeral director Desmond & Company

(b) Address 21 W 25th St

19 (a) OCT 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 — 1940 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Sept 29 1940, and that I last saw h.29. alive on Sept 29 1940.

Immediate cause of death: Cancer of Rectum — Duration: 2 months

Due to

Due to

Other Conditions Cardiac disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Irvin B. Mettler M. D.

Address 4701 Pennsylvania Ave Date signed 10-3-40

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73332 / 114-D / X

F 73332 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town West Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Thomas Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Frederick Gibbs

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Cornelia Tazzola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Montreal Canada (Town, county, and state)
10. Usual Occupation Junior Clerk
11. Industry or business Geological Survey

FATHER
12. Name Roland S. Gibbs
13. Birthplace Nebraska City, Nebr.

MOTHER
14. Maiden Name Elizabeth E—?
15. Birthplace Dundee Scotland

16 (a) Informant Roland S. Gibbs
(b) Address 716 Thomas Ave, Hyattsville, Md

17 (a) Washington DC (Burial, cremation, or removal) (b) Date thereof 10-3-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Washington D.C.

18 (a) Funeral director Robert Brooks & Son
(b) Address 1338 Hollins St.

19 (a) OCT 4 1940 (Date rec'd by Registrar) (b) Hyattsville Md (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1940, at 12 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage during operation for Lung Abscess	
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Hayden Grafft M.D. Medical Examiner.
Date signed 10/3/40

F 73333

VS 6

F 73333

F 73333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapel Gate Rd
(c) Hospital or institution: Summit Nursing Homme
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wk
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S Chapple Gate Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin G. Sellers

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lida G Sellers
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 11-1857
8. AGE: Years 83 | Months 4 | Days 27 | If less than one day ... hr. ... min.
9. Birthplace Balto Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name Basil Dennis Sellers
13. Birthplace Balto Md

MOTHER
14. Maiden Name Pleasance Goodwin
15. Birthplace Balto Co Md

16 (a) Informant Annie S. Dagon
(b) Address 2 Church Lane Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredericks Rd.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul Street

OCT 4 - 1940 (b) Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2nd 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1940 to Oct 2 1940, and that I last saw h alive on Oct 1 1940

	Duration
Immediate cause of death: Carcinoma of the Rectum	
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M.D.
Address 7324 Reisterstown Rd Date signed 10/3/40

F 73334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No. F 73334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Hollen Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred L. Walker

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Edward H. Walker Sr
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 29-1862

8. AGE: Years 77 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Calvin Stevens
13. Birthplace Ala.

MOTHER
14. Maiden Name Francis Noble
15. Birthplace Ala

16 (a) Informant Margaret W Jones
(b) Address 400 Hollen Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1217 Dr Paul St

OCT 4 - 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1940, at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30-40 19 , to 10-2-40 19 , and that I last saw her alive on 10-2-40 19 .

Immediate cause of death	Duration
Cardiac Decompensation	1½ mos.
Hypostatic Pneumonia	5 days
Due to Arterioselerotic Cardio-vascular Disease	3½ years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. H. Pierce M. D.
Address University Hospital Baltimore, Md. Date signed 10-2-40

F 73335

VS 3

Baltimore, Md.

F 73335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 73335

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 China St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Louis Wilson V

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/25/1940

8. AGE: Years | Months 6 | Days 6. | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Louis Wilson Sr

FATHER 13. Birthplace A A Co Md

MOTHER 14. Maiden Name Frances Mundark

MOTHER 15. Birthplace A A Co Md

16 (a) Informant Frances Mundark

16 (b) Address 831 China St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)

17 (c) Cemetery or crematory Mogalby Cr

Location A A Co Md

18 (a) Funeral director Israel L Brown & Son

18 (b) Address 108 W Montgomery St

19 (a) OCT 4 - 1940 (date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940 at 9:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Broncho-pneumonia — Duration Hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L Seifried M.D. (Medical Examiner)

Date signed 10/2/40

VS 6

VS 6

F 73336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V48-a

F 73336
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 O'Donnell st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 O'Donnell st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Mohler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Mohler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-18-1867

8. AGE: Years	Months	Days	If less than one day
73	1	13	14 hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Wm Eberhart
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Hewitt
15. Birthplace Md

16 (a) Informant Emma Deets
(b) Address 3413 O'Donnell st

17 (a) Burial (b) Date thereof 10 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

19 (a) (b)
(Date rec'd by registrar) (Registrar)

OCT 4 - 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 2 1940, and that I last saw h. alive on Oct 1 1940.

Immediate cause of death	Duration
Carcinoma of Cervix	
Chr Myocarditis	
Due to Myocardial failure	Oct 1 1940
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eschemanch M. D.

Address 842 S Ext Ave. Date signed 10-4-40

F 73337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73337 Registered No. 1142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Brantley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Brantley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Glennie Troy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Everett A

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1915

8. AGE: Years	Months	Days	If less than one day
24	9	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Roland Hall
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Nettie Hall
15. Birthplace N. Carolina

16 (a) Informant Everett A Troy
(b) Address 1015 Brantley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)
(c) Cemetery or crematory Ridgelys Mem Pk
Location Ridgelys

18 (a) Funeral director Louis P. Davenport
(b) Address 1006 Penna. Ave (Funeral Home) Towson, Md.

19 (a) (Date rec'd by Registrar) Registrar

OCT 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940 at DC M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Ruptured ectopic pregnancy	
Exsanguination	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B Lundeyrift M.D.
Medical Examiner.

Date signed 10/1/40

OCT 4 - 1940

383917 F 73338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-P

F 73338
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Marion Ave. (If rural give location) Hampden, Md
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Calp
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-10-3840

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Hattie M. Calp
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 7-22-91

8. AGE: Years 49 | Months 2 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Thomas Mullan (Builder)

FATHER
12. Name John W. Calp
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Schamberger
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville Md
18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Eastern Ave

19 (a) (Date received) (b) Registrar Hunter Stockton Williams, M.D.

OCT 4 - 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 12.16 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940 to 10-2 1940, and that I last saw him alive on 10-2- 1940

Immediate cause of death Pneumonia-bronchial — Duration

Due to

Due to

Other Conditions Metastatic glands from carcinoma penis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma penis
Of autopsy Metastatic carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hospital Balt. Md. Date signed 10/2/40

VS 2

F 73339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 F 73339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Bradford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE T. KRUG

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Oct 1 1907

8. AGE: Years 33 | Months 3 2 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William Franz
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary A. Huemmer
15. Birthplace Balto.

16 (a) Informant Frank Krug
(b) Address 121 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 7 40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin W. E. Dippel
(b) Address 37 S. Ann St.

OCT 4 - 1940 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carbolic acid poisoning — Duration
Due to Suicide
Due to mental dependency
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct 3, 1940
(c) Where did injury occur? 121 N. Bradford St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury swallowed carbolic acid

23. Signature H H Wallenmeier M.D.
Medical Examiner
Date signed 10-3-40

VS 6

F 73340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-D

F 73340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S. Augusta Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS J. BANNON

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1429

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Sing'l

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1899

8. AGE: Years	Months	Days	If less than one day
41	8	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER 12. Name John J Bannon

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Gillespie

15. Birthplace Ireland

16 (a) Informant John J Bannon

(b) Address 215 S Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-40 (month) (day) (year)

(c) Cemetery or crematory Catherdral

Location Balto Md

18 (a) Funeral director Inge & Farley

(b) Address Fulton & Fayette

(c) Huntington Williams, M.D.

OCT 4 1940 (Date rec'd by local reg.)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3, 1940, at 9 55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 10-3-40

VS 6

F 73341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Payson & Dukeland Sts.

(c) Hospital or institution: West Baltimore Genl. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Clarendon Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Barry Eyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-2-40

8. AGE: Years	Months	Days	If less than one day
0	0	0	6 hr. 0 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER

12. Name William Leroy Eyler

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Agnes Guenther

15. Birthplace Baltimore, Md.

16 (a) Informant .....

(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Frank H. Mauro

(b) Address Patterson Park Ave & Huntington Ave, Balto, Md.

19 (a) OCT 4 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3-40 19 .., at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19..., and that I last saw h... alive on ..... 19....

Immediate cause of death Asphyxia

Due to Probable intracranial hemorrhage

Due to Possible hemorrhagic disease of newborn.

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Leonard E. Blumenthal M. D.

Address W.B.G.H. Date signed 10/3/40

VS 3

VS 3

F 73242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 73242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME RICHARD F. HUGHES

3 (b) If veteran, name war
3 (c) Social Security Account No. 219-07-8725

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clara B. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1887

8. AGE: Years 52 | Months 9 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Tilghmans, Maryland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Zell Motor Car Co.

FATHER
12. Name Richard F. Hughes
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Kinnamon
15. Birthplace Talbot Co., Md.

16 (a) Informant Mrs. Clara B. Hughes,
(b) Address 801 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (month) (day) (year)
(c) Cemetery or crematory Tilghmans
Location Talbot Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 4 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Oct 3 1940, and that I last saw her alive on Oct 3 1940.

Immediate cause of death	Duration
Acute Heart Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Gordon Jr. M. D.
Address 814 Park Ave Date signed 10/3/40

F 73242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 73242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME RICHARD F. HUGHES

3 (b) If veteran, name war
3 (c) Social Security Account No. 219-07-8725

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clara B. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1887

8. AGE: Years 52 | Months 9 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Tilghmans, Maryland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Zell Motor Car Co.

FATHER
12. Name Richard F. Hughes
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Kinnamon
15. Birthplace Talbot Co., Md.

16 (a) Informant Mrs. Clara B. Hughes,
(b) Address 801 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (month) (day) (year)
(c) Cemetery or crematory Tilghmans
Location Talbot Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 4 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Oct 3 1940, and that I last saw her alive on Oct 3 1940.

Immediate cause of death	Duration
Acute Heart Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Gordon Jr. M. D.
Address 814 Park Ave Date signed 10/3/40

VS 3

F 73343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73343 ✓ 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Taney Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Taney Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE HOLZER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Louis C. Holzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1861

8. AGE: Years 79 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Brager
13. Birthplace Germany

MOTHER
14. Maiden Name Christina ?
15. Birthplace Unknown

16 (a) Informant Mrs. S. Wilson Morrow
(b) Address 3410 Taney Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Immanuel Lutheran
Location Grindon Ave., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Aves.

19 (Date received by Registrar) OCT 4 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, at 7:11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep 25 1940 to Oct 3 1940 and that I last saw h[e] alive on Oct 3 1940

Immediate cause of death: Mitral insufficiency — Duration: Sep 25/40
Due to: Arteriosclerosis
Due to: Nephritis
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John D. Buker M. D.
Address 4803 Park Heights Date signed 10/4/40

VS 3

F 73344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-aF 73344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1448 Covington St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1448 Covington St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Margaret Metzler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband ~~or wife~~ John Wm. Metzler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1867

8. AGE: Years 73 | Months 4 | Days 32 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER 12. Name Louis Feuerstein
13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Hendricks
15. Birthplace Germany

16 (a) Informant Wilbur Metzler
(b) Address 1448 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 | 5 | 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) Date received by local registrar OCT 1 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1940, at 5:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1940 to Oct. 3 1940, and that I last saw h er alive on Oct. 2 1940.

Immediate cause of death: cerebral hemorrhage (left) — Duration 24 hrs.
Due to arterio-sclerosis, — ?
Due to senile changes. —
Other Conditions Hypertension, chr. nephritis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Obitts M.D.

Address 447 N. Kenwood Ave Date signed 10/3/40 M. D.

73345
SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

134-B

F 73345
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Myrtle Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles McAbee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1858

8. AGE: Years	Months	Days	If less than one day
82	3	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Charles W. McAbee
13. Birthplace Montgomery County

MOTHER
14. Maiden Name Susan Geigns;
15. Birthplace Frederick County

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 4 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address
Per H. A. Moore

19 (c) OCT 4 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

5946

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27 1940 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1940, to 9/27 1940, and that I last saw him alive on 9/27 1940.

	Duration
Immediate cause of death: Rupture esophageal varix	24 hrs.
Due to: Urinary bladder calculus	?
Due to: Benign prostatic hypertrophy	?
Other Conditions: Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fehleisen Jr.
Address Baltimore City Hosp. Date signed M 10 D 2/40

F 73346

F 73346

Sarah Gallie Turner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 73346 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 Hawthorne Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Hawthorne Rd (If rural give location)
(e) If foreign born, how long in U.S., if alien? years

3 (a) FULL NAME ~~SALLY~~ TURNER SARAH TURNER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of ~~husband or wife~~ Joseph Turner 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Raleigh, N. C (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER | FATHER
12. Name Unknown
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Thute
(b) Address 1016 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Sam'l H. Chase & Son
(b) Address 638 N. Gilmor St

(b) [illegible] (Registrar)

Date received OCT 4 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1940, at 7:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 10-3-40

OCT 4 1940
VS 6

F 73347
DH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

F 73347
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S Eden st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Spine

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Steven
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb? ? 18[illegible]

8. AGE: Years	Months	Days	If less than one day
80?	8		hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation ? House work.
11. Industry or business

FATHER
12. Name ?
13. Birthplace ? Italy

MOTHER
14. Maiden Name Josephine ?
15. Birthplace ? Italy

16 (a) Informant Records
(b) Address Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 4. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Wendell J. Pippel
(b) Address 3128 Highland ave
19 (a) (Date rec'd by registrar) (b) Registrar

OCT 4 1940
Huntingtown, Calvert Co., Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/3 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/28 1940, to 10/3 1940, and that I last saw her alive on 10/2 1940.

Immediate cause of death
(Fracture neck of L. ft femur
Due to Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental (Probably)
(b) Date of occurrence 9-28-40
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell getting out of bed, fracture

23. Signature Sidney R. Kolcott Jr.
Address Balto. City Hosp. Date signed 10/3/40 (M) (D)
Home Address Woodlawn Md
Chief Medical Examiner

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

158 F 73348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Every item correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5300 Nuth Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gary Dansberger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/8/40

8. AGE: Years	Months	Days	If less than one day
3 wks	0	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Harry Dansberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Eva Theiss
15. Birthplace Baltimore, Md.

16 (a) Informant Harry Dansberger
(b) Address 5300 Nuth Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 7 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Road
18 (a) Funeral director Wendell Hoppel
(b) Address 312 S. Highland Ave

19 (a) (Date rec'd by Registrar) (b) Registrar
OCT 4 1940 VS 2
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Oct 3 1940, and that I last saw her alive on Oct. 3 1940.

Immediate cause of death Malnutrition / Dehydration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Malnutrition & Dehydration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Lyman, Jr. M. D.
Address Mercy Hospital Date signed 10/3/40

F 73349 Gelbach F 73349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11d.
(e) Length of stay in Baltimore (yrs., mos., or days) 47y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Mura St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Amanda Gelbach

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1865

8. AGE: Years	Months	Days	If less than one day
75	7	23	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER 12. Name Peter Morgan
13. Birthplace ?

MOTHER 14. Maiden Name Wilima Hughes
15. Birthplace ?

16 (a) Informant Henry F. Mudd
(b) Address 129 E 33d St. Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Md.

18 (a) Funeral director Leonard F. Buck
(b) Address 59 05 Maryland Ave.

19 (a) Oct 4 1940 (Date rec'd by Registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1940, to June 2 1940, and that I last saw her alive on June 2 1940.

Immediate cause of death	Duration
Intestinal Obstruction.	4 weeks
Due to Adenocarcinoma of the pelvis	3 Months.
Due to Adenocarcinoma Right Ovary.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Adenocarcinoma of pelvis Obstruction due to adhesions
Of autopsy CA of the Stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William C. Duffy
Address Mercy Hospital Balto. Date signed June 4 1940

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 73350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 673 ½ Bessemer Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 ½ Bessemer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME ROSE CLOUSPY OR KOSLOVSKI

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ August Clousky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 - 1871

8. AGE: Years	Months	Days	If less than one day
69	8	18	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Minnie Lucas
(b) Address 6732 Bessemer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cedar Lawn
Location 5600 Cedar Ave. Cardiff Md.

18 (a) Funeral director John G. Connelly
(b) Address Govans Md.

19 (a) OCT 1 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to	
Due to	
Other Conditions and	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy and

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 10-3-40

VS 6

73351

BALTIMORE CITY HEALTH DEPARTMENT

DH **CERTIFICATE OF DEATH** 95-D

Registered No. 73351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 S Lehigh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leona Smith

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1899

8. AGE: Years	Months	Days	If less than one day
40	10	26	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Reuter
13. Birthplace Germany

MOTHER
14. Maiden Name Leona Burton
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave. Balto. Md.

18 (a) Funeral director John D. Connelly
(b) Address Eastern Ave. Essex, Md.

19 (a) OCT 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 2 - 1940, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-27-1940, to 10-2-1940 and that I last saw h-- alive on 10-2-1940.

Immediate cause of death	Duration
Cardiac failure	7
Due to Pneum. Lt. Dis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 10-2-40

73352

Biensach
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 51-B

X-B F 73352
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Glen Arms
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Charles Biensach
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-14-4213

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lillian E. Schreiber
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) -------
8. AGE: Years 57 | Months --- | Days --- | If less than one day -- hr. -- min.
9. Birthplace: Parkville, Md. (Town, county, and state)
10. Usual Occupation: Watchman
11. Industry or business: Corasaniti Brothers

FATHER
12. Name: Adam Biensach
13. Birthplace: ----- Germany

MOTHER
14. Maiden Name: Elizabeth Hartman
15. Birthplace: ----- Germany

16 (a) Informant: Mrs. Lillian E. Biensach
(b) Address: Glen Arm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (month) (day) (year)
(c) Cemetery or crematory: Waugh Cemetery
Location: Harford & Long Green Roads
18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street
19 (a) OCT 4-1940 (Date rec'd by registrar) (b) Registrar: Hattie H. Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2-1940, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Adeno-carcinoma	
Due to: ? Prostate	
Due to: Mets to Lungs	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Mullen M.D.
Medical Examiner.
Date signed 10-2-40

(Date rec'd by registrar)

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73253 — CERTIFICATE OF DEATH V 107 — F 73353

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Druid Hill Ave. Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant Bias — If U. S. Veteran specify WAR ...

(a) Residence: No. 1138 Druid Hill St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 10/2/40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER — 13. NAME Charles Bias

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER — 15. MAIDEN NAME Julia Bias

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julia Bias (Address) 1138 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 10-5 1940

19. UNDERTAKER G. Halstead (Address) 918 Druid Hill Ave.

20. FILED ... 19 ... Huntington Williams M.D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct-2, 1940 to Oct-4, 1940

I last saw him alive on Oct-3 1940 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchial pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. T. Coltrup M. D.

(Address) 2039 McCulloh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oct 1940

bkg

F 73354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

Registered No. F 73354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Matthews St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2706 Matthews St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jobe Kreiner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ late John J. Kreiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-27-1860.

8. AGE: Years 80 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John J. Kreiner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Beyer
15. Birthplace Germany

16 (a) Informant Mrs Kreiner
(b) Address 2706 Matthews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M. Medford
(b) Address 501 E. 22nd St. Huntington Station, Md.

19 (a) 10-5-40 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 — 1940, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 — 1938, to Oct 3 — 1940 and that I last saw h~~e~~r alive on Oct 2 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	10 yrs
Due to	
Other Conditions Chr. arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas. J. Keller M. D.
Address 222 W. Monument Date signed 10/4/40

73355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73355
Registered No.

MARGIN RESERVED FOR REGISTRAR'S USE. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore Co. (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Roberts Farge (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Hopkins Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK GORDON HICKS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-01-7439

4. Sex M | 5. Color or race WM | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elizabeth Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1903

8. AGE: Years 36 | Months 9 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Harrigan Roller Co.

FATHER
12. Name John Frederick Hicks
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rose Bell
15. Birthplace Balto. Md.

16 (a) Informant Thomas H. Ford
(b) Address 705 W. Georges Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19. (a) (date rec'd by registrar) (b) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2, 1940, at 8 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other Conditions ns	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ns
Of autopsy ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. and Medical Examiner.

Date signed

F 73356

73356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 W. North Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferdinand L. Beauchamp

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-6927

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura E. Hildt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1873

8. AGE: Years	Months	Days	If less than one day
67	1	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Automobile

FATHER
12. Name John T. Beauchamp
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Hawkins
15. Birthplace Del.

16 (a) Informant Lillian Moran
(b) Address 1132 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John Oursler Sons
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) 10 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1940 to Oct 2 1940, and that I last saw him alive on Oct 2 1940.

Immediate cause of death	Duration
Chronic Endocarditis	
Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O T Lloyd M. D.
Address 701 Cathedral St. Date signed

VS 3

3-45377
3-23357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54-B X

Registered No. F 23352

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County
(c) City or town Birmingham (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. 88th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Lewis Allbritton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Dawson Allbritton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-00

8. AGE: Years 40 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Ala (Town, county, and state)

10. Usual Occupation M.D

11. Industry or business

FATHER
12. Name J. G. Allbritton
13. Birthplace Ala

MOTHER
14. Maiden Name Florence Rowell
15. Birthplace Ala

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Kirk (Burial, cremation, or removal) (b) Date thereof 10/4/40 (month) (day) (year)
(c) Cemetery or crematory Norwood Birmingham
Location Alabama

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 OCT 4 - 1940 (Date rec'd by registrar) (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940 at 10 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940 to Oct 4 1940. and that I last saw him alive on Oct 4 1940.

	Duration
Immediate cause of death: a. Pyocyanous Meningitis	3 wks
Due to: Removal Glioma R. frontal lobe	3 mos
Due to:	over
Other Conditions: -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Glioma
Of autopsy Same + meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury OTENASEK

23. Signature Frank J. Otenasek 3853 M. D.
Address S. H. H. Date signed 10-4

VS 3

VS 2

383611
73358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-B Registered No. F 73358

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 St Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Howard Sutton

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-62

8. AGE: Years 78 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Edward Sutton
13. Birthplace Md

MOTHER 14. Maiden Name Frances Callender
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/7/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 Date received OCT 5 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-3 1940, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940, to Oct 3 1940, and that I last saw him alive on Oct 3 1940.

Immediate cause of death: Carcinoma of the Prostate with metastases — Duration

Due to:

Due to: Carcinoma

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Buckhard M. D.
Address Johns Hopkins Hospital Date signed Oct. 4 '40

VS 2

73359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No. F 73359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E 33rd St
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 S. Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Mrs. George Wheeler (Mary M.)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife George
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1872

8. AGE: Years 67 | Months 10 11 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation none housewife

11. Industry or business

FATHER
12. Name Wm. Kelly
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Perkins
15. Birthplace Md

16 (a) Informant Records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Frederick Md

18 (a) Funeral director J. H. Cox
(b) Address 124 E. Pratt St.

OCT 5 - 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1940, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Oct 4 1940, and that I last saw h[illegible] alive on Oct 4 1940

Immediate cause of death	Duration
Terminal bronchopneumonia	24 hrs
Due to Coma	3 days
Due to Cerebral thrombosis	3 days
Other Conditions Ovarian cyst - pyometrium - cystitis (Include pregnancy within 3 months of death)	over

Major findings:
Of operations none
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp Date signed Oct. 4 '40

JS

F 73360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. F 73360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and no item left blank. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Baltimore City Hospitals
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days): yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 811 S. Milton ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME: Matthew Zielinski

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Constince

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1874 9/14/74

8. AGE: Years: 66 | Months: 0 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: unemployed

11. Industry or business:

FATHER
12. Name: John Zielinski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Mary ?
15. Birthplace: Poland

16 (a) Informant: B. C. H. Records
(b) Address:

17 (a) X (Burial, cremation, or removal) (b) Date thereof: Oct 6-40 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Dundalk Ave.

18 (a) Funeral director: John Duda
(b) Address: 2829 Hudson St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/4 1940, at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7/40 1940 to 10/4 1940, and that I last saw h[im] alive on 10/3 1940

Immediate cause of death: Uremia
Pyelonephritis ?
Due to: Benign prostatic hypertrophy
Due to:
Other Conditions: Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 5 days ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Jeffrey R. Ehle M.D.

Address: Baltimore City Hosp. Date signed M. 10 D. 9/40

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73361 | 131a | Registered No. F 73361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2882 Pelham ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2882 Pelham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary A Hoffmann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Hoffmann
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 13 1849

8. AGE: Years 90 | Months 9 | Days 1920 | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Dont know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Frank L Hoffmann
(b) Address 2882 Pelham ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John Ulm
(b) Address 2008 Orleans St

19 (a) OCT 5 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 19 ..., at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 32 to Oct. 3 1940, and that I last saw her alive on Oct. 3 1940

Immediate cause of death: Chr. myocarditis — Duration: 8 yrs

Due to: Arteriosclerotic cardiovascular renal disease — Duration: 8 yrs

Due to:

Other Conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Akers M. D.
Address 6217 Harford Rd Date signed 10-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

Schlicker — F 73362

Schlicker

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. F 73362

73362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correctly as directed. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Wyman Park Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Margie Schlicker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wd

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1875

8. AGE: Years 64 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name John Ruehl
13. Birthplace Ger

MOTHER 14. Maiden Name Louise Schlegale
15. Birthplace Ger

16 (a) Informant Mrs Baumgartner
(b) Address Ger

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7/40 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location E. North Ave

18 (a) Funeral director John Uelzel
(b) Address 2008 Orleans St

19 (a) OCT 5 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3, 1940, at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1940, to Oct 3 1940, and that I last saw her alive on Oct 3 1940

Immediate cause of death	Duration
Essential Hypertension	4 yrs ?
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D.
Address 1025 N. Fayette St Date signed 10-3-40 M. D.

VS 8

73363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. E 73363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 Woodington Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 37-20

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Woodington Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Virginia Franck

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Richard F. Franck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1857

8. AGE: Years 83 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Berane
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary —
15. Birthplace Baltimore Md

16 (a) Informant Marie Franck Emrich
(b) Address 641 Woodington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave

19 (c) OCT 5 1940 Huntington-Williamsport, Md. (Date rec'd by reg'r) (Reg'r)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 4 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 12 1940 to Oct 5 1940 and that I last saw h[illegible] alive on Oct 5 1940

Immediate cause of death	Duration
Myocarditis	
Due to	2 years
Due to Arterio-Sclerosis & Senile	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. L. Valentine M.D.
Address 641 Woodington Rd Date signed Oct 4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 73364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Phelps (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL BURNISKY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 109-05-6420

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jessie Burnisky
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1906

8. AGE: Years 34 | Months 7 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Czechoslovakia (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Gasoline station

FATHER
12. Name: Gregory Burnisky
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden Name: Catherine Hollar
15. Birthplace: Czechoslovakia

16 (a) Informant: Brother - Anthony Burnisky
(b) Address: Phelps N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-40 (month) (day) (year)
(c) Cemetery or crematory St. Frances
Location: Phelps - N. York

18 (a) Funeral director: John C. Mullen Inc.
(b) Address: 2433 E. Oliver St

19 OCT 5 - 1940 (Date received by registrar) Huntington Williams, M.D.

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information on this certificate must be complete and correct. Physicians: please write the causes of death clearly and legibly. Every item of age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 19 40 at 9 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 10-3-40

VS 6

73365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 73365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2733 Hugo Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2733 Hugo Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonie Virginia Petty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1884

8. AGE: Years 55 56 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Winstead
13. Birthplace Virginia

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Virginia Petty
(b) Address 2733 Hugo ave

17 (a) Oct 4-40 (b) Date thereof Burial
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Mem
Location Balto

18 (a) Funeral director Todd & Sterr Hse
(b) Address 3001 Pinkney ave

19 (a) OCT 5 - 1940 (b) Filed by (Registrar) Beatrice Lee Williamson

correct age in capitals in space

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1924, to Oct 2 1940, and that I last saw h[illegible] alive on Oct 2 1940.

Immediate cause of death Cancer
1 of Rt Breast
Breast
Due to Metastasis to
Rt Lung
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer Rt Breast

Of autopsy

Duration
6 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Zimmerman M.D.
Address 9858 Harford, Date signed 10/2/40

VS 2

F 73366

BALTIMORE CITY HEALTH DEPARTMENT 186-a

CERTIFICATE OF DEATH

Registered No. F 73366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Md. General Hospital 9-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E Northern (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Julia Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Charles Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1860

8. AGE: Years 80 | Months 2 | Days 20 | If less than one day .....hr. .....min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Geo L Bentz
13. Birthplace Ger

MOTHER 14. Maiden Name Charlotte Koehler
15. Birthplace Ger

16 (a) Informant Mrs Lillian Gaynier
(b) Address 14 Wittfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director John Ulm
(b) Address 2008 Orleans St

19 (a) OCT 5 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

COPIES ARE NOT ACCEPTABLE UNLESS SIGNED IN INK BY REGISTRAR

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4, 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1940, to Oct 4 1940, and that I last saw her alive on Oct 4 1940.

Immediate cause of death Myocardial degeneration & Cerebral Hemorrhage — Duration

Due to Colles Fract. Left, R8 — Duration

Fract. Clavicle, R8 — Duration

Due to Contusion of Scalp — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 21 1940
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell down flight of steps

23. Signature William R. Tompkins M. D.
Address Md. General Hosp. Date signed 10/4/40

Howard D. Mavern M.D.
Chief Medical Examiner

VS 2

VS 3

Howard J. Magruder M.D.
Chief Medical Examiner

F 73367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. F 73367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 N. Duncan St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 948 N. Duncan
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius John Dale Owens

3 (b) If veteran, name war | 3 (c) Social Security Account No. 313-01-7591

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Katie Owens
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 29 1869

8. AGE: Years	Months	Days	If less than one day
71	3	3	hr. min.

9. Birthplace Clinton N. C.
(Town, county, and state)
10. Usual Occupation Chemical
11. Industry or business Brick Layer

FATHER
12. Name James Sure Owens
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Helen Peterson
15. Birthplace N. Carolina

16 (a) Informant Katie Owens
(b) Address 948 N. Duncan

17 (a) Burial (b) Date thereof Oct 7-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore North Av
Location
18 (a) Funeral director John A. Mapp
(b) Address 3006 E. Balto St

19 (a) Date received in office OCT 7 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Oct 4 1940, and that I last saw him alive on Oct 3 1940.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	9 mo. history
Due to	
Other Conditions	

(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Strawbridge M.D.
Address 1720 W Lee St Date signed 10/4/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

Physician: Your cooperation in answering all questions as completely as possible will be appreciated. Accurate information as to cause of death, and correct age is especially important.

VS 3

F 73368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. F 73368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 E 41st St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 E. 41st St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Ellsworth Compton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Sally L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1862

8. AGE: Years 78 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Supt. Construction

11. Industry or business Chemical Ind

FATHER
12. Name William Compton
13. Birthplace Balto

MOTHER
14. Maiden Name Louisa Horan
15. Birthplace Balto Md

16 (a) Informant Mary L. Compton
(b) Address 902 E. 41st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North. Ave.

18 (a) Funeral director John A. Horan
(b) Address 3000 E. Balto St.

OCT 5 - 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

correct age is especially important. Physicians, please

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry).
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of Stomach — Duration
Due to: Coronary occlusion: acute
Due to: Myocardium
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandegrift M.D.
Medical Examiner.
Date signed 10/4/40

F 73369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 Abell Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Abell Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM LLOYD FRANCIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3558

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle S. Francis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1893

8. AGE: Years	Months	Days	If less than one day
47	6	23	hr. min.

9. Birthplace Kent County, Maryland (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business Md. Casualty Co.

FATHER
12. Name Harry S. Francis
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden Name Rebecca Ricand
15. Birthplace Kent Co., Md.

16 (a) Informant Mrs. Myrtle S. Francis
(b) Address 3025 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

OCT 5 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

CORRECT AGE IS especially

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 3 1940, and that I last saw h[illegible] alive on Oct 3 1940.

Immediate cause of death Acute Cardiac Dilitation — Duration 4 6 mo

Due to Myocarditis

Due to Arteriosclerosis & Hypertension — 3 yr

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma C. Lemmon M. D.
Address 718 N Patterson Pk Date signed 10/4/40

VS 3

F 73370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 W. Mulberry Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 W. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2011

3 (a) FULL NAME ROSE C. JUDGE

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William L. Judge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1871

8. AGE: Years	Months	Days	If less than one day
69	3	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick McSherry
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget
15. Birthplace Ireland

16 (a) Informant Mrs. Agnes Ferrin
(b) Address 3156 Elmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 5 - 1940 (Date rec'd by registrar) (b) Registrar

correct age in expecting employment

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, at 10:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1940, to 10/3 1940, and that I last saw h[illegible] alive on 10/3 1940.

Immediate cause of death Cerebral Hemorrhage — Duration From 9/15/40

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Hanrahan

Address 1945 W. Balto St Date signed 10/7/40 M. D.

VS 3

(Date rec'd by registrar) Registrar Address

VS 3

73371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 73371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Eden Sts
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Little Sisters of the Poor (If rural give location)
1200 Valley St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Mathews
13. Birthplace ?

MOTHER
14. Maiden Name Mary Bishop
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

OCT 5 - 1940 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

Correct age is impossible

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Oct 5 1940, and that I last saw her alive on Oct. 4 1940.

Immediate cause of death Fracture of femur
to Pulmonary embolus

Due to Fracture of femur
left

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 30, 1940
(c) Where did injury occur? Little Sisters of Poor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury fall down steps in home

23. Signature Conrad L. Ruxton M. D.

Address Little Sisters of the Poor Date signed 10/5/40

VS 3

A. L. Wollenweber, M.D. Asst Medical Examiner

VS 3

M. D. B. 1263-6

— No Social Security Number —

HEALTH DEPARTMENT—CITY OF BALTIMORE

73372 CERTIFICATE OF DEATH 131-P F 73372

1. PLACE OF DEATH 2502 W. Pratt St. Registered No.

CITY OF BALTIMORE: (No. 2502 St. Pratt Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mitchell.

(a) Residence: No. 2502 W Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Petronelle Mitchell

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME John Maciulaitis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT wife
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Holy Redeemer Cemetery Date 10/7 1940

19. UNDERTAKER C. William Richardson
(Address) 1137 Washington Blvd.

20. FILED OCT 6 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1940 to Oct 3 1940

I last saw him alive on Oct 3 1940 Death is said to have occurred on the date stated above, at 9P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch. nephritis	?
Other **contributory causes** of importance:	
cardiac decompensation	?

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyper M. D.

(Address) 3321 Fleet St.

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 73373
55325 LB

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30G

F 73373
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 5 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 - 11 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Gold St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Jones (Skinner)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Brown
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: George
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? 1899
8. AGE: Years 41 ? Months ? Days ? If less than one day hr. min.
9. Birthplace Havre de Grace, Md. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name John T. Skinner (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz.? (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 40 (month) (day) (year)
(c) Cemetery or crematory St James Cemetery
Location Havre de Grace, Md.
18 (a) Funeral director Elmer E Bullock
(b) Address Havre de Grace, Md.
19 (a) (Date rec'd by registrar) (b) Washington, Md.

Oct 6 - 1940
vs

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5- 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4- 1940 to 10-5- 1940 and that I last saw h.. alive on 10-5- 1940.

Immediate cause of death Lobar pneumonia — Duration 4 days
Due to Cyanosis Angina Pectoris due to arteriosclerosis — 4 days over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-5-40

F 73374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-0

F 73374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Smith Island (If outside city or town limits, write RURAL and give town)
Street No. Tylerton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL MARSH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife AMANDA

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) FEB. 14/1894

8. AGE: Years	Months	Days	If less than one day
46	7	21	hr. min.

9. Birthplace SMITH ISLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JESSIE MARSH
13. Birthplace SMITH ISLAND

MOTHER
14. Maiden Name LEVENA MARSHAL
15. Birthplace SMITH ISLAND

16 (a) Informant MRS. LACKEY
(b) Address 2008 GUILFORD AVW.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 7/40 (month) (day) (year)
(c) Cemetery or crematory TYLERTON CEM.
Location SMITH ISLAND

18 (a) Funeral director Lilly & Zenon
(b) Address 403 S WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 8 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 2 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Hypertensive heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D H L Wallenmeyer M.D.
Medical Examiner.
Date signed 10-6-40

Correct age is especially important. Physicians, please

OCT VS 8 1940

F 73375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NC. (b) County Albemarle
(c) City or town Albemarle
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Helms.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Daisy Lee Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Unknown. (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Charles J. Helms.
13. Birthplace N. C.

MOTHER
14. Maiden Name Elizabeth Honeycutt
15. Birthplace N. C.

16 (a) Informant Mrs. Daisy Lee Helms.
(b) Address Albermale N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-40 (month) (day) (year)

(c) Cemetery or crematory
Location Albermale N. C.

18 (a) Funeral director Harry H. Withe
(b) Address 910 Edmondson Ave

(a) OCT 6 - 1940 (Date rec'd by registrar)

Huntingtor Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 1940 to 10/5 1940 and that I last saw him alive on 10/5 1940.

Immediate cause of death Hemorrhage intracranial, remote
Recent Bleeding
Due to Spontaneous Rupture of Aneurysm(?)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy Intracranial Hemorrhage

Duration
Sept 1939
Oct 1, 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. Glenn M.D.

Address Univ Hosp - Date signed 10/5/40

correct age is especially important

VS 8

F 73376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 73376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Treatment & Restraint Ward
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 yrs years

3 (a) FULL NAME Abraham Sandler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name David Louis Sandler
13. Birthplace Russia

MOTHER
14. Maiden Name Dvora ?
15. Birthplace Russia

16 (a) Informant Hymen Sandler
(b) Address 5006 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

OCT 6 — 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1940, at 6.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30, 1940, to Oct. 5, 1940, and that I last saw him alive on Oct. 5, 1940.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to A. S. Hert. Disease	10 yrs.
Due to Bronch. pneumonia	1 week
Coronary Sclerosis	
Other Conditions Cerebral Throm.	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Cohen
Address Sinai Hospital Date signed 10/5/40 (M.) (D.)

correct age is especially important

VS 3

F 73377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 73377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 Anoka Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Anoka Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7502

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace New York N. Y. (Town, county, and state)

10. Usual Occupation Adv. Business

11. Industry or business

FATHER
12. Name Isaac Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Levenson
15. Birthplace Russia

16 (a) Informant
(b) Address 2313 Anoka ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6/40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemet
Location Southern ave

18 (a) Funeral director Sol Levinson
(b) Address 1124-26 W. North ave

19 (a) (b) (Date received by registrar) (Registrar)

Oct 8 1940

VS 2

Correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3, 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1940, to Oct 3 1940, and that I last saw h[illegible] alive on Oct 3 1940.

Immediate cause of death: Cerebral Thrombosis — Duration 30 days
Due to: Hypertension — 2 yrs.
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Litzenberg M.D.
Address 721 Medical Arts Date signed 10/7/40

VS 2

F 73378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-WE-28328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Barrow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME LOUIS SCHLOSSBERG

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Heil
13. Birthplace Russia

MOTHER
14. Maiden Name Ella
15. Birthplace Russia

16 (a) Informant Gilbert Moss
(b) Address 3513 Dennlyn Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Blvd, Baltimore Md.
Location
18 (a) Funeral director Jack Senzo Inc.
(b) Address 1439 E. Baltimore St.
19 (a) OCT 6 - 1940 (Date rec'd by registrar) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2nd 1940, at 12:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Paralytic ileus — Duration
Due to Fracture - 10th thoracic vertebra
Due to
Other Conditions Hypertension heart disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 25, 1940
(c) Where did injury occur? Steps at 2827 Forest View Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work?
(e) Means of injury fell down wet steps - slipped
23. Signature [illegible] M.D. Medical Examiner.
Date signed 10-2-40

VS 6

Please fill in all items. Physicians: please write plainly. Be sure to correct age is especially important.

(Date rec'd by registrar) 6

VS 6

F 73379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Calvert Sts
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 1 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Benj. Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie Cohen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER
12. Name Laba Hersen Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Jacob Cohen
(b) Address 109 N. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-40 (month) (day) (year)
(c) Cemetery or crematory Russedale
Location Phila. Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 5 1940 VS 3

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5 19 40 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 19 40 to 19 .
and that I last saw h alive on 10/5 19 40.

Immediate cause of death	Duration
pulmonary Edema	1 hour
Due to cerebral hemorrhage	7 hours
Due to hypertension	20 years
Other Conditions senile hernia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stein M.D.
Address Sinai Hospital Date signed 10/5/40

OCT VS 3- 1940

F 73380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-P

Registered No. F 73380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 N.Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N.Bentalou St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Jaeger

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1871

8. AGE: Years 69 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Katonah N.Y. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Henry Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Elgert
15. Birthplace Germany

16 (a) Informant Miss.Ruth E.Jaeger
(b) Address 1012 N.Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.7,1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

OCT 6 1940 (b) Robert S. Little Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4, 1940, at 7.17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Oct 4 1940, and that I last saw h.er alive on Sept 20 1940.

Immediate cause of death	Duration
Tuberculous Pneumonia	2 wks
Due to Prior Pul. Tbc	18 yrs
Due to	
Other Conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chester J. Intlemeier
Address 139 N. Bentalou St. Date signed Oct 6, 1940

VS 3.

Correct age in completed years

VS 3

F 73381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-B

F 73381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo5da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 744 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bernard Wagner

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pearl Wagner
6 (c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1906

8. AGE: Years 36 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Engineer
11. Industry or business:

FATHER
12. Name: Jacob Wagner
13. Birthplace: Germany

MOTHER
14. Maiden Name: Martha (?)
15. Birthplace: Germany

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: S. Walter Wray
(b) Address: 619 N. Bouldin St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

OCT 8 - 1940

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1940, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1940 to Oct. 5, 1940 and that I last saw him alive on Oct. 5, 1940.

Immediate cause of death	Duration
Uremia	2 weeks
Due to: Chronic nephritis, glomerulo	2 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Clinton M. D.
Address: U. S. Marine Hospital, Baltimore, Md. Date signed 10/5/40

VS 3 - 1940

F 73382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-a

F 73382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 N. Gay
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Gay (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosie Lee Epps

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Morris Epps

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 3-17-1893

8. AGE: Years 47 | Months 6 | Days 16. | If less than one day ... hr. ... min.

9. Birthplace West Point Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Washington

13. Birthplace Va.

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Morris Epps

(b) Address 714 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7th 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn a. Q. Co. Md

18 (a) Funeral director Upton Frames & Knight

(b) Address 1218 McElderry St

OCT 6 - 1940 (Date rec'd by registrar) (b) Signature of registrar Registrar

correct age is especially important. If uncertain, give approximate age.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940 to Oct 3 1940, and that I last saw h.e. alive on Oct. 3 1940.

Immediate cause of death: Arteriosclerosis Acute Myocarditis — Duration: ? 1 day

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan'l E. Berry M. D.

Address 1420 E. Chase Date signed Oct 5 '40

73383 59510 8D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 W. Franklin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME Matilda F. Waymack

3 (b) If veteran, name war: none.

3 (c) Social Security Account No. None.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/65

8. AGE: Years 75 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home.

FATHER
12. Name John B. Jett
13. Birthplace

MOTHER
14. Maiden Name Mary Childress
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 7. 1940. (month) (day) (year)
(c) Cemetery or crematory Maury Cemetery.
Location Richmond, Va.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) Date received OCT 8 1940 (Registrar) Registrar

correct age is especially req

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1940, at 9 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25- 1940, to 10-4-1940 and that I last saw h alive on 10-4-1940.

Immediate cause of death: Cardiac failure

Due to G-5. Hrt. Dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy G-5. Hrt. Dis

Duration: ? ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-5-40

F 73384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Lamont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick T Boehmer (58092)

3 (b) If veteran, name war

3 (c) Social Security Account No. 2/2-09-3380

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Boehmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1886

8. AGE: Years 54 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business NONE

FATHER 12. Name Frederick Boehmer

13. Birthplace Germany

MOTHER 14. Maiden Name Augusta Bergoetze

15. Birthplace GE GERMANY

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.

Location Baltimore Md.

18 (a) Funeral director Rolff & B M Walter

(b) Address Pratt & Shroeder Sts

19 OCT. 6 1940 (b) Huntington Williams Md.

(Date received by Local Registrar)

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1940, at 6:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 6, 1940, to Oct. 5, 1940, and that I last saw him alive on Oct. 5, 1940.

Immediate cause of death: Tuberculosis of lungs — Duration: June 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Murray Kahn M. D.

Address Balto. City Hospitals Date signed 10-5-40

40/249
abcd F 73385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 73385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1241 Battery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mable J. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b). Name of husband or wife Sidney M. Smith
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) August 18, 1894

8. AGE: Years	Months	Days	If less than one day
46	1	16	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John W. Lentz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bennetta Davis
15. Birthplace Kent County, Md.

16 (a) Informant Sidney M. Smith (Husband)
(b) Address 1241 Battery Ave, Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Int. Oliver Cem.
Location Baltimore, Md.

18 (a) Funeral director Curtis E. Evans
(b) Address 1400-02 N. Charles St. (City)

19 (a) 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1939, to Oct 4 1940, and that I last saw her alive on Oct 2 1940

Immediate cause of death	Duration
Mitral Stenosis	6 yrs
Due to: Cardiac Decompensation & Pulmonary Oedema	1 yr
Due to: Scarlet Fever, when 12 yrs old	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo A. Strauss M.D.
Address 1400 N Charles St. Date signed 10/5/40

VS 3

Please write plainly. Physicians: please write correct age is especially important.

VS 3

F 73386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1631 Registered No. F 73386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 E Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1423 E Lafayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LURLINE R. CLASS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Wesley H. Class
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 9/3/1899

8. AGE: Years 41 | Months 1 | Days 7 | If less than one day — hr. — min.

9. Birthplace Irvington Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name W. Henry Barnett
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Wesley H. Class
(b) Address 1423 - E. Lafayette Ave

17 (a) Burial (b) Date thereof 10/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baptist Cem.
Location Irvington Va.

18 (a) Funeral director George J. Keith Jr.
(b) Address 235 Harford Ave - Balto

OCT 6 - 1940 (b) Hearing for Will Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 5:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide	
Due to mental dependency	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct 5, 1940
(c) Where did injury occur? 1423 Lafayette Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury Gas from heating stove

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 10-5-40

correct age is especially important. Physicians: please write

VS 6

F 73387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 73382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 S. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 20-3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann Vermillion

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph N. Vermillion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1852

8. AGE: Years 88 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Elkridge Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Earp
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Weaver
15. Birthplace Maryland

16 (a) Informant Mrs Bessie Lambert
(b) Address 118 S. Monroe St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Melville Cemetery
Location Elkridge Howard Co. Md.

18 (a) Funeral director E. Leroy Stiffler, Inc.
(b) Address 125 E. North Ave Balto. Md.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 6 - 1940

correct age is especially important. Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1940, at 1:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1940 to Oct. 4 1940, and that I last saw her alive on Oct. 1 1940

Immediate cause of death arteriosclerotic myocarditis — Duration ?

Due to Generalized arteriosclerosis — ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 10-5-40

F 73382

F 73388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 73388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline Street
(c) Hospital or institution:
St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Dundalk, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 982 A Wise Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jeane D. Groth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 8, 1939

8. AGE: Years 1 | Months 2 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leslie E.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Helen Stachowska
15. Birthplace Baltimore

16 (a) Informant Father
(b) Address Box 982 Wise Ave.

17 (a) Burial (b) Date thereof 10/7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Gustin ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Broadway

19 (a) ..... (b) Dundalk, Md.
(Date rec'd by registrar) (Registrar)

OCT 6 - 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 / 3 , 1940, at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 1940, to 10/3 1940 and that I last saw h.. alive on 10/3 1940

Immediate cause of death: Marasmus - Enteritis — Duration 7 Days

Due to: Etiology undetermined

Due to:

Other Conditions: Hypoproteinemia of Lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Wasted subserving Pneumonia of Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Malone Mattox M. D.

Address St Josephs Hospital Date signed 10/4/40

correct age in supplementary report

F 73389

Scardina

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 73389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Scardina

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1940

8. AGE: Years	Months	Days	If less than one day
	2	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Anthony Scardina
13. Birthplace Balto Md

MOTHER
14. Maiden Name Viola Lucke
15. Birthplace Balto Md.

16 (a) Informant Mr Anthony Scardina
(b) Address 601 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Bowen & Son
(b) Address 901 Hollins St

OCT 6 1940 (Date received) (b) Huntington Williams, M.D. (Registrar)

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1940, at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29, 1940 to Oct. 4, 1940, and that I last saw h IM alive on Oct. 4, 1940.

Immediate cause of death	Duration
Infectious diarrhea	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
M. D.
Address Franklin Square Hosp Date signed 10/4/40

F 73390 JS BALTIMORE CITY HEALTH DEPARTMENT 133-a F 73390

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Helwig

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-1877

8. AGE: Years 63 | Months 6 | Days 60 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Spencer
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sandy Mount M.E. Church
Location Carroll Co Md

18 (a) Funeral director William Cook
(b) Address 127 St Paul st

19 (a) Date rec'd 1940 (b) Attesting for Williams, M.D. Registrar

OCT 9

VS 3.

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5 1940, at 3.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1940, to 10/5 1940, and that I last saw h er alive on 10/4 1940.

Immediate cause of death: Uremia — Duration: 2 wks.

Due to: Rt. pyonephrosis — 1 mo.

Due to: C.O. absence of left kidney since 1925

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations 10/3/40 - Rt. pyonephrosis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature Sidney R. Schlect Jr.
Address Baltimore City Hosp. Date signed M. 10 D. 5/40

F 23391

VS 3

F 73391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73391 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E. University P'kway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E. University P'kway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin Kalbfus

3 (b) If veteran, name war: No Record

3 (c) Social Security Account No. 265-09-3192

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~:
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) July 19th 1883

8. AGE: Years	Months	Days	If less than one day
57	11	16	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Cashier
11. Industry or business Md. Racing Commission

FATHER
12. Name John O. Kalbfus
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Isenberg
15. Birthplace Balto. Md.

16 (a) Informant Lorretta S. Kalbfus
(b) Address 215 E. University Parkway

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) OCT 7 1940 (Date rec'd by Registrar) (b) Signature of Funeral Director

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to Oct 5 1940, and that I last saw him alive on Oct 5 1940.

Immediate cause of death	Duration
Due to Coronary Thrombosis	
Due to Myocarditis	
Other Conditions Alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ira E Whitehill M. D.
Address 730 E Univ Pkwy Date signed 10/6/40

correct age is especially important.

VS 3

12701

F 73392

F 73392

12701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-a

F 73392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) since 1932

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Balto.~~
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 ~~734~~ Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William J. White

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Julia White
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-7-1878

8. AGE: Years 62 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Little Rock, Ark. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name George Daniel
13. Birthplace Ala.

MOTHER
14. Maiden Name Mary Barnet
15. Birthplace Ala.

16 (a) Informant B. V. H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/8/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 219 St. Paul St.

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

OCT 7 1940

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6/40, 1940, at 6.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1940 to 10/6 1940 and that I last saw him alive on 10/6 1940.

Immediate cause of death: Ulcerative colitis — Duration: 3 mos
Due to: Fatty dorsalis — 15 yrs.
Due to: Hypertension C.V. disease — ?
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/17/40 - Resection part of colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed M. 10 D. 6/40

F 73393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0

F 73393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Cotton

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 219-07-2927

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Daisy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1893

8. AGE: Years	Months	Days	If less than one day
47	8	6	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation Clerical work
11. Industry or business

FATHER
12. Name Edward
13. Birthplace S. C.

MOTHER
14. Maiden Name Nancy Harvey
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 10/7/40
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Balto. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.
19 (a) (b)
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4-1940, at 11 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4-1940, to 10-4-1940 and that I last saw h~~im~~ alive on 10-4-1940.

Immediate cause of death	Duration
Cerebral hemorrhage	4 hrs
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Wagenheim M. D.
Address Balto City Hosp Date signed 10-5-40

CORRECT AGE IN ESPECIALLY IMPORTANT

VS 3

73394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 73394
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 E Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 E Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME John Sliwinski

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bronislawa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Teofil Sliwinski
13. Birthplace Poland

MOTHER
14. Maiden Name Regina Markuszewska
15. Birthplace Poland

16 (a) Informant Leonard Sliwinski
(b) Address 224 S. Chester St

17 (a) Burial (b) Date thereof 10 7 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St

19 (a) (Signature of registrar) (b) Registrar
Oct 7 1940
VS 3 Huntington Williams, M.D.

Correct age is especially important. Explain any discrepancy.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 4.2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940 to Oct 4 1940 and that I last saw h[er] alive on Oct 4 1940

Immediate cause of death	Duration
Myocardial failure	7
Due to Bronchial Asthma	7
Due to Bronchopneumonia	10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Leo J. Kulaski M.D.
Address 1265 Patterson Park Ave. Date signed Oct 6/40

385572
F 73395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-a

F 73395
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. BROADWAY (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME FRANK RUSSO

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No.: ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Edith
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 10-29-79

8. AGE: Years	Months	Days	If less than one day
60	11	5	..... hr. ..... min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation FRUIT DEALER
11. Industry or business

FATHER
12. Name FRANK RUSSO
13. Birthplace Italy

MOTHER
14. Maiden Name PHILOMENIA PUASTRI
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 7-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bel Air Road

18 (a) Funeral director John Carmichael Sons
(b) Address 1908 Eutaw Place

OCT 7 1940 (Date rec'd by local registrar) (b) Registered No. M

correct age is especially important if child is under one year

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 6.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Oct 4 1940, and that I last saw him alive on Oct 4 1940.

Immediate cause of death Cardiac hypertrophy
Cardiac insufficiency
Aortic insufficiency
Due to ? Luetic Pericarditis
? congenital heart
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation Enlargement of heart
10 F 6 S: fusiform dilatation
Of autopsy & scarring of the aorta

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Harold Hemfelter M.D.
Address Johns Hopkins Date signed 10/4

F 73396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 73396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALETHIA CROCKETT

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: F | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1923

8. AGE: Years 17 | Months 6 | Days 24 | If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Own home

FATHER
12. Name James Crockett
13. Birthplace Virginia

MOTHER
14. Maiden Name Estelle Jackson
15. Birthplace Virginia

16 (a) Informant Brother Wilbur Jackson
(b) Address 804 N Bond St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 7 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Belair Rd

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Lanvale St.

19 (a) Date received OCT 7 1940 (Registrar) Huntingtown, Calvert Co. Md Registrar

VS 6

Correct age is especially important. Physicians please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1940, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Rupture of liver — Duration

Due to

Due to

Other Conditions Fracture of rib, right (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy yes — as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 5, 1940
(c) Where did injury occur? Chesapeake Ave and Hammond Ln (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work?
(e) Means of injury auto struck from pole

23. Signature H. L. Blumenberg M.D. Medical Examiner.
Date signed 10-5-40

Deceased passenger in auto

HEALTH DEPARTMENT—CITY OF BALTIMORE

73397

CERTIFICATE OF DEATH

93-D

73397

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 N. Calvert St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adella Koontz Fegley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2320 N Calvert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Fegley

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Edward Koontz

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Bessie Trayer
(Address) 2320 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date Oct. 8, 1940
not always Grey Friendship

19. UNDERTAKER F. C. Higinbothom Jr.
(Address) Everett City Md.

FILED OCT 7 - 1940, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1940, to Oct 6, 1940

I last saw h. alive on Oct 6, 1940. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Oct 5-40

Other contributory causes of importance:

Chronic myocarditis	1935
Generalized arteriosclerosis	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. Clagett Bee M. D.
(Address) St. Paul & 23rd Sts, Balt

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

VS 2

F 73398

F 73398

F 73398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4809 Pennington Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 4809 Pennington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 5

3 (a) FULL NAME SARAH OWINGS SCHIMPF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George C. Schimpf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1867

8. AGE: Years	Months	Days	If less than one day
73	2	3	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Owings
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Rachael Sunderland
15. Birthplace Calvert Co., Md.

16 (a) Informant Mr. George C. Schimpf
(b) Address 4809 Pennington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) OCT 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

Correct age is especially important if deceased was under one year, one month or one day.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1940, at 2:50PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939 to Sept 30 1940, and that I last saw him alive on Sept 30 1940.

Immediate cause of death	Duration
(a) Cardiac Decompensation	6 wks.
Due to (b) Chronic Hypertension	3 yrs.
Due to (c) Cerebral Hemorrhage	1935
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon D. Harka M. D.
Address 4700 Pennington Ave. Date signed 10/8/40

VS 3

F 73399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 73399

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Parkwood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Parkwood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME QUINCY ADAMS GEISE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary A. Geise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 26, 1865

8. AGE: Years 75 | Months 6 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual Occupation: Retired Train Dispatcher

11. Industry or business: Penna. R. R.

FATHER
12. Name: Henry Geise
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Tibitha Newcomer
15. Birthplace: Pennsylvania

16 (a) Informant: Miss Marie Geise
(b) Address: 2704 Parkwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pa. Avenues

19 OCT 7 – 1940 (Date rec'd by registrar) (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940, to Oct 3 1940, and that I last saw h[illegible] alive on Oct 3 1940.

Immediate cause of death: Pneumonia hypostatic (Lobar) — Duration: 2 days

Due to:

Due to:

Other Conditions: Arteriosclerosis — 10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel Gash M.D.
Address: 811 Gwynn Oak Date signed: Oct 4 1940

correct age is especially important

VS 3

VS 3

F 73400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

25 Registered No. F 73400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 Division Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 Division Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5024

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17 - 1902

8. AGE: Years	Months	Days	If less than one day
38	1	17/3	hr. min.

9. Birthplace Powhatan Co. Virginia (Town, county, and state)

10. Usual Occupation Steamen

11. Industry or business Long shoreman

FATHER 12. Name John T. Brown
13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Jackson
15. Birthplace Virginia

16 (a) Informant James H. Brown
(b) Address 1417 Lawrence St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-40 (month) (day) (year)
(c) Cemetery or crematory
Location Westminster Md.

18 (a) Funeral director George G. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Signature of Registrar) (b) Huntingtown Md. Registrar

OCT 7 - 1940

VS 6

Please write plainly. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4-1940 at 4:10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Anopemia	
Due to Sulfanilamide	
Due to	
Other Conditions Gonorrhoea	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2 wks Previous
(c) Where did injury occur? 2323 Division (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Administration of above drug

23. Signature Howard J. Nicodemus M.D. Medical Examiner.
Date signed 10-5-40

OCT 7 - 1940 VS 6

38664 F 73401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78-13

F 73401
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Mosher (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Watkins Pierce

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-28-38

8. AGE: Years	Months	Days	If less than one day
2	2	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Corinna Pierce
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn
18 (a) Funeral director George A. Nelson
(b) Address 1303 Presstman St
19 (a) (Date record by registrar) (b) Hunting for Williams M.D. Registrar

OCT 6 - 1940 VS 3
OCT 7 - 1940

Correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct- 5 1940, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct- 3 1940, to Oct 5 1940, and that I last saw him alive on Oct 5 1940.

Immediate cause of death: Lead Poisoning — Duration 2 3 days
Due to: Lead encephalitis — " "
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 10/5/40

F 73402

BALTIMORE CITY HEALTH DEPARTMENT

F 73402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 73402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E
(b) Street address 1419 Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE PROCTOR.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife James Proctor
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1890

8. AGE: Years 50 | Months 7 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name William Thomas
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Baltimore Md

16 (a) Informant Son William Proctor
(b) Address same address

17 (a) Burial (b) Date thereof Oct 9, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

(a) OCT 7 1940 (b) Emma E. Williams M.D.
(Date received) (Registrar) Registrar

Correct age is especially important. Physicians, please write plainly.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 6:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Carcinoma of right breast with metastasis — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 10-5-40

VS 6

73403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1573

F 73403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lee Webster Gorsuch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1940

8. **AGE:** Years | Months: 2 | Days: 2 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Howard W. Gorsuch

FATHER 13. Birthplace: md

MOTHER 14. Maiden Name: Elizabeth Abbey

MOTHER 15. Birthplace: md

16 (a) Informant: Howard W. Gorsuch

(b) Address: 2004 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7, 40 (month) (day) (year)

(c) Cemetery or crematory: Pleasant Grove Cem.

Location: Baltimore County

18 (a) Funeral director: Albert W. DeFuger

(b) Address: 440 E North Ave

19 (a) Filed (Date received by Registrar) Oct 7 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Oct 5 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Oct 5 1940, and that I last saw [illegible] alive on Oct 4 1940.

Immediate cause of death: Myelo Meningocele of Spinal Cord — Duration: 2 month

Due to: Congenital

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E Wilson Frey

Address: 1928 Penna Ave Date signed: M. D. 10/5/40

correct age is especially important

VS 3

VS 3

F 73404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 73404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dickman St. 23
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Dickman St. West (If rural give location)
(e) If foreign born, how long in U. S. A.? ~~7 mos~~ years

3 (a) FULL NAME ~~CLYDE~~ Baby L. Ward JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-40

8. AGE: Years ~~7~~ | Months 6 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Clyde L. Ward
13. Birthplace N. Carolina

MOTHER 14. Maiden Name Bessie Mussone
15. Birthplace N. Carolina

16 (a) Informant Mrs. Bessie M. Ward
(b) Address Dickman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) OCT 7 - 1940 (Date rec'd by registrar) (b) Huntington Willis Registrar

correct age is especially important. Physicians, ...

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3 1940 to 10-5 1940 and that I last saw h[illegible] alive on 10-5 1940.

Immediate cause of death Bronchopneumonia — Duration 2 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. E. B Lumenthal M.D.
Address W. B. G. H. Date signed 10/5/40

F 73405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73405 Registered No. 11052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Walkins Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) 2 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16. Fusting Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry C. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose E. Carter

6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 11-1869

8. AGE: Years 70 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Harford County, Md.
(Town, county, and state)

10. Usual Occupation Real-Estate

11. Industry or business

FATHER
12. Name Franklin Carter
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Stultz
15. Birthplace Penn.

16. (a) Informant Rose E. Carter
(b) Address 16 Fusting Ave. Balto. Md.

17 (a) Burial (b) Date thereof 10/7/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Boundary Ave. Harford Co. Md.

18 (a) Funeral director J. J. Mohan
(b) Address 3000 E. Balto St.

OCT 7 1940
(Date rec'd by Registrar)

(c) [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940, at 4 07 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 10-5 1940, and that I last saw h[illegible] alive on 10-4 19 40

Immediate cause of death	Duration
Bilateral Bronchopneumonia	
Due to Cardiac Decompensation	
Due to Arteriosclerosis & Diabetes	
Other Conditions Unrelated perineal incision & prostatectomy (Include pregnancy within 3 months of death)	

Major findings:
Of operations Enlarged prostate
Of autopsy O.S.V.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Agnes Date signed 10/5

Correct age is especially important

VS 3

VS 3

F F73406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157 E

F 73406
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: to Balto. Gen'l Hosp. 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7020 Kalmia ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Kelly (MARGARET)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wh.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-4-40

8. AGE: Years	Months	Days	If less than one day
			14 hr. 15 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Dale Kelley
13. Birthplace Sparrows pt. Md.

MOTHER
14. Maiden Name Josephine Retano
15. Birthplace Pittsburg Pa.

16 (a) Informant Josephine Retano Kelly
(b) Address 7020 Kalmia ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7-1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location Ferndale Hill Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 5840 W. Morley Pl

19 (a) OCT 7 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940 at 3:1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4 1940, to 10-5 1940 and that I last saw h.r. alive on 10-5 1940

Immediate cause of death	Duration
Congenital Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R Blumate M. D.
Address SBGH Date signed 10/6/40

correct age is especially important. Physicians, please

VS 3

F 73407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

F 73407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 W. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma P. Bishop

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Late Elijah Bishop
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1869

8. AGE: Years 71 | Months 4 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Hacker
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Bridell
15. Birthplace Balto. Md

16 (a) Informant Oscar C. Hacker - Brother
(b) Address 1533 W. Lombard St.

17 (a) Entombment (b) Date thereof Oct. 7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Md

18 (a) Funeral director Harry A. Mitzke
(b) Address 4101 Edmondson Ave

OCT 7 1940 (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4, 1940, at 5:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 4 1940, and that I last saw her alive on Oct 3 1940.

Immediate cause of death: Coronary Thrombosis — Duration 4 Hrs.
Due to:
Due to:
Other Conditions: generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenau
Address 206 S. Gilmor St Date signed Oct 8 1940

correct age is especially important for veterans

VS 3

F 73408

VS 3

F 73408

LB 59298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5-5-F

F 73408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1357 Pennsylvania Ave., 2nd flr. (If rural give location)
(e) If foreign born; how long in U. S. A.? years

3 (a) FULL NAME Louisa Stewart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1879

8. AGE: Years	Months	Days	If less than one day
60	11?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name ? Hales (d)
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) OCT 7 - 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1940 to 10-5 1940, and that I last saw h[illegible] alive on 10-5 1940.

Immediate cause of death	Duration
Pelvic Carcinoma	2 yrs.
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Ryder M. D.
Address Balto. City Hosp. Date signed 10-5-40

correct age is apparently impossible

VS 3

VS 3

F 73409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49 D

F 73409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2727 Inglewood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-7

(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 Inglewood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? 62 yrs years

3 (a) **FULL NAME** Margaretha C.Miller

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles W.Miller

6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): June 25,1878

8. AGE: Years	Months	Days	If less than one day
62	3	11	hr. min.

9. Birthplace: Baltimore,Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George J.Graeser
13. Birthplace: Baltimore,Md.

MOTHER
14. Maiden Name: Margaret C.Mack
15. Birthplace: Balto.Md.

16 (a) Informant: Mr.Charles W.Miller
(b) Address: 2727 Inglewood Ave.

17 (a) Burial (b) Date thereof: Oct.8,40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North Ave.&Rose St.

18 (a) Funeral director: Albert L. Smith Jr
(b) Address: 1609 E.Chester Street

19 (a) OCT 7 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 12 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940 to Oct 6 1940 and that I last saw her alive on Oct 6 1940.

Immediate cause of death: Carcinoma Vulva

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krauss M. D.
Address 1 East Read Date signed

Please write correct age is especially important. Physicians: please write

VS 3

CGK

59098 F 73410

VS 3

F 73410

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59098 F 73410

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S. Newkirk St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Carpenter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-1881

8. AGE: Years	Months	Days	If less than one day
59	3	28	hr. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name James
13. Birthplace England

MOTHER
14. Maiden Name Catherine Wallace
15. Birthplace Scotland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10/7/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore

18 (a) Funeral director E. LeRoy Stiffler, Jr.
(b) Address 125 E. North Avenue Hunting Town Williamsport, Md.

19 (a) OCT 7 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6-1940, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11-1940, to 10-6-1940 and that I last saw h[illegible] alive on 10-6-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to A-S. H. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-6-40

correct age is especially important. If not

VS 3

73411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

✓ F 73411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2047 Hollins st.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-3
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 Hollins st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret Dawson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband: Luther C. Dawson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 24-1861
8. AGE: Years 79 Months 5 Days 12 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown McPhail
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Benj. Dawson
(b) Address 2047 Hollins St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Geo. L. Berger Jr
(b) Address 1512 Hollins St
19 (a) Date rec'd OCT 7 — 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6 — 1940 at 9:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1940 to 10/6 1940 and that I last saw h[illegible] alive on 10/5 — 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days
Due to: Hypertension
Due to: Arterio Sclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —
23. Signature Chas A Carlson M. D.
Address 2145 W Balto Date signed 10/7/40

Please write plainly. Physicians: please write correct age is especially important.

VS 3

23FE73412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a FE23412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Hillside Road
(c) ~~Hospital or Institution:~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Hillside Road Roland Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Phillips Hathaway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 10th 1897

8. AGE: Years	Months	Days	If less than one day
43	5	26	..... hr. ..... min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Crawley Phillips
13. Birthplace Virginia

MOTHER
14. Maiden Name Jane Hocker
15. Birthplace N. C.

16 (a) Informant Mrs. Phillips
(b) Address 8 Hillside Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Virginia
Location Norfolk

18 (a) Funeral director J. Wenkins & Co
(b) Address Cleland - McCulloh St

19 (a) (Date received by Registrar) (b) Registrar

OCT 7 1940

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to Oct 6 1940, and that I last saw h.. alive on Oct 4 1940.

Immediate cause of death	Duration
Oedema pulmonis	
Due to coronary thrombosis	
Due to Congenital narrowing of mouth of left coronary and sclerosis of left coronary Arteries	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry M Thomas Jr. M. D.
Address 1201 N. Calvert St. Date signed Oct 7, 1940

73413

HEALTH DEPARTMENT—CITY OF BALTIMORE

73413

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Kenwick Rd St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Doyle

If U. S. Veteran specify WAR

(a) Residence: No. 4512 Kenville Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1877

7. AGE: Years 63 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister's Home

10. Date deceased last worked at this occupation (month and year) Jan. 1939

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Doyle

14. BIRTHPLACE (city or town) Kilkarney (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A Conner

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Birch

(Address) 4512 Kenside Road

18. BURIAL, CREMATION, OR REMOVAL

Place NEW CATHEDRAL Date OCT. 8, 1940

19. UNDERTAKER Lilly & Zealer Inc

(Address) 403 S. WOLFE ST.

20. FILED Director or Assistant Registrar

OCT 7- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1939 to Oct. 4, 1940

I last saw her alive on October 4, 1940. Death is said to have occurred on the date stated above, at 5.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	March 1939
Metastasis to Pelvic & Intestines	July 1940
Intestinal Obstruction	Sept 1940

Other contributory causes of importance: Secondary Anemia — March 1939

Was an operation performed? Yes Date of April 10, 1939

For what disease or injury? Cancer of Uterus

Name of operation Hysterectomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) Benjamin Bigelstein M. D.

(Address) 800 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

73414

F 73414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93P

F 73414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 S.ROBINSON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 S.ROBINSON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME HARRY G.SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ANNA SMITH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ABOUT 1861

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace AUSTRALIA (Town, county, and state)
10. Usual Occupation PAINTER & PAPER HANGER
11. Industry or business FOR SELF

FATHER
12. Name UNKOWN
13. Birthplace UNKOWN

MOTHER
14. Maiden Name UNKOWN
15. Birthplace UNKOWN

16 (a) Informant AUGUST POHLNER (NEPHEW)
(b) Address 432 S.ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 8/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.
18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S.WOLFE ST.
19 (a) (Date rec'd by registrar) (b) Registrar

OCT 7 - 1940

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 5 19 40 at 2 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 19 40 to Oct 5 19 40 and that I last saw him alive on Oct 2 19 40

Immediate cause of death Uremia Oct 5
Clin. Myocardial Deg.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 40 / 1937

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 2502 Eutaw Pl Date signed Oct 7 40

73415 JS 58089 BALTIMORE CITY HEALTH DEPARTMENT F 73415

CERTIFICATE OF DEATH

45-c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Locust St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? about 40 years

3 (a) FULL NAME John Durika

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1870

8. AGE: Years 70 | Months 3 | Days 2 | If less than one day: hr. min.

9. Birthplace [redacted] Austria
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name John Durika
13. Birthplace ?

MOTHER
14. Maiden Name Rosie ?
15. Birthplace ?

16 (a) Informant B. of H. Records
(b) Address

17 (a) Burial (b) Date thereof Oct. 8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.

OCT 7 1940 Huntington Williams, Md. Registrar
(Date rec'd by Registrar)

VS 2

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6-40 1940 at 1.32 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1940 to 10/6 1940, and that I last saw him alive on 10/5 1940.

Immediate cause of death: Carcinoma floor of mouth
Due to: & Metastasis

Duration: 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Jerry P. Fehlert Jr

Address Baltimore City Hosp. Date signed M. 10 D. 6/40

F 73416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

Registered No. F 73416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 E. 30th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack Edward DeMoss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Cornelius De Moss
13. Birthplace Md

MOTHER 14. Maiden Name Ruth Boyd
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave Ext.

18 (a) Funeral director Leo B. Loock
(b) Address 1701 N. Patterson Park Ave

19 OCT 7 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 2

correct age is especially important. A physician must sign

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Prematurity — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M.D.
Address Baltimore Date signed 10/7/40

386340
F 73417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

Registered No. F 73412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town St Petersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 26th Ave. N. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleo M. Chilcott

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single ✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-71

8. AGE: Years 69 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Maine (Town, county, and state)

10. Usual Occupation Retired teacher

11. Industry or business

FATHER 12. Name James Chilcott
13. Birthplace Maine

MOTHER 14. Maiden Name Sophie Tupper
15. Birthplace Maine

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9.40 (month) (day) (year)
(c) Cemetery or crematory Woodbourne Cem.
Location Ellsworth, Maine

18 (a) Funeral director John O'Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) OCT 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1940 to Oct 6 1940 and that I last saw her alive on Oct 6 1940.

	Duration
Immediate cause of death: Uremia	9 days
Due to: Carcinoma of Stomach	1 yr +
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Stomach
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Tonas Jr., M. D.
Address The Johns Hopkins Hospital Date signed 10-6-40

VS 3

F 73418

VS 3

F 73418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97-B

F 73418

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 HOLBROOK ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS CLARA SLAUGHTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Lucy E. Slaughter
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 12, 1900

8. AGE: Years	Months	Days	If less than one day
40	2	24	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at Home

FATHER
12. Name William Heilmuss
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Kunkel
15. Birthplace Germany

16 (a) Informant Mr. Leo F. Slaughter
(b) Address 1514 Holbrook St.

17 (a) Burial (b) Date thereof Sept. 9 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin, Son
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) 1940 Hunting for Williams Registrar

VS 3 OCT 7

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 6th 1940, at 7 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 25th 1940, to OCT. 6th 1940, and that I last saw h.. alive on Oct. 6th 1940.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Congestive Heart Failure	
Due to Rheumatic Heart Disease Mitral Regurgitation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23) Signature H. T. Wilson, Jr M.D.
Address St. Joseph's Hosp. Date signed 10-6-40 M. D.

73419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

Registered No. E 73419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Penna. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY EVANS Birth Cert # 17494

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Zenia Evans
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 7 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 7 - 1940 Huntington Williams, M.D.
(Interred by registrar) Registrar 1595

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1940, at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ^ find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death: Congenital heart disease — Duration

Due to

Due to

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-27-40

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the cause of death exactly and correct age is especially important.

VS 6

3420

HEALTH DEPARTMENT—CITY OF BALTIMORE

73420

CERTIFICATE OF DEATH

X 14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otis Freeman

If U. S. Veteran specify WAR ...

(a) Residence: No. Maryland Penitentiary St., ... Ward. Accokeek P.G.Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie G. Freeman

6. DATE OF BIRTH (month, day, year) 2/3/09

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington Ga

FATHER

13. NAME Joseph Freeman

14. BIRTHPLACE (city or town) (State or country) Covington Ga

MOTHER

15. MAIDEN NAME Lena Dougherty

16. BIRTHPLACE (city or town) (State or country) Covington Ga

17. INFORMANT ...

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 7 - 1940

19. UNDERTAKER Commissioner of Health

(Address)

20. Date OCT 7 - 1940 By ... Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 17 1940, to September 25, 1940

I last saw him alive on September 25, 1940. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Robert F. Aubrey M. D.

(Address) Temple Court Apartments

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 5

5949

73421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 73421
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp. Ind
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 Bradley ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joyce Vivian Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sngl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-40

8. AGE: Years | Months | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert E. Boone
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Vivian Holmes
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 7 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 7 - 1940 (Date rec'd by registrar) Registrar

15948

VS 2

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 10-4-40 19 .

Immediate cause of death: Aspiration pneumonia — Duration: 3 wks

Due to: Malnutrition and dehydration

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Pearce Mackenzie M. D.
Address Univ. Hospital Date signed 10-6-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

73422

CERTIFICATE OF DEATH

159 F 73422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 40-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Bundy

If U. S. Veteran specify WAR —

(a) Residence: No. University Hospital Ward 6-B. Nursery.

(Usual place of abode) 1206 Wilcox (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 3, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry William Bundy

14. BIRTHPLACE (city or town) (State or country) Alleghany Co Md.

MOTHER

15. MAIDEN NAME Edith Leona Stebbins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edith Bundy

(Address) 1206 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 7 - 1940

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. FILED OCT 7 - 1940 19 Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1940 to Oct 3, 1940

I last saw him alive on Oct 3, 1940 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance: Prematurity

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) [signature] M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 2

5947

73423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 73423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Found in Alum Clearance
(c) Hospital or institution: P.O.A. Bath + Carolina Sts Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 E. 1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Reed

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced,

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years: 35 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 7 - 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 7 - 1940 Huntington Williams M.D. Registrar 3950
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1940 at 5:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Woodward M.D. Medical Examiner.
Date signed 9/22/40

correct age is especially important. Physicians: please write the

VS 6

F 73424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 73424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Eaton

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-4147

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-1913

8. AGE: Years	Months	Days	If less than one day
27	4	2	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Kitchen Helper
11. Industry or business New Howard Hotel

FATHER
12. Name William
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Mills
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

OCT 7 1940 (b) Huntington Williams Mort.
(Date received by local registrar)

VS 3

correct age is especially important. Registration of

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2 1940, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 1940 to 10/2 1940, and that I last saw h alive on 10/2 1940

Immediate cause of death Pulmonary tuberculosis bilateral — Duration 18 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Balto. City Hosp. Date signed 10/3/40 M. D.

VS 3

0

F 73425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80-aL

Registered No. F 73425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Grogan Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Andrew Bader

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Ayres
6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1881

8. AGE: Years: 59 | Months: 2 | Days: 2 | If less than one day: hr. min.

9. Birthplace: New York City (Town, county, and state)
10. Usual Occupation: Commission business
11. Industry or business: --

FATHER
12. Name: William Bader
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Christina Smith
15. Birthplace: New York City

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) National Mem (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory: National Mem
Location: Frederick Road

18 (a) Funeral director: John J. Mulloy Sons
(b) Address: 2425 E Oliver St

19 (a) OCT 9 1940 (Date received by Registrar) Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6, 1940 ~~19xx~~, at 7:35PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9, 1940, to Oct. 6, 1940, and that I last saw him alive on Oct. 6, 1940.

	Duration
Immediate cause of death: Abscess of the brain	3 weeks
Due to: Chronic bronchiectasis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Exploratory brain Trephining of skull, Decompression subtemporal
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed 10/7/40

VS 3

~~23426~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. ~~F 73426~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 8 mth. 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Venona Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Cuthenden Fowler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/4/1867

8. AGE: Years 73 | Months 8 7 | Days 2 DAYS | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state) O.A.P.

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joshua German
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Fowler
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8-1940 (month) (day) (year)
(c) Cemetery or crematory Mass Cemetery
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) 10-7-1940 (Date rec'd by registrar) Wilmington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6-1940, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24-1939 to 10-6-1940 and that I last saw h-er alive on 10-6-1940

Immediate cause of death: Cardiac failure — Duration: 2

Due to: Hypertension and CVD — 7

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 10-7-40 M.D.

correct age is especially important. Physicians, please

VS 3

F 73427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

Registered No. F 73427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2421 Pacific
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 Pacific St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Cora Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Lucius Jones

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 22 1892

8. AGE: Years	Months	Days	If less than one day
48	8	14	..... hr. ..... min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Thompson
13. Birthplace Va

MOTHER
14. Maiden Name Ann Runnis
15. Birthplace Va

16 (a) Informant Lucius Jones
(b) Address 2421 Pacific St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 8, 40 (month) (day) (year)
(c) Cemetery or crematory Richmond Co
Location Va

18 (a) Funeral director C. E. Nelson
(b) Address 1303 Presstman St Huntington Williams, Md.

19 Date rec'd by reg. OCT 7 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1940, to Oct 6 1940, and that I last saw her alive on Oct 5 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond S Glaser M.D.
Address 2708 Maryland Ave Date signed Oct 7/40

correct age is especially important. Physicians, please

VS 8

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73428 / 93-P / E 73428 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3800 Canterbury Rd
(c) Hospital or institution: Lincoln Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Canterbury Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Cullimore

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Teresa A. Cullimore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1876

8. AGE: Years: 64 | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Clerk
11. Industry or business: City of Balto.

FATHER
12. Name: Wm H. Cullimore Sr.
13. Birthplace: Maryland Ohio

MOTHER
14. Maiden Name: Emily E. Ward
15. Birthplace: Balto. Md.

16 (a) Informant: Wm H. Cullimore III
(b) Address: 3800 Canterbury Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) (Delivered by registrar) Huntington Williams M.D. Registrar

VS 8 1940

corrected is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6th 1940, at 5:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1940, to Oct. 6 1940, and that I last saw h[illegible] alive on Oct. 6 1940.

Immediate cause of death

Due to Chronic Myocarditis. — Duration: 14 yrs.

Due to Bronchopneumonia — Duration: 12 da.

Other Conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Huntington Williams M.D.
Address Med. Arts Bldg. Date signed 10-7-40

3429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 73429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie R Knieche

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1876

8. AGE: Years 63 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name William H Gramruth

13. Birthplace Baltimore

MOTHER 14. Maiden Name Margaret A Hartlove

15. Birthplace Baltimore

16 (a) Informant Harry F Knieche

(b) Address 4906 Bel Air Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Co. Md

18 (a) Funeral director Williams Leook

(b) Address 1217 St Paul St

19 (a) OCT 8 1940 (Date received by registrar) (b) Huntington Williams Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 6 40 A M

21. I certify that death occurred on the date above stated that I attended deceased from Feb 1933 to October 7 1940 and that I last saw h[illegible] alive on Octo 6 1940.

Immediate cause of death	Duration
Hypertension cardio renal	7
Renal Uremia	
Due to	
Bronchial Asthma	6 yrs
Other Conditions Chronic myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address Date signed 10/9/40

VS 3

73430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 E. Federal st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1429 E. Federal st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Malone

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Samuel Malone
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15th 1856

8. AGE: Years	Months	Days	If less than one day
84	3	22	hr. min.

9. Birthplace New Market Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown Mason
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lorraine Malone
(b) Address 1429 E. Federal st

17 (a) Burial (b) Date thereof 10/9/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st
19 (a) Oct 8 1940 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6th 1940, at 2.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to Oct 6 1940 and that I last saw her alive on Oct. 6 1940

Immediate cause of death	Duration
Myocardial Insufficiency	4 mo
Due to Chronic Endocarditis	8 yrs
Due to Arteriosclerosis	
Other Conditions Chronic Bright's	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Lawrence Cremen M. D.
Address 983 S Hanford Date signed 10/7/40

correct age is especially important.

VS 2

73431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122 - B

Registered No. F 73431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9106 Harford Rd.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Corner Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9106 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred. Boullee

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-01-3983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married.

6 (b) Name of husband or wife Wife. Marian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1890

8. AGE: Years	Months	Days	If less than one day
50	8	28	hr. min.

9. Birthplace New York. (Syracuse)
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Automobile

FATHER
12. Name Otimer Boullee
13. Birthplace Unknown

MOTHER
14. Maiden Name Louisa Oberlander
15. Birthplace France

16 (a) Informant Mrs Marian Boullee
(b) Address 9106 Harford Rd.

17 (a) Cremation (b) Date thereof 10/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) 8-1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

correct age is especially important. Physicians please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940 at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3 1940 to 10-6 1940, and that I last saw him alive on 10-6 1940.

Immediate cause of death	Duration
Gangrene of Small Intestine	
Due to Strangulation of intestine by adhesions	
Due to	
Other Conditions Hypostatic pneumonia Pyelitis (Include pregnancy within 3 months of death)	

Major findings:
Of operation Intestinal obstruction due to adhesions
Of autopsy Gangrene Intestine

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A B Daughaday M. D.
Address Franklin Sq. Hosp. Date signed 10-6-40

VS 3

73432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓97

F 73432

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Fogg

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Mamie Fogg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10th 1862

8. AGE: Years	Months	Days	If less than one day
77	11	25	hr. min.

9. Birthplace King & Queens Co. Va (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Electrician

FATHER
12. Name Unknown Fogg
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16. (a) Informant Cyril Fogg
(b) Address 1024 W. Balto. St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) OCT 8 1940 (Date rec'd by Registrar) (b) Huntington W. Registrar, M.D.

correct age is especially important—physicians please watch

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5-1940, at 10 50 ~~A.M.~~ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940, to 10-5 1940, and that I last saw h~~im~~ alive on 10-5-1940.

Immediate cause of death	Duration
Cerebral Vascular Disease	
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 10-6-40

VS 3

73433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160-a Registered No. F 33433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Bank St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Posinski

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1940

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Posinski
13. Birthplace Poland

MOTHER
14. Maiden Name Eleanor Meszaros
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 10/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M Welsz
(b) Address 407 S. Chester St

19 (a) 1940 (b) Huntington Williams, Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940 at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1940 to Oct 7 1940, and that I last saw h alive on Oct 7 1940

Immediate cause of death: Intracranial Hemorrhage — Duration
Due to: Birth injury
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walker
Address Baltimore Date signed 10/7/40 M. D.

correct age if especially important. Physicians: please write plainly.

VS 3

73434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73434

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Essex st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Essex st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Eversmeier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Eversmeier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28- 1859

8. AGE: Years	Months	Days	If less than one day
80	10	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired – Watchman
11. Industry or business Oil Co.

FATHER
12. Name Frederick Eversmeier
13. Birthplace Ger.

MOTHER
14. Maiden Name Mary —
15. Birthplace Ger.

16 (a) Informant Mrs. Alma Novotny
(b) Address 2423 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 8 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

OCT 8

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eutaw St
Huntingtown Williams, Md.

19 (a) 940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Octo 2 1940 to Octo 6 1940, and that I last saw him alive on Oct 5 1940

Immediate cause of death General Arteriosclerosis
Chronic Interstitial Nephritis

Duration
2 Years
5 days

Due to

Due to

Other Conditions Acute Gastritis and Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg M. D.
Address 2025 E North Ave Date signed 10/7/40

Please write plainly. Physicians: please remember that correct age is especially important.

F 73435

VS 3

73435

F 73435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Sterling Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Sterling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Johnson Daily

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry Daily
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1869

8. AGE: Years 71 | Months 10 | Days 11 | If less than one day hr. min. 25

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Parker
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Parker
15. Birthplace Md.

16 (a) Informant Daniel Johnson
(b) Address 32 St. Edens St.

17 (a) Burial (b) Date thereof Oct. 10, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 St. Caroline St.

19 (a) Oct 10 1940 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 3

correct age is especially important. Physicians, please write

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 7 - 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29- 1940, to 10 - 7 - 1940, and that I last saw h-r alive on 10 - 6 - 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 8 days

Due to

Due to —

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. H. Bowgill M. D.
Address 611 N. Caroline Date signed 10-7-40

73436 LB 58281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 73436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 E. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Mosaman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Hulda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	16 14	hr. min.

9. Birthplace Indianna (Town, county, and state)
10. Usual Occupation Truck Dept.
11. Industry or business Penn. R. R.

FATHER
12. Name Edward
13. Birthplace Indianna

MOTHER
14. Maiden Name Alice Douglass
15. Birthplace Ohio

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore

18 (a) Funeral director John Welsh
(b) Address 2106 Nelson

19 (a) (Date rec'd by registrar) (b) Registrar

correct age is especially important. Registrars, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12-1940, to 10-3-1940 and that I last saw h alive on 10-3-1940.

Immediate cause of death	Duration
Lung abscess	2 wks
Pulm. infarction	3 wks
Due to A-S. M. Dis	?
Due to Coronary thrombosis	6 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lung abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. O'Neill Goldstein M. D.
Address Balt. City Hosp. Date signed 10-5-40

73437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution:
ST. JOSEPH'S HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N. LUZERNE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARION BELL

3 (b) If veteran, name war

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Louise Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1881

8. AGE: Years	Months	Days	If less than one day
59	4 5	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Marion Bell
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Barrett
15. Birthplace Ireland

16 (a) Informant Louise Bell
(b) Address 716 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 '40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto

18 (a) Funeral director John Ullrich
(b) Address 2008 Allens

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 6th. 1940, at 1.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940, to 10-6 1940, and that I last saw him alive on 10-6 1940.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Congestive Heart Failure	1 week
Due to Arteriosclerotic Heart Disease	—
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia confirmed by autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wilson, Jr. M. D.
Address H.T. St Joseph's Hosp. Date signed 10-6-40

correct age is especially important. Physicians, please see that it is correctly stated.

VS 3

VS 3

F 73438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) two days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Dewey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daniel T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1890

8. AGE: Years 50 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Sandy Springs, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER — 12. Name William Matthews
13. Birthplace Sandy Springs, Md.

MOTHER — 14. Maiden Name Louisa Johnson
15. Birthplace Sandy Springs Md

16 (a) Informant Daniel Hall
(b) Address 4310 Dewey Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-40 (month) (day) (year)
(c) Cemetery or crematory
Location Sandy Springs, Md

18 (a) Funeral director Mrs. Glo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) OCT 8 — 1940 (Date rec'd by Registrar) (b) Washington Williams, M.D. Registrar

correct age is especially important. Registrars, please see

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 7:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from October 3 1940 to October 5 1940, and that I last saw her alive on October 5 1940.

Immediate cause of death	Duration
Acute pancreatitis	3 weeks
Diabetic acidosis & coma	3 days
Due to —	
Due to	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Acute pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzicka M. D.
Address University Hospital Date signed 10/5/40

VS 3

73439
LB 15698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 73439
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yr. 7 mth. 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. High St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joe Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1848

8. AGE: Years	Months	Days	If less than one day
92 ?	?	?	hr. min.

9. Birthplace Montgomery Co., Md.
(Town, county, and state)
10. Usual Occupation watchman
11. Industry or business

FATHER
12. Name Larkin
13. Birthplace Md.

MOTHER
14. Maiden Name Alysia Proctor
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 10-8-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.
18 (a) Funeral director Mrs. T. Louis A. Hemsley
(b) Address 575 W. Biddle St. Huntington Williams, Mgr.
19 (d) OCT 8 - 1940
Date received by reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5- 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21- 1934 to 10-5- 1940 and that I last saw h. alive on 10-5- 1940

Immediate cause of death Cardiac failure — Duration ?
Due to C-S. Ht. Dis. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. signed 10-7-40

correct age is especially important. Physicians: please write plainly.

VS 2

F 73440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 73440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Watson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Watson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Sylvia Weinstein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Simon Weinstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER 12. Name: Unknown
13. Birthplace: Russia

MOTHER 14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Nathan Weinstein
(b) Address: 3705 E. Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-40 (month) (day) (year)
(c) Cemetery or crematory: Pikesdale
Location: Phila. Pa.

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1434 E. Balto St Huntington Williams, Mgr.

OCT 8 - 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION 15

20. DATE OF DEATH 10-9-40 19 , at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June-20-1940 to Oct-7- 1940, and that I last saw her alive on Oct-7- 1940.

Immediate cause of death: Carcinoma of stomach — Duration: about 6 months

Due to:

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Herman Heidel M. D.

Address 2404 Eutaw Pl Date signed 10/8/40

correct age is especially important. Physicians: please write

F 73441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

F 73441

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Gilmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Gilmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NANCY WALLACE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	married

6 (b) Name of husband or wife. Wyatt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1853

8. AGE: Years	Months	Days	If less than one day
57	5	4	hr. min.

1883

9. Birthplace York Co. S. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Lowe
13. Birthplace So. Carolina

MOTHER
14. Maiden Name Sarah Moore
15. Birthplace So. Carolina

16 (a) Informant Wyatt Wallace
(b) Address 17 N. Gilmore St.

17 (a) Burial (b) Date thereof 10-9-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Archibald A. Waldie
(b) Address 1131 McCulloh St.

19 (a) Date received OCT 8 1940 (b) Huntington Williams M.D.
(Month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6, 1940, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 10-6-40

VS 6

PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73442 Registered No. 83

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Caldonia Jane.
(c) Hospital or institution:
HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 E. 21st. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME NELLIE K. REED

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband ~~or wife~~ WILLIAM REED

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 22, 1871

8. AGE: Years 69 | Months 8 | Days 14 | If less than one day — hr. — min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business —

FATHER
12. Name JOSHUA F. BOYLE.
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name MARGARET CALDWELL
15. Birthplace BALTIMORE, MD.

16 (a) Informant MISS NANNIE REED
(b) Address 105 E. 21st. ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory ORUID RIDGE
Location PIKESVILLE, MARYLAND

18 (a) Funeral director Walter Buchanan Bradley
(b) Address 1922 W. North Ave. (City)

19 (a) OCT 8 – 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1940, at 7:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940, to Oct 6 1940, and that I last saw her alive on Oct 5 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Pullenman M.D.
Address 2324 Reisterstown Rd. Date signed 10/7/40

Please write plainly and correct age is especially important. Physicians: please w

F 73443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73443 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 Cedarcroft Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 Cedarcroft Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Midas White

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Sarah L. White
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1873

8. AGE: Years 67 | Months 7 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Police Lieut
11. Industry or business —

FATHER
12. Name Bernard (Barney) White
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Frances Houston
15. Birthplace Snowhill, Md.

16 (a) Informant M. Grace White.
(b) Address 444 Cedarcroft St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8/40 (month) (day) (year)
(c) Cemetery or crematory Mun. Cath. Cem.
Location Old Frederick Rd

18 (a) Funeral director Fred H. Kramer & Son
(b) Address 1216 S. Charles St

OCT 8 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1938, to October 5 1940
and that I last saw him alive on 10/5 1940

Immediate cause of death: Coronary Embolism and Cerebral Hemorrhage — Duration: 1 day

Due to Diabetes and Arterial Sclerosis — Hypo-tension — 5 years.

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Clauser M.D.
Address 1800 N. Charles St Date signed 10/7/40

F 73444

LB 58291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186 aF 73444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2543 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Dauberman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Warren

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1885

8. AGE: Years 54 | Months 11 10 | Days 18 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name James Durr (d)
13. Birthplace Balto.

MOTHER
14. Maiden Name Harriet Jessop (d)
15. Birthplace Balto.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Pickard's Sons
(b) Address North & Eutaw Sts. Huntington Pallisade, Md.

19 (a) OCT 9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940, at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1940 to 10-5 1940, and that I last saw her alive on 10-5 1940

Immediate cause of death	Duration
Uremia	
Due to Fractured left hip	8 wks.
Due to Fractured left radius	
Other Conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 9, 1940
(c) Where did injury occur? 2543 Edmondson Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fall down steps at home

23. Signature Henry L. Kyle M. D.
Address Balto. City Hosp. Date signed 10-7-40

VS 3

H. L. Wallenweber, M.D. Asst. Medical Examiner

correct age is especially important. Physicians: please write

F 73445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 73445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 45
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 779 LINNARD ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES REILLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife ANNA LEE REILLY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 17, 1857

8. AGE: Years	Months	Days	If less than one day
82	11	20	hr. min.

9. Birthplace MARYLAND, Baltimore (Town, county, and state)

10. Usual Occupation Retired - Baker

11. Industry or business

FATHER
12. Name CHARLES REILLY
13. Birthplace MARYLAND

MOTHER
14. Maiden Name WILHEMINIA LAYBOURNE
15. Birthplace MARYLAND

16 (a) Informant MRS. HELEN BELL
(b) Address 779 LINNARD ST. BALTIMIRE MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Jackson & Son
(b) Address Walbrook Huntington & Mitchell Sts. Baltimore, Md.

19 (a) OCT 8 1940 (b) Registrar
(Date received by Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1940, at 1:20AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24 1940, to Oct. 7 1940, and that I last saw HIM alive on Oct. 7 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to BRONCHIAL PNEUMONIA	
Due to ARTERIOSCLEROSIS	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Goldberg M. D.
Address Church Home and Infirmary Date signed 10/7/40

Please write plainly. Cause of death and other data are important for the protection of life. Physicians: please write correct age is especially important.

F 73446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 73446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 E. 33rd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. 33rd Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN BROOKS WHEATLEY, JR

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1937

8. AGE: Years	Months	Days	If less than one day
3	6 5	1	hr. min.

9. Birthplace Hampton, Virginia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Brooks Wheatley, Sr.
13. Birthplace Whipple Barrooks, Arizona

MOTHER
14. Maiden Name Doris L. Siegel
15. Birthplace New Port News, Virginia

16 (a) Informant Mr. John B. Wheatley.
(b) Address 2 E. 33rd Street

17 (a) Burial (b) Date thereof 10/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Old Point Comfort, Va.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa Avenues, Hunting Gr

OCT 8-1940 (a) (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1940 to oct 7 1940, and that I last saw him alive on oct 6 1940

Immediate cause of death Lipoid nephrosis — Duration 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl W. Ebeling M.D.
Address 3311 St Paul St Date signed oct 7 1940

correct age is especially important. Physicians: please write the ca

VS 3

VS 3

F 73447

F 73447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James F. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Manning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1873

8. AGE: Years	Months	Days	If less than one day
66	10		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Hugh Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Gorman
15. Birthplace Ireland

16 (a) Informant Jennie Ward
(b) Address 1027 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, /40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave
(c) OCT 8 1940 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 6 - 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/27 1940, to 10/6 1940, and that I last saw h alive on 19.

Immediate cause of death	Duration
Ch nephritis	
Due to	
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. H. Hornstein M. D.
Address 733 Eutaw St Date signed 10/7/40
Ex Interne

PLEASE WRITE CLEARLY—use pen and ink and write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3 70

F 73448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73448 Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Roland Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah M. Hill

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1865

8. AGE: Years	Months	Days	If less than one day
75	1	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Samuel Hill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McKenzie
15. Birthplace Ireland

16 (a) Informant Samuel Hill
(b) Address 4703 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John J. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) OCT 8 — 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct- 7 1940, at 10-20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Oct 7 1940, and that I last saw her alive on Oct-5 1940

Immediate cause of death Uremic Coma — Duration 1 day

Due to Cardia-vascular renal disease — 3-5-19

Due to Cerebral Arterio Sclerosis — 1/26/40

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Gibson Porter M. D.
Address 4822 Roland Avenue Date signed

Please write correct age is especially important. Physicians: please write

F 73449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 73449

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Welsh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife John T. Welsh
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 19/71

8. AGE: Years	Months	Days	If less than one day
69	-	16	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mulroe
15. Birthplace Ireland

16 (a) Informant Miss Agnes Welsh
(b) Address 423 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9th 1940 (month) (day) (year)
(c) Cemetery or crematory New Leatheridge
Location Old Frederick Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701 N Patt Park Ave

(c) Date received in office (year) OCT 8 1940 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1940, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1940 to 10-5 1940 and that I last saw her alive on 10-5 1940.

Immediate cause of death Uremia — Duration 1 day

Due to Chronic Interstitial Nephritis — about 2 yrs.

Due to

Other Conditions Myocardial Insufficiency

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Mengert M.D.
Address 401 E. 25th. St. Date signed 10/8/40

F 73450

CUK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

59566 F 73450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Since 19[illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Somerset St. (City)
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Eady Eady

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-9132

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Katie Branch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10 1890

8. AGE: Years	Months	Days	If less than one day
50	8	21	hr. min.

9. Birthplace Scranton, S.C.
(Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business Tavern

FATHER
12. Name Melvin Eady
13. Birthplace S. C.

MOTHER
14. Maiden Name Cindy Barden
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Joseph O. Locke Jr.
(b) Address 3644 N. Central Ave

OCT 8 1940 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1- 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29- 1940 to 10-1- 1940, and that I last saw h[illegible] alive on 10-1- 1940.

Immediate cause of death Uraemia — Duration ?

Due to Arteriolar nephrosclerosis ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] signed 10-2-40

Penalty for wilful concealment or falsification of any of the facts called for by this certificate is especially important. Physicians: please write the correct age in years.

VS 3

VS 3

VS 3

73451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 73451

Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil, and correct any errors that appear. Be sure to write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. C. A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roy Blue

3 (b) If veteran, name war

3 (c) Social Security Account No. 225-12-3220

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Will Blue
13. Birthplace N. Car.

MOTHER
14. Maiden Name Middie McCoy
15. Birthplace N. Car.

16 (a) Informant Zona Hill
(b) Address Southern Pines N. Car.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)

(c) Cemetery or crematory Southern Pines
Location North Carolina

18 (a) Funeral director A. Halstead
(b) Address 918 Orapd Huntington Williams, W. Va.

19 (a) 10-8-1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1940, at 4:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/6/40
(c) Where did injury occur? 927 Rhein Court Backyard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Pocket knife

23. Signature W. W. Vandersteel M.D. Medical Examiner.
Date signed 10/7/40

VS 6

VS 6

F 73452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73452 46-D

Registered No. F 73452

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Spring + Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2464 Pleasant Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Louis Libowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	married

6 (b) Name of husband or wife Rose Libowitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Peddler
11. Industry or business

FATHER
12. Name Herman
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Spring + Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-40 (month) (day) (year)
(c) Cemetery or crematory Levindale
Location Park Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Funeral Home
(b) Address 1457 E. Baltimore St.

19 (a) OCT 8 1940 (Date rec'd by Registrar) (b) Huntington Ave Baltimore Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1939, to 10/7 1940 and that I last saw him alive on 10-7 1940.

	Duration
Immediate cause of death Carcinoma of ureum	5-12-39
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Edmund Levin M. D.
Address Levindale Date signed 10/7/40

VS 8

73453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M Registered No. F 73453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 10 Lombard St.
(c) Hospital or institution: Bon Secours Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1128 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ethel M. Bailey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1894

8. AGE: Years 46 | Months 3 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name John M. Bailey
13. Birthplace Ireland

MOTHER
14. Maiden Name Harriet Humphreys
15. Birthplace Pennsylvania

16 (a) Informant Miss Rose G. Bailey
(b) Address 1128 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John Cowan & Son
(b) Address 901 Hollins St. Huntington Williams, M.D.

OCT 8 1940 (Registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7th 1940 at 12 Noon/M

21. I certify that death occurred on the date above stated; that I attended deceased from August 23 1940, to October 7 1940, and that I last saw h[illegible] alive on Oct. 7 1940

Immediate cause of death: Peritoneal Carcinomatosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address Bon Secours Hosp. Date signed 10-7-40

73454 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73454

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Maggie Keen Mealy

If U. S. Veteran, specify WAR

(a) Residence: No. Canterbury Rd & 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred E. Mealy

6. DATE OF BIRTH (month, day, year) May 20th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas H. Mules

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Jenkins

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter Mules
(Address) 1204 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 18/9/40

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED OCT 2 — 1940 19... Taylor Holleran Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th, 1940

22. I HEREBY CERTIFY, That I attended deceased from July ..., 1938 to Oct 5 ..., 1940

I last saw her alive on Oct 5 ..., 1940 Death is said to have occurred on the date stated above, at 2.17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitocardiotis	Gradual
Hypertension	
Arterio-Sclerosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Mealy M. D.

(Address) 1403 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

VS 8

73455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. 73455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all the causes of death clearly and legibly. 1. 30
correct age is especially important. Physicians: please write the cause

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis D. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-7892

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary F. Kronauer

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 12. 1882

8. AGE: Years 58 | Months - | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Tailor, Cutter

11. Industry or business Tailoring

FATHER
12. Name Louis Cook
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Catherine Rodgers
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary F. Cook
(b) Address 1702 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Co. Longwood

18. (a) Funeral director Thos. J. Kenny
(b) Address 1600 Hollins St.

19 OCT 8 - 1940 (Date received by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940, at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Oct 7 1940 and that I last saw h in alive on Oct 7 1940.

	Duration
Immediate cause of death: Subacute Interstitial Nephritis	3 weeks
Due to:	
Due to:	
Other Conditions:	own

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti, M. D.

Address 1729 W. Lombard ST Date signed

F 73456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT STS.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County CARROLL
(c) City or town WESTMINSTER (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 LIBERTY ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA HUNTER POWDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife JESSE POWDER (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 15, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	23	hr. min.

9. Birthplace WESTMINSTER, CARROLL, MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name DANIEL HUNTER
13. Birthplace MD.

MOTHER
14. Maiden Name MARY LOCKARD
15. Birthplace MD

16 (a) Informant Norman Hunter
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster Cem.
Location Westminster, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

19 (a) OCT 8 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 8 1940 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 28, 1940 to OCT. 8, 1940 and that I last saw her alive on OCT. 8 1940.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to CORONARY OCCLUSION	
Due to	
Other Conditions BRONCHO PNEUMONIA	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Coates M.D.
Address Union Memorial Hosp. Date signed 10-8-40

PLEASE WRITE PLAINLY. The causes of death clearly and legibly, correct age is especially important. Physicians: please write the ca...

VS 3

F 73457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-D

Registered No. F 73452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 Charlcote Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Charlcote Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY CHRISTIAN DUER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry Lay Duer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1881

8. AGE: Years	Months	Days	If less than one day
59	3	25	hr. min.

9. Birthplace Middlesex Co., Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rufus A. Duer
13. Birthplace Maryland

MOTHER
14. Maiden Name Elmira Shelton Fitzhugh
15. Birthplace Virginia

16 (a) Informant Mr. Henry L. Duer
(b) Address 105 Charlcote Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/40 (month) (day) (year)
(c) Cemetery or crematory Hewick
Location Urbana, Middlesex Co., Va.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940 to Oct 7 1940, and that I last saw h[er] alive on Oct 4 - 1940

Immediate cause of death Hemorrhagic P.T.

Due to Cerebral Embolism

Due to Hypertension

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
16 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Gamble Jr. M. D.
Address 3408 N. Charles Date signed Oct 8 1940

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

VS 3

73458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 73458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 647 S. Decker ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 647 S Decker ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Styles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Antonetta Styles

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 13 - 1896

8. AGE: Years 44 | Months 3 4 | Days 23 | If less than one day hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Balto. City

FATHER 12. Name Ludwig Styles

13. Birthplace Poland

MOTHER 14. Maiden Name Josephine Dec

15. Birthplace Poland

16 (a) Informant Antonetta Styles

(b) Address 647 S. Decker ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location Berman Hill Rd.

18 (a) Funeral director J. A. Nolan

(b) Address 1222 E. Baltimore St.

19 (a) OCT 8 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6th 1940 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15, 1939 to Oct. 6, 1940, and that I last saw him alive on Oct. 6, 1940.

Immediate cause of death: Carcinoma of the urinary bladder — Duration: Few years.

Due to ?

Due to ?

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder.

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~
(e) Means of injury ~

23. Signature Frank N. Ogden. M. D.

Address 2701 N. Calvert St. Date signed Oct. 7, 1940

PLEASE WRITE PLAINLY, with pencil or pen, and state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 73459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135-a

Registered No. F 73459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2000 W. Fayette St.
(b) Street address 5 2[illegible] N. Pulaski.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. Pulaski.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Joseph Starkey.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1889

8. AGE: Years	Months	Days	If less than one day
50 54	10	2	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Sea food business, Chief
11. Industry or business —

FATHER
12. Name Charles M. Starkey
13. Birthplace — Md.

MOTHER
14. Maiden Name Annie Thompson
15. Birthplace — Md.

16 (a) Informant Hospital Rec'd.
(b) Address 2000 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Laurel, Md.

18 (a) Funeral director Joseph A. Tyler
(b) Address Sudbrink & Forsythe

19 OCT 8 — 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7, 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6, 1940, to Oct 7 1940, and that I last saw him alive on Oct 7, 1940.

Immediate cause of death	Duration
Uremia.	1 day.
Due to Acute purulent retention from enlarged prostate with hydronephrosis.	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Greatly distended bladder.
Of autopsy Gangrene of bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Krieg M.D.
Address Bon Secours Hosp. Date signed 10-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

Dr Cahn
Ret'd Signed

73460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in this office. Do not write in spaces marked "For Registrar". Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 W Bath st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W Bath st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes M Lindner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lewis A Lindner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1861

8. AGE: Years 79 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name August Wenneman
13. Birthplace Germany

MOTHER 14. Maiden Name Not known
15. Birthplace Maryland

16 (a) Informant Mrs A M Lindner
(b) Address 1612 W Bath st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director George A Shirley
(b) Address Fulton & Fayette

OCT 8-1940 Huddleston Williams (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6 - 1940 at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 - 1940 to 10/6 - 1940 and that I last saw h[illegible] alive on 10/5 - 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arterial Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Cahn M. D.
Address 2145 W Balto St Date signed 10/7/40

VS 3

F 73461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

Registered No. F 73461

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Mt. Holly St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Mt. Holly St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Hayden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Peter Thomas J. Hayden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1870

8. AGE: Years	Months	Days	If less than one day
70	4	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Tansey
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Conners
15. Birthplace Ireland

16 (a) Informant Margaret McCartney
(b) Address 609 Mt Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Henry H Wirtz
(b) Address 4101 Edmondson Ave

19 OCT 8 - 1940 (Date rec'd by registrar) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Oct 6 1940, and that I last saw h alive on Oct 6 1940

Immediate cause of death A. Arteriosclerosis Heart. — Duration one year

Due to Myocarditis — Duration 2 years

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Nichols M. D.

Address Date signed

73462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 73462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Bentalou St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard E. Watt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-7825

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1887

8. AGE: Years	Months	Days	If less than one day
53 52	2	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Motion Picture Operator
11. Industry or business Hippodrome Theatre

FATHER
12. Name James Watt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cora B. [illegible] Cundy
15. Birthplace Baltimore

16 (a) Informant Mrs Maud Kalb
(b) Address 817 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry H. Wilde
(b) Address 4101 Edmondson Ave

19 (a) Date received OCT 8 1940 (b) [illegible] Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940, to Oct 6 1940; and that I last saw h— alive on Sept 2 1940.

Immediate cause of death	Duration
Coronary thrombosis	2
Due to Arteriosclerotic Heart Disease	
Due to Arteriosclerosis.	2
Other Conditions Right Hydrothorax	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? SCHOCHAT
(e) Means of injury
23. Signature Albert J. Sturkat M. D.
Address 2302 Edmondson Ave Date signed 10/8/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 3

73463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 23463

PLEASE WRITE PLAINLY, with ink. Use only black or blue-black ink. Do not use pencil. Write the causes of death clearly and legibly. Give the correct age is especially important. Physicians: please write th

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Walnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Walnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laurie Hyder Wentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife late Charles C Wentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1854

8. AGE: Years	Months	Days	If less than one day
86	2	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name (Unknown) Hyder
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs Virgie L. Wentz
(b) Address 602 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)
(c) Cemetery or crematory Lutheran Church
Location Emmitsburg Md

18 (a) Funeral director Harry H Wilhide
(b) Address 4106 Edmondson Ave

19 (a) OCT 8-1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Oct 7 1940, and that I last saw h alive on Oct 6 1940.

Immediate cause of death Bronchopneumonia
Contributory tumor of breast — Duration 36 hrs

Due to arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E Stacy
Address 3803 Edmondson Ave Date signed 10/8/40 (M/D)

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

73464

Registered No. E 73464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Lancaster St (If rural give location)
(f) If foreign born, how long in U. S. A.? 23 yrs/ years

3 (a) FULL NAME Joseph Kulesza

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Kulesza
13. Birthplace Poland

MOTHER
14. Maiden Name Pauline Ordakowska
15. Birthplace Poland

16 (a) Informant Mrs. Catherine Kulesza
(b) Address 1733 Lancaster Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Cem.)
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester St

19 OCT 8 1940 (Date received by local registrar) (b) Huntington Williams, M.D.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6. 1940 at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940 to Oct 6 1940, and that I last saw h[illegible] alive on Oct 6 1940.

Immediate cause of death	Duration
Heart Failure	
Due to Hypertensive Heart Dis.	?
Due to	
Other Conditions Generalized Arteriosclerosis, Carcinoma of Colon. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Hydrothorax, Carcinoma of Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Colen M. D.
Address Sinai Hospital Date signed 10/7/40

VS 3

73465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D Registered No. F 73465

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2750 W Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2750 W Lafayette ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert S Amsacort

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 218-03-9690

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Bettie V Myers
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 25-1877

8. AGE: Years	Months	Days	If less than one day
63	2	13	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Block Layer.
11. Industry or business

FATHER
12. Name James N Amsacort
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Zug
15. Birthplace Maryland

16 (a) Informant Mrs Albert S Amsacort
(b) Address 2750 W Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11-1940 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Hampstead Md

18 (a) Funeral director Edw Shipton
(b) Address Hampstead Md

19 (a) Date received by registrar OCT 8 1940 (b) Huntington Mills, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1939 to Oct 8 1940, and that I last saw him alive on Oct 8 1940.

Immediate cause of death Carcinoma Rectum — Duration NOV 10 1940

Due to Lung

Due to

Other Conditions Malignant Cachexia

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature [illegible] M.D.
Address 1219 Eastern Ave Date signed 10/8/40.

CGK 15236

VS 3

CGK ✓ 15736

BALTIMORE CITY HEALTH DEPARTMENT

73466 CERTIFICATE OF DEATH 83-D Registered No. F 73466

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. and No. 600 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Fleischman

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-1866

8. AGE: Years	Months	Days	If less than one day
74	1	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George
13. Birthplace Germany

MOTHER
14. Maiden Name Louise ness
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 10/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Salem
Location German Hill Rd - Balto. co. Md.

18 (a) Funeral director John J. Tobin & Sons
(b) Address 1315 E. Chase St.

19 (a) OCT 8 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1940, to 10-2 1940, and that I last saw him alive on 10-2 1940.

Immediate cause of death Hemiplegia — Duration ? 5 Days

Due to Generalized Arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed

VS 3

F 73467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

Registered No. F 73467

PLEASE WRITE PLAINLY, with ink or indelible pencil. Do not use dashes or ditto marks. If birthplace or residence is unknown, write write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. ____
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Hilda Suter

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Wm. Suter
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 11/13/13

8. AGE: Years 26 | Months 11 10 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. - Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Geo. H. Shaw
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Addie Virginia Stonesburg
15. Birthplace Frederick Co. Md.

16 (a) Informant Wm. Suter
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) OCT 8 - 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1940, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1940 to Oct 8 1940 and that I last saw h.c.r. alive on Oct 8 1940.

Immediate cause of death Brain tumor — Duration 2 mos, ?

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Increased intra-cranial pressure.
Of autopsy Mass, Lower of 3rd Ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Walter E. Dandy, M. D.
Address University Hosp. Date signed 10/8/40

VS 3

73468

38-5-84

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

F 73468

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate for the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address JOHNS HOPKINS HOSPITAL

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da

(e) Length of stay in Baltimore (yrs., mos., or days) 27 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore-Towson

(If outside city or town limits, write RURAL and give town)

(d) Street No. 502 Baltimore Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carle Asbury Kraft

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary (nee Burdette)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 30, 1880

8. AGE: Years: 60 | Months: 4 | Days: 8 | If less than one day: ..... hr. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Lawyer

11. Industry or business: Johns Hopkins Hosp.

FATHER 12. Name: Charles A. Kraft

FATHER 13. Birthplace: Balto., Md

MOTHER 14. Maiden Name: Alberta Stewart

MOTHER 15. Birthplace: Balto., Md

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1940 (month) (day) (year)

(c) Cemetery or crematory: London Park

Location: Balto. Md.

18 (a) Funeral director: Landon M. Brooks

(b) Address: Hamilton & Belair Roads, Balto. Md.

19 (a) (Date received by registrar) Oct 9-1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1940 to Oct 8 1940, and that I last saw him alive on Oct 8 1940.

Immediate cause of death: Cardiac failure

due to arteriosclerosis ..... Duration: 5 mo.

Due to .....

Due to .....

Other Conditions: Gangrene, right leg, due to embolism ..... 10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Edward Briggs M. D.

Johns Hopkins Hospital Date signed 10/8/40

F 73469

VS 3

73469 JS 59729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 567

F 73469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Begin at the left hand margin of the space provided. Do not abbreviate. Write out the full name of the city, town, or county. Do not use ditto marks. Be sure to answer each question. If the information is not known, or if the question is not applicable, write "unknown" or "none." Answer questions 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 in every case. Do not leave any blanks except by direction. Be sure to fill in the items for length of residence. Write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Sherman Canapp Jr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-12-3227

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ____

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 8-8-1921

8. AGE: Years 19 | Months 1 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Artist

11. Industry or business ____

FATHER
12. Name Sherman Canapp, Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Isabell Launder
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address ____

17 (a) To Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location East End of North Ave

18 (a) Funeral director Williams Cook
(b) Address 1317 St Paul Street

19 (a) ____ (Date rec'd by registrar) ____ Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6 1940 at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1940 to 10/6 1940, and that I last saw him alive on 10/5 1940.

Immediate cause of death: Cerebellar tumor — Duration 14 yr.

Due to: ____

Due to: ____

Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Sidney R Gilbert Jr.
Address Baltimore City Hosp. Date signed M. 10 D. 6/40

38-820 73470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157-C

F 73470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write the cause correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address JOHNS HOPKINS HOSPITAL

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) (5y)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Carroll

(c) City or town Taneytown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Lenard Eckenrode

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-40

8. AGE: Years | Months | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Quintin Eckenrode

13. Birthplace Md.

MOTHER 14. Maiden Name Hanna Snider

15. Birthplace Md.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/40 (month) (day) (year)

(c) Cemetery or crematory Harney Lutheran

Location Carrollton

18 (a) Funeral director C O Fuss & Son

(b) Address Taneytown Md

19 (a) 1940 OCT (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940 to Oct 8 1940 and that I last saw h[illegible] alive on Oct 8 1940

	Duration
Immediate cause of death Asphyxia	
Antecedent Esophagus	
Due to Post-Operative	
Due to Atresia of Esophagus	
Other Conditions Inguinal Hernia (Include pregnancy within 3 months of death)	
Major findings: Of operations Obstruction in esophagus	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 10/8/40

F 73471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73471 / 83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Ettung St
(c) Hospital or institution Balto md
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) — 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Ettung St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eliza Russell
3 (b) If veteran, name war ..... 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Brown | 6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband ~~or wife~~: Emmanuel
Dead | 6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Maryland 1879
8. AGE: Years 61 | Months — | Days — | If less than one day ..... hr. ..... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Arthur Russell
(b) Address 2010 Ettung St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/40 (month) (day) (year)
(c) Cemetery or crematory Carroll Gar: Calvert Co. Md.
Location
18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pennsylvania Ave. S.E.
19 (a) Filed OCT 8 1940 (b) Huntington Terrace, Md. (Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 — 1940; at 4:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 — 1940, to Oct 6 1940, and that I last saw h— alive on 10 — 6 — 1940.

Immediate cause of death	Duration
(Cerebral Hemorrhage	2 da
Due to Hypertension	
Due to Bronchial Asthma	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M M Boykin M. D.
Address 1512 Gilmor Date signed 10/8/40

VS 3

F 73472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-F

F 73472 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, even though supposed to be unimportant. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 E. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Cordelia Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John H. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1865

8. AGE: Years 75 | Months | Days 26 27 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Theodore Peddicard
13. Birthplace Balto. County, Md.

MOTHER
14. Maiden Name Amelia Bowen
15. Birthplace Balto. County, Md.

16 (a) Informant Mr. John H. Brown
(b) Address 1607 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Co., Md.

18 (a) Funeral director H. SANDER & SON Inc.
(b) Address North Ave. & Broadway

OCT 9 — 1940 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1937, to Oct 7 1940
and that I last saw her alive on Oct 6 1940.

Immediate cause of death Cancer of Stomach — Duration 2 yrs.
Due to
Due to
Other Conditions Cancer of the Peritoneum — 4 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. F. Zimmerman, M.D.
Address 2959 Eastern Ave. Date signed 10/7/40

VS 8

F 73473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V170-e

F 73473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3047 Frisby St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JEANETTE G. FITCH

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry E. Fitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1883

8. AGE: Years 57 | Months 4 | Days 12 | If less than one day: 3 hr. min.

9. Birthplace: Solomons Is., Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Isaac Wainwright
13. Birthplace: Md.

MOTHER
14. Maiden Name: Margaret B. Green
15. Birthplace: Md.

16 (a) Informant: Harry Edward Fitch
(b) Address: 3047 Frisby Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Baltimore
18 (a) Funeral director: H. SADER & SON
(b) Address: North Ave & Broadway

19 (a) OCT 0 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 7 45 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of 2nd & cervical vertebrae — Duration
Due to
Due to
Other Conditions: Fracture of right knee.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Oct 5, 1940
(c) Where did injury occur? Charles and 25 sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? —
(e) Means of injury: struck by auto while crossing street

23. Signature: T. F. Wollenweber M.D. Medical Examiner.
Date signed Oct 5, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

59685-FD

F 73474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73474 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Answer each question in full. Use "None" where applicable. Do not use ditto marks. Be sure to fill in items 19 and 20. Physicians: please write the cause of death clearly and legibly. Be sure that the age is correct. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 n. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Candie Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3946.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 60			hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation stevedore
11. Industry or business

FATHER
12. Name Newton Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11th/40 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Va
Location Oak Grove Va

18 (a) Funeral director Emory O Wilson
(b) Address 1000 Baltimore

19 (a) OCT 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3 West Mitland Co Va

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 8 1940, and that I last saw h[illegible] alive on 10-8 1940.

Immediate cause of death	Duration
Pulmonary TB	7
Due to	2
Due to	
Other Conditions Pulmonary & stomach	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-8-40

VS 3 West Maryland Co. Inc.

F 73475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 73475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Hampden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT M. Dalrymple

3 (b) If veteran, name war: V
3 (c) Social Security Account No.: V

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Clara D.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1858
8. AGE: Years 82 | Months | Days | If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business

FATHER
12. Name: Dr Wm. Dalrymple
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Emily J. Curley
15. Birthplace: Balto. Md.

16 (a) Informant: James C. Phillips
(b) Address: 2727 N. Calvert St.

17 (a) Burial: Burial, cremation, or removal (b) Date thereof: Oct 11/40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: E. North ave, Balto. Md.

18 (a) Funeral director: John Oursler Sons
(b) Address: 1900 Eutaw Place

19 (a) OCT 9 - 1940 (Date received by Registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5, 1940, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to
Due to
Other Conditions ns
(Include pregnancy within 3 months of death)
Major findings:
Of operations ns
Of autopsy ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 10-5-40

VS 6

VS 6

F 73476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73476
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 N. Streeper St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Streeper St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth K. Rezac.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Anton Rezac Sr.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1862

8. AGE: Years	Months	Days	If less than one day
78	4	27	hr. min.

9. Birthplace Czeckoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Joseph Novak
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Kral
15. Birthplace Czeckoslovakia

16 (a) Informant Anton Rezac Jr. (son)
(b) Address 817 N. Streeper St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 (a) OCT 9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 1 1940, to Oct 1940, and that I last saw h[er] alive on Oct 1940.

Immediate cause of death Coronary Thrombosis

Due to Chr. Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Oct 1940

1938

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rozanek M. D.
Address 801 N. Kenwood Ave Date signed Oct 7 40

VS 8

VS 3

F 73477 LB 55259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 73477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered, or the certificate will be returned. Use additional paper if necessary. Please state the causes of death clearly and legibly. Be sure to correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days 4 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Cumberland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Louise Miles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, ? 1890

8. AGE: Years 50 ? Months ? ? Days ? 15 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation on relief

11. Industry or business

FATHER
12. Name John Summerville (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Gunn (d)
15. Birthplace Md.

16 (a) Informant B. B. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (Date received by registrar) OCT 9 1940 Huntington Hollins M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1940. to 10/1 1940. and that I last saw her alive on 10/1 1940.

Immediate cause of death: Adenocarcinoma body of uterus
C. metastases — Duration: Dec. 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 10/7/40 M. D.

VS 3

H73478 Disp. D. on Arrival

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 73478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Use only standard abbreviations for causes of death. Underline the cause to which death should be charged statistically. Give the full name of the cause of death which immediately preceded the last one entered. Do not enter mode of dying, such as heart failure, asphyxia, anemia, or uremia. Do not enter symptoms, such as pain, weakness, or convulsions. Do not enter indefinite terms, such as senility, old age, or debility. Be sure that the cause of death is entered clearly and legibly. Physicians: please write the cause of death clearly and legibly. Be sure that the age is entered in every case. Please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Fort Howard (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Todd Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl Burnham
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 9-27-40
8. AGE: Years | Months | Days | If less than one day: 1 hr. ..... min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER 12. Name FRANK A BURNHAM
13. Birthplace Md

MOTHER 14. Maiden Name Dorathy V Trembling
15. Birthplace W Va

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a)..... (Burial, cremation, or removal) (b) Date thereof..... (month) (day) (year)
(c) Cemetery or crematory.....
Location..... OCT 9 - 1940
18 (a) Funeral director..... Commissioner of Health
(b) Address..... By H. A. Mooty
19 (a) OCT 9 1940 (Date filed by registrar) Huntington Williams, M.D. Registrar

5956

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 8:00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Sept 27 1940, and that I last saw her alive on Sept 27 1940.

Immediate cause of death: Prematurity — Duration .....
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....
23. Signature Ethel Walker M. D.
Address Baltimore Date signed 9/28/40

38691
F 73479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X
159

Registered No. F 73479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks. Be sure to give the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A-A-Co.
(c) City or town Lumberstone
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Neal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-40

8. AGE: Years | Months | Days: 12 days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Neal
13. Birthplace Md.

MOTHER
14. Maiden Name J. Collyn
15. Birthplace Md

16 (a) Informant Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL OCT 9 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 9 - 1940 (Date rec'd by registrar) (b) Registrar

5955

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 10 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Oct 4 1940, and that I last saw him alive on Oct 4 1940.

Immediate cause of death Prematurity — Duration 24 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 10/5/40

VS 3

5955

F 73480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73480 ✓ 1190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Moore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Gladys Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	negro	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 12, 1940

8. AGE: Years	Months	Days	If less than one day
	5	25	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Tony Allen
13. Birthplace Va.

MOTHER
14. Maiden Name Alma Manley
15. Birthplace Va.

16 (a) Informant Alma Allen
(b) Address 736 Moore St. Balto.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 9 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 9 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

5957

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1940, to Oct 7 1940, and that I last saw her alive on Oct 7 1940.

Immediate cause of death	Duration
Enteritis	
Marasmus	
Due to Dehydration	
Due to	
Other Conditions Possible pertussis? (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy mal nutrition

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Gore M. D.
Address Univ. Hosp. Date signed 10/7/40

F 73481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73481

CERTIFICATE OF DEATH

V 106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 N. Central Ave St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

about 45Yrs.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Hager

If U. S. Veteran specify WAR

(a) Residence: No. 1043 N. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of George Hager

6. DATE OF BIRTH (month, day, year) Aug.-22-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77Yrs.	1Mo.	15 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Pecher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Hager
(Address) 1043 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Oct.-10-1940
Place Date 19...

19. UNDERTAKER Henry Heeck + Sons Inc
(Address) 1301 E. Eager St.

FILED ... 19... Huntington Williams M.D. Registrar.

Oct 9- 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October-7-1940

22. I HEREBY CERTIFY, That I attended deceased from Sept-26 1940 to October 7 1940

I last saw her alive on Oct 6 1940. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	10/4/40
Other contributory causes of importance: Chronic Bronchitis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. S. Hayden M. D.
(Address) 3114 Harford Road

24. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

~~72482~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓ F 73482 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 717 Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Pulley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband ~~or wife~~ James Pulley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Approx 80			hr. min.

9. Birthplace Balto Md (town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Isaiah Summerville
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace Md.

16 (a) Informant Mary Gilmore (Sister)
(b) Address 1614 E Eager St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Osborn Evergreen Cem
Location Eastern Ave Balto

18 (a) Funeral director Lotter Gross
(b) Address 1402 E Ashland Ave

OCT 8 - 1940
(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 6 1940, and that I last saw h[er] alive on Oct 6 1940.

Immediate cause of death: Cerebral Hemmorrhage — Duration 6 days
Due to: & Hemiplegia
Due to: Arteriosclerosis
Other Conditions: Hypostatic Pneumonia — 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1424 E Monument St Date signed

VS 3

F 78483

F 73483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 128

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bridewy & Fairmount Ave.
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town 114 W. 24th St, Balto, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W. 24th St (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME MRS. MARY McCULLOUGH BLACK.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife Robert Black
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	11	4 hr. 4 min.

9. Birthplace Stromferry, Scotland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name John McCullough
13. Birthplace Scotland.

MOTHER
14. Maiden Name — Elsie Wink
15. Birthplace Scotland.

16 (a) Informant Robert Black
(b) Address 114 W. 24th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Balto Md

18 (a) Funeral director Frank McCarty
(b) Address 814 N. 36 St

OCT 9 — 1940 (Date rec'd by registrar) (c) Interring for Hillsborough Mfg. Co.

MEDICAL CERTIFICATION (?)

20. DATE OF DEATH Oct. 7 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...; and that I last saw h... alive on ..... 19....

Immediate cause of death	Duration
Acute hemorrhagic pancreatitis	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Acute hemorrhagic pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 10-7-40.

N. J. Macken, Jr. Asst. Chief Med. Ex.

VS 3

VS 3

F 73484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 73484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct answers to all questions especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Leadenhall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Leadenhall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Mattie Thomas Thompson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age ✗ years

7. Birth date of deceased (mo., day, yr.) 3/17/1865

8. AGE: Years	Months	Days	If less than one day
75 74	6	19	hr. min.

9. Birthplace North Thimberland Co Va
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name John Walden
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mary Brockenbrough
(b) Address 1003 Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Pr. a. Co Md

18 (a) Funeral director Israel L. Brown & Son
(b) Address 109 W Montgomery St

19 (a) 10/9/40 (b) Huntington Williams Asst. Registrar
(Filed by registrar)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1940, to Oct 6 1940, and that I last saw h alive on Oct 6 1940.

Immediate cause of death
Carcinoma of Breast
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 mos

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D T Carroll M. D.
Address 911 W Lanvale St Date signed 10/7/40

F 73485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

Registered No. F 73485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Woomer (WOOMER)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1928

8. AGE: Years	Months	Days	If less than one day
12	4		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Jerome W. Woomer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Stewart
15. Birthplace Baltimore, Md.

16 (a) Informant Jerome W. Woomer (father)
(b) Address 22 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Annapolis Rd

18 (a) Funeral director Fred A. Krause & Son
(b) Address 1216 E. Charles St.

19 (a) OCT 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940 at 11 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said M. find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fractured skull, Cerebral Hemorrhage — Duration —
Due to Cerebral Edema
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/6/40
(c) Where did injury occur? Upon street 1122 S. Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Playing — struck by auto car

23. Signature W. Wilfred Gruff M.D. Medical Examiner.
Date signed 10/7/40

VS 6

VS 6

F 73486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1345 Herkimer St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Herkimer St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Mary Rosalie Duffy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John J. Duffy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30. 185-9

8. AGE: Years 81 | Months 1 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER 12. Name John S. O'Brien

13. Birthplace Ireland

MOTHER 14. Maiden Name Susan Summons

15. Birthplace Louisville Ky.

16 (a) Informant Mrs. Mary McKenna

(b) Address 729 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10/40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery Medow Ridge Memorial Park Location Washington Blvd

18 (a) Funeral director Elsie W. Conklin

(b) Address 924 E. Eager St.

OCT 9 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1940, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Oct 7 1940, and that I last saw h[illegible] alive on Oct 7 1940.

Immediate cause of death Cardio Respiratory paralysis — Duration: 5 yrs

Due to Myocarditis

Due to

Other Conditions advanced age

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Clift Coroner M.D.

Address 5010 Greenleaf Rd Date signed 10-9-40

VS 3

F 73487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 73487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. If none, or not applicable, write NONE, so that there will be no possibility of any important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 239 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Dennis (52659)

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-14-3553

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1914

8. AGE: Years	Months	Days	If less than one day
26	1	-	hr. min.

9. Birthplace N. J. (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Willard
13. Birthplace —

MOTHER
14. Maiden Name Nellie Pratt (d)
15. Birthplace Maine

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Seaman Hill Rd.

18 (a) Funeral director J. J. Fahey Sons
(b) Address 1365 Light St.

19 (a) OCT 9-1940 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1940, at 10:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1940, to Oct. 4, 1940 and that I last saw him alive on Oct. 4, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Jan 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospital Date signed 10-4-40

VS 3

VS 3

F 73488 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

Registered No. F 73488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. homeless
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Gryski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1885

8. AGE: Years	Months	Days	If less than one day
54	9	26	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director J. J. Fahey & Son
(b) Address 1318 W. Lexington St

OCT 9 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4- 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28- 1938, to 10-4- 1940 and that I last saw h alive on 10-4- 1940.

Immediate cause of death	Duration
Cardiac Failure	?
Due to A-S. Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy A-S. Ht.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 10-9-40

F 73489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 73489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 51 years

3 (a) FULL NAME Ona Sakavich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anthony

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Adam Salatka
13. Birthplace Lith

MOTHER
14. Maiden Name Marcila ?
15. Birthplace Lith

16 (a) Informant Anthony Sakavich
(b) Address 818 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11, 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blagden Rd

18 (a) Funeral director Joseph Kapunkas Dec
(b) Address 602 N Wash. Blvd

19 Oct 9 1940 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1940 to Oct. 7 1940, and that I last saw h[illegible] alive on Oct. 7 1940

	Duration
Immediate cause of death: Hypertensive - Cardio Vascular renal disease	5 yrs.
Due to: Terminal bronchopneumonia	4 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony V. Barbieri M. D.
Address 37 S. Stricker St Date signed 10/9/40

VS 3

VS 3 8

F 73490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 73490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: UNION MEMORIAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County.....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 McKEWIN ST. (If rural give location)
9-3
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME ~~MARY PHIPPS LUMPKIN~~ LAURA MARY LUMPKIN

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CLAUDIUS R. LUMPKIN
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JUNE 15, 1867

8. AGE: Years: 73 | Months: 3 | Days: 24 | If less than one day: ..... hr. ..... min.

9. Birthplace: MARYLAND (Town, county, and state)
10. Usual Occupation: HOUSEWIFE
11. Industry or business: AT HOME

FATHER
12. Name: ROBERT PHIPPS
13. Birthplace: ENGLAND

MOTHER
14. Maiden Name: MARY HOLLAND
15. Birthplace: IRELAND

16 (a) Informant: MRS. JOSEPH S. PARKER
(b) Address: 35 ALLEGHANEY AVE., TOWSON, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: OCT. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory: PROSPECT HILL
Location: TOWSON, MARYLAND

18 (a) Funeral director: John Burns Sons
(b) Address: Towson, Md.

19 (a) ..... (b) Huntington Hill Cemetery

Date received by: OCT 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCTOBER 8 1940 at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 1 1940 to OCT 8 1940, and that I last saw her alive on OCT. 7 1940.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to BRONCHO PNEUMONIA	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature: Robert E. Abrams M. D.
Address: Union Memorial Hosp. Date signed: 10-8-40

VS 3

Wheatley

VS 2

Wheatley

F 73491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 73491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 So Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Wheatley

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-09-4963

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Eastern Shore Md. (Town, county, and state)
10. Usual Occupation Labor —
11. Industry or business

FATHER
12. Name Charles Wheatley
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Mary Lane —
15. Birthplace Eastern Shore Md.

16 (a) Informant Elmer Wheatley
(b) Address 222 S. Green St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 639 Windsor St.

19 (a) Date received by local registrar OCT 9 1940 (b) Filing for Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 8P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Severing of left Subclavian artery

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/6/40
(c) Where did injury occur? 611 So Greene St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Flat pocket knife

23. Signature Wm B Vandersall M.D.
Medical Examiner.
Date signed 10/7/40

VS 6

F 73492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. F 73492

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 E. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANDREW GLAGOLA

3 (b) If veteran, name war

3 (c) Social Security Account No. 206-01-5687

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Edna M. Glagola

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1918

8. AGE: Years	Months	Days	If less than one day
22	1	1	hr. min.

9. Birthplace Masontown, Pa. (Town, county, and state)

10. Usual Occupation Driller

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name Demeter Glagola

13. Birthplace Hungary

MOTHER 14. Maiden Name Sophie Gala

15. Birthplace Hungary

16 (a) Informant Mrs. Ida Porter

(b) Address 115 Lloyd Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-40 (month) (day) (year)

(c) Cemetery or crematory

Location Masontown, Pa

18 (a) Funeral director Wm. J. Ecker & Sons

(b) Address 2660 E. Fayette

19 (c) Hunting tower Williamsport, Md.

OCT 9- 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at 11 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull + left maxilla	
Due to	
Due to	
Other Conditions Fracture, Left femur. (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 8, 1940
(c) Where did injury occur? Bethlehem Steel Co. Key Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place While at work? (Specify type of place)
(e) Means of injury fell down hold of ship

23. Signature H. L. Wollenweber M.D.
Date signed 10-8-40 Coroner / Medical Examiner.

strik (30 ft.)

40/5408 me/cee

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 Talbott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

25 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Talbott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Charles A. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nove. 21, 1877

8. AGE: Years	Months	Days	If less than one day
62 63	10	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Jefferson
13. Birthplace Va.

MOTHER
14. Maiden Name ? Barnes
15. Birthplace Va.

16 (a) Informant Mrs. Emma Loomis (Daughter)
(b) Address 27 Talbott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Curtis E. Evans
(b) Address 1400-02 S. Charles St.

OCT 9 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9, 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to Oct 9, 1940, and that I last saw h[illegible] alive on Sept 15 1940

Immediate cause of death — Duration
Cerebral Haemorrhage — [illegible]
Due to Hypertension — —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury
23. Signature Lawrence M. Lerra M. D.
Address 10 [illegible] Annapolis, Md. Date signed 10-9-40

VS 3

F 73494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73494

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4200 Glenmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(b) Street No. 4200 Glenmore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patricia Ann Melville

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 29th 37

8. AGE: Years 3 | Months 6 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Balto City Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Arthur P. Melville
13. Birthplace England

MOTHER
14. Maiden Name Evelyn Scheuer
15. Birthplace Balto Md.

16 (a) Informant Arthur P. Melville
(b) Address 4200 Glenmore Ave

17 (a) Buried (b) Date thereof Oct 10th 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director Leasdale Funeral Home
(b) Address 7401 Belair Rd.

19 (Date rec'd by Registrar) OCT 9 1940 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9th 1940, at 4:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940 to Oct 9 1940, and that I last saw h[illegible] alive on Oct 9 1940.

Immediate cause of death	Duration
Acute Lepto phalic Tetanus	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Mansfield M. D.
Address 5402 Belair Rd Date signed 10-1-40

VS 3

F 73495

F 73495

386470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73495

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 54

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Quincy St N.W. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Simon Herson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Esther

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 30 11

8. AGE: Years: 57 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Estl
15. Birthplace

16 (a) Informant Hazel Rice.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C

18 (a) Funeral director B Benjamin
(b) Address 3501 14th St N.W.

19 (a) Date rec'd by registrar Oct 10 1940 (b) Registered by Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940, at 902 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1940, to Oct 9 1940, and that I last saw h.i.m alive on Oct 9 1940.

	Duration
Immediate cause of death: Bronchopneumonia, hypostatic, terminal	24 hrs.
Due to: Subarachnoid hemorrhage;	11 days
Due to: Cause unknown	
Other Conditions: Cystitis, chronic	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward Briggs M.D.
Address Johns Hopkins Hosp. Date signed 10-9

VS 3 40

73496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 73496
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 17 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD MOORE

3 (b) If veteran, name war Spanish American
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Unk

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unk

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation old age pensioner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant U.S. Veterans Bureau
(b) Address Ft. McHenry, Balt. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore

18 (a) Funeral director Fred W. Ozmun Inc.
(b) Address 1930 Eastern Ave.

19 1940 Date rec'd by registrar Huntington Williams MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 12 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration
Due to —
Due to —
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. L. Wellenweber M.D. Medical Examiner.
Date signed 10-7-40

F 73497 Weissing

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-B

F 73497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 N Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Harvieu Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Katherine Weissing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry Weissing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1893

8. AGE: Years 47 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Geo Schmick

13. Birthplace Germany

MOTHER 14. Maiden Name Katharine Preuss

15. Birthplace Germany

16 (a) Informant Henry Weissing

(b) Address 311 Harvieu Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville Md.

18 (a) Funeral director John Ulrich

(b) Address 2008 Gilsons St.

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1940 to 10/7 1940 and that I last saw h[illegible] alive on 10/7 1940

Immediate cause of death Intestinal Regurgitation — Duration 6 mos

Due to

Due to

Other Conditions Myocarditis Degeneration

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Miller

Address 1500 N Bolton Date signed 10/8/40

F 73498 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 168

F 73498 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42 S. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HERBERT WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-3285

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alice White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Jos White
13. Birthplace Md

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Md

16 (a) Informant Etta Barnett
(b) Address 110 S Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Francis A Stayes
(b) Address 1142 W Fayette St

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 1:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage subarachnoid.
Due to blunt force
Due to
Other Conditions no fracture of nose.
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy yes — as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Oct 6, 1940
(c) Where did injury occur? In front of 1508 E Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Beaten with blunt instrument

23. Signature H. Lee Wallenmeyer M.D.
Medical Examiner.
Date signed 10-6-40

73499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V164

F 73499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 - 4th Ave Wagners
(c) Hospital or institution: Pt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 - 4th Ave Wagners Pt (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 Yrs. years

25

3 (a) FULL NAME HERMINA SOSNOWSKI

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: JAMES SOSNOWSKI
6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.) Aug 28 1883

8. AGE: Years 57 | Months 1 | Days 11 10 | If less than one day: hr. min.

9. Birthplace: AUSTRIA
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: UNKOWN
13. Birthplace: AUSTRIA

MOTHER
14. Maiden Name: UNKOWN
15. Birthplace: AUSTRIA

16 (a) Informant: JAMES SOSNOWSKI (HUSBAND)
(b) Address: 3807 FOURTH ST. WAGNERS PT

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 12/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY CROSS
Location: ANNAPOLIS BLVD. BROOKLYN

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

OCT 10 1940 (Date rec'd by registrar) Huntington Williams, Md. (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940 at 11 25 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Asphyxia	
Due to: Hanging by Neck	
Due to: Suicide	
Other Conditions: Mental despondency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: October 8, 1940
(c) Where did injury occur? 3807 - 4th Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury: hanging

23. Signature: H. L. Feldenmeier M.D.
Medical Examiner.
Date signed 10-8-40

F 73500

F 73500

VS 6

F 73500

F 73500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 124 N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 to Bowman 2n
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene B. Smith

3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15-1904

8. AGE: Years	Months	Days	If less than one day
36	1	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Boat.

FATHER
12. Name Horton R. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Marjorie L. Horton
15. Birthplace Maryland

16 (a) Informant Mrs. Joyner
(b) Address Hurlock Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1940 (month) (day) (year)
(c) Cemetery or crematory Oxford Cemetery
Location Oxford Md

18 (a) Funeral director W. N. Willoughby & Son
(b) Address East New Market Md

19 OCT 10 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940. 8:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ~ find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acidosis of Liver

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Vandegrift M.D.
Medical Examiner.
Date signed 10/7/40

VS 6

VS 6

73501 COR 4473 73501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Cloney st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hurtt

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1884 (1884)

8. AGE: Years 53 55 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Boot-Black

11. Industry or business

FATHER
12. Name George
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 10-9-40 (Date received by registrar) (b) Elmer J. Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8- 1940, at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1939 to 10/8 1940 and that I last saw h im alive on 10/8 1940.

Immediate cause of death: Coronary thrombosis — Duration? 1 wk?
Due to: Congestive heart failure — Duration? 1 wk?
Due to:
Other Conditions: Generalized arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jeffrey R. Talbert Jr. M.D.
Address Balto. City Hosp. Date signed 10/9/40

73502 51934-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-C

F 73502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8mo.23das
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Frank Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1109

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-24-1900

8. AGE: Years	Months	Days	If less than one day
40	0	14	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Williams
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Emporia, Va.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) Oct 10 1940 (Date rec'd by Registrar) (b) Thurston Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8-1940, at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15-1940 to 10-8-1940 and that I last saw h[illegible] alive on 10-8-1940.

Immediate cause of death Pulmonary Tbc. — Duration ?
Due to CVS Lues — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pulmonary Tbc

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-9-40

F 73502

F 73503

F 73503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Belto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 726 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Belto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 563 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Edwards (37923)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1880

8. AGE: Years 60 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Belto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy Jeanette
15. Birthplace Belto.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

10-11

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1940, at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1938 to Oct. 7, 1940 and that I last saw him alive on Oct. 7, 1940

Immediate cause of death: Tuberculosis of lungs — Duration: June 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Belto. City Hospital Date signed 10-8-40

F 73504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 73504
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35-9-20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 E. North ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Staub

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Charles Staub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12-1876

8. AGE: Years	Months	Days	If less than one day
63	9	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Frauz
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Quongs
15. Birthplace Baltimore

16 (a) Informant Records Mt Hope Retreat
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul ~~Thurlow~~ Pulaski, Md.

OCT 10 1940 (b) 8
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Oct 9 1940, and that I last saw her alive on Oct 9 1940.

Immediate cause of death	Duration
Carcinoma of Right Breast	2 yrs.
Due to Carcinomatosis	
Due to Schizophrenia	40 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Herman P. Glazier M. D.
Address 53 N Frederick Ave Date signed

F 73505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930

F 73505 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinclair Lane (near) Edmondson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Edmondson Ave Sinclair Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Sarah Montgomery

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elijah B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1875

8. AGE: Years 65 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name ? Andrews

13. Birthplace Ireland

MOTHER 14. Maiden Name ?

15. Birthplace Ireland

16 (a) Informant Grace A Stayring

(b) Address Sinclair Lane (near) Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 12 40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location End of East Northern Ave.

18 (a) Funeral director Mark J. & B. Doppel

(b) Address 7110 Belair Rd.

19 (d) OCT 10 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940, at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 9 1940, and that I last saw h.. alive on Oct 9 1940.

Immediate cause of death Cerebral apoplexy — Duration 10 days

Due to Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Baumgardner M.D.

Address Catonsville Md Date signed 10/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 73506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 S. Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 S. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1886

8. AGE: Years 54 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Chas Payton

13. Birthplace Va

MOTHER 14. Maiden Name Winnie Holmes

15. Birthplace Va.

16 (a) Informant Eliza Wrisley

(b) Address 1628-10th St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-40 (month) (day) (year)

(c) Cemetery or crematory Harmony Cem

Location Washington D.C.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 518 W. Biddle St.

19 OCT 10 1940 (Date received by registrar) (Huntington Williams, M.D.) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10th 1940, 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1940, to Oct 10 1940, and that I last saw h[illegible] alive on Oct 10 1940

Immediate cause of death	Duration
Cerebral Apoplexy	1 day
Due to	
Due to arterial hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Linell M. D.
Address 911 Warner Date signed Oct 10/40

F 73507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61

F 73507

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M- Bales

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife H. S. Bales

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 2-23-80

8. AGE: Years	Months	Days	If less than one day
60	7	16	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Grundy Harris
13. Birthplace Va —

MOTHER
14. Maiden Name Elizabeth Snarely
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Thurmont

18 (a) Funeral director M. L. Creager & Son
(b) Address Thurmont, Md.

19 (a) Huntington Williams M.D. Registrar
(Date received) (Registrar)
OCT 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-9 1940 at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 9 1940, and that I last saw her alive on Oct 9 1940.

Immediate cause of death	Duration
Uremia.	10 days
Due to Nephrosclerosis	?
Due to	
Other Conditions Disease Arteriosclerotic Heart Diabetes Mellitus - Intestinal Obstruction	?

Major findings: (Within 3 months of death)
Of operations Adhesion - obstructing colon
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Sturgeon M. D.
Address Johns Hopkins Hospital Date signed 10-10-40

F 73508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73508

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 - Forrest St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mack Neville

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Littleton, N.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Green Neville

6. DATE OF BIRTH (month, day, year) July 2, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N. Car

FATHER

13. NAME William Neville

14. BIRTHPLACE (city or town) (State or country) Littleton N. Car.

MOTHER

15. MAIDEN NAME Hattie Taylor

16. BIRTHPLACE (city or town) (State or country) Littleton, N. Car

17. INFORMANT Wm Neville
(Address) Littleton N.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Weldon N.C. Date 10-10- 1940

19. UNDERTAKER Williams & Jackson
(Address) 916 Pendleton ave

20. Filed 10/10 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1940 to October 8, 1940

I last saw him alive on October 8, 1940 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous enteritis	8-22-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Lanahan M. D.

(Address) Temple Court Apts.

N. B.—WHITE—BLANKS WITH ONE ASTERISK (*) ONLY. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be carefully supplied. If it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

Notified Dr. Williams, M.D.

F 73509

F 73509

F 73509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

F 73509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town West Hickory (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Judith Deane Garrison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-37

8. AGE: Years	Months	Days	If less than one day
2	10 9	9 13	hr. min.

9. Birthplace West Hickory, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dean H. Garrison
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Marine Irwin
15. Birthplace Pennsylvania

16 (a) Informant Mother
(b) Address West Hickory, Penn.

17 (a) Removal (b) Date thereof 10-11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location West Hickory, Pa.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 OCT 10 1940 Huntington Williams Mgr. Registrar
(Date received by Local Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1940, at 7:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1940, to Oct. 9 1940, and that I last saw her alive on Oct. 9 1940.

Immediate cause of death Bronchopneumonia (Bilateral)

Due to

Due to

Other Conditions Congenital Hare Lip and Cleft Palate (Include pregnancy within 3 months of death)

Major findings:
Of operations Cleft Palate
Of autopsy Bilateral Bronchopneumonia Required

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford, M.D.
Address Union Memorial Hospital Signed 10/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 H Registered No. F 73510

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 Furrow St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Furrow St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS C MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-5165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edith B. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25-1891

8. AGE: Years	Months	Days	If less than one day
49	8	13	hr. min.

9. Birthplace Charlestown Ind. (Town, county, and state)
10. Usual Occupation Boiler maker
11. Industry or business B. & O. R.R.

FATHER
12. Name Robert Lee Murphy
13. Birthplace Ind.

MOTHER
14. Maiden Name Ida Gilbertson
15. Birthplace Ind.

16 (a) Informant Mrs. Edith B. Murphy
(b) Address 216 Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) OCT 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at 2:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to Suicide	
Due to mental despondency	
Other Conditions Chronic alcoholism (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Oct. 8, 1940
(c) Where did injury occur? 216 Furrow St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury gas from Kitchen stove

23. Signature H. L. Ballenweber M.D. Medical Examiner.
Date signed 10-6-40

VS 6

F 73511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 73511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 S. Brunswick St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 54-4/5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2542 W Baltimore St~~ 2688 Dulaney St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OTTO-H-KIRSCHKE - OTTO. H. KIRSCHKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4372

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 6. 1886

8. AGE: Years 54-58 | Months — | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business Own Business

FATHER
12. Name Charles Kirschke
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Gamoll
15. Birthplace Germany

16 (a) Informant Mrs. William Kirschke
(b) Address 2688 Dulaney Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director J. B. Wippert & Son.
(b) Address 1300 Eutaw Place

19 (a) OCT 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 10-8-40

VS 6

VS 6

VS 6

F 73512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 168

Registered No. F 73512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 709 W Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAY SHORE LEE OR RAYSHORE WILLIAM LEE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-5896

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of ~~husband~~ or wife Florida.

6 (c) If alive, give age 37 years

7. Birth date of ~~deceased~~ (mo., day, yr.) Feb. 4, 1904

8. AGE: Year	Months	Days	If less than one day
36	8	4	hr. min.

9. Birthplace Balto. - Md. (Town, county, and state)

10. Usual Occupation Cook -
11. Industry or business Cafe. - 680 W. Saratoga

FATHER
12. Name Thomas E. Lee
13. Birthplace Caswell Co. N. C.

MOTHER
14. Maiden Name Florence Kitchee
15. Birthplace Caswell Co. - N. C.

16 (a) Informant Thomas Lee (Brother)
(b) Address 709 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director H. B. Cooper
(b) Address 514 N. Calhoun St. Huntington Williams, Md

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, extradural and subdural	
Due to Fracture of skull	
Due to Blunt force	
Other Conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy yes - as above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probable homicide
(b) Date of occurrence Oct 8, 1940
(c) Where did injury occur? 1021 Madison Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Blunt force, instrument undetermined

23. Signature M. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 10-8-40

VS 6

F 73513

VS 6

undetermined

F 73513

F 73513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Sudlersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Grace Rambo

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Walter Rainbow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1893

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace Sudlersville Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business —

FATHER
12. Name Robert Warren
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Pinder
15. Birthplace Md

16 (a) Informant Frances Rambo
(b) Address Sudlersville Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Sudlersville
Location Sudlersville Md

18 (a) Funeral director John C. Hopkins
(b) Address Chester & Williams, Mgrs

OCT 10 1940 (Date rec'd by registrar)

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1940, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 10 1940 and that I last saw her alive on Oct 10 1940

Immediate cause of death Uremia — Duration 5 days

Due to Ureteral Blockage — 5 days

Due to Pel. op. adhesions — Several months

Other Conditions Jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operations Multiple fistulae
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury
23. Signature R. C. Williams M. D.
Address Univ. Hosp. Date signed 10-10-40

VS 8

38609 F 73514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940-a

F 73514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 406 Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Springs or Spriggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-68

8. AGE: Years	Months	Days	If less than one day
72	8	2	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Springs
13. Birthplace N.C.

MOTHER
14. Maiden Name Jane ?
15. Birthplace N C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lynch
(b) Address 402 N Monroe St

OCT 10 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940 at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1940 to Oct 8 1940 and that I last saw him alive on Oct 8 1940.

	Duration
Immediate cause of death Cardiac failure & uremia	1 yr +
Due to Hypertensive cardio. vascular disease	1 yr +
Due to Benign prostatic Hypertrophy & nephritis.	1 yrs +
Other Conditions Pneumonia	acute

(Include pregnancy within 3 months of death)

Major findings:
Of operations Enlarged prostate & enlarged bladder
Of autopsy Cardiac hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James H. Lemmans SEMANS
Address Johns Hopkins Hosp. Date signed 10/9/40 M. D.

VS 8

VS 8

F 73515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. F 73515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sammie May Scott (56913)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1917

8. AGE: Years	Months	Days	If less than one day
23	7 6	1 29	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jeff Steel
13. Birthplace ?

MOTHER
14. Maiden Name Maggie Scott
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 10 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (Date rec'd by registrar) OCT 10 1940 Registrar for Williams, M.D. 5960

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1940, at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1940 to Sept. 28, 1940 and that I last saw her alive on Sept. 28, 1940

Immediate cause of death — Duration

Tuberculosis of lungs — Dec. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence Mosena, M. D.

Address Balto. City Hospitals Date signed 9-30-40

F 73516

VS 3

F 73516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 73516

DH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S Paca St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorraine Collier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1900

8. AGE: Years	Months	Days	If less than one day
39	11	17	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Supported by friend
11. Industry or business

FATHER
12. Name Thomas Brooks
13. Birthplace ?

MOTHER
14. Maiden Name Nannie Parker
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 10 1940 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Howard Lee Williams, M.D. Registrar

VS 3

5959

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1940, to 9-29 1940, and that I last saw her alive on 9-29 1940.

Immediate cause of death	Duration
(a) Pneumonia & Malaria	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Schlert Jr. M. D.
Address Balt. City Hosp. Date signed 9-30-40

F 73517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83-a F 73517

1. PLACE OF DEATH Cecil apts

CITY OF BALTIMORE: (No. S.E.C. Eutaw St. at Dolphin St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Elder Thomas

If U. S. Veteran specify WAR. None

(a) Residence: No. Cecil Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Peter Thomas

14. BIRTHPLACE (city or town) (State or country) Frederick Frederick Co. Md.

MOTHER

15. MAIDEN NAME Maria L. Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs George C. Thomas Jr.
(Address) 200 Ridgewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Oct 11 40 19

19. UNDERTAKER STEWART & MOWER COMPANY
(Address) (W. F. WOODS SUC.) 100 W. NORTH AVENUE

20. FILED OCT 10 1940 Thurlow Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 40. 19

22. I HEREBY CERTIFY, That I attended deceased from October 1 1940, to October 9 1940

I last saw h.er alive on October 9 1940 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10/1/40

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? (no)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Francis W. Kluck M. D.

(Address) 715 Park Ave

No. B—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should be stated EXACTLY. Information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 73518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3 V

Registered No. F 73518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Cooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Cooks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-V

3 (a) FULL NAME Earl L. Mantica X V

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1068

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Evelyn Mantica
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 - 1903

8. AGE: Years	Months	Days	If less than one day
37	1	22	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Waterman
11. Industry or business Balto Transit Co

FATHER
12. Name George Mantica
13. Birthplace Md

MOTHER
14. Maiden Name Sadie
15. Birthplace Md

16 (a) Informant William Mantica
(b) Address 4401 Cooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem
Location Loveland Rock

18 (a) Funeral director Loveland Rock
(b) Address 5305 Hayward Rd

19 (a) OCT 10 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1938 to Oct. 7 1940, and that I last saw him alive on Oct 7 1940

Immediate cause of death Myocarditis — Duration 5 day

Due to T.B. Pneumonia. — 4 days

Due to T.B. Peritonitis — 29 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. O. Kenney M. D.
Address 1817 N. Broadway Date signed 10/8/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73519

CERTIFICATE OF DEATH

93-D F 73519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Nursing Home St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Mulroney

If U. S. Veteran specify WAR ...

(a) Residence: No. 5900 Breckenridge Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G. Mulroney

6. DATE OF BIRTH (month, day, year) Jan 15, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Susquehanna Pa

FATHER

13. NAME Joseph Mulroney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Cynthia Vanney

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. F. Kimmett

(Address) 5900 Breckenridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Laurel Hill Cemetery Date Oct 11, 1940

Undertaker

19. UNDERTAKER Leon Walter Ready

(Address) 1305 Walbrook Ave

20. FILED OCT 10 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1940 to Oct 9, 1940

I last saw him alive on Oct 5, 1940 Death is said to have occurred on the date stated above, at 3:4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
2 Hypertension	10 yrs

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None.

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Wheaton M. D.

(Address) 4305 York Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 73520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

15-P

Registered No. F 73520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1524 N. Washington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F Mc Grane

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6259

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lucy Anne Mc Grane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1895

8. AGE: Years 45 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Food Fair

11. Industry or business Haven & Flint St

FATHER 12. Name William F. Mc Grane

13. Birthplace Md

MOTHER 14. Maiden Name Mary Holmes

15. Birthplace Md

16 (a) Informant Lucy Anne Mc Grane

(b) Address 1524 N. Washington St

17 (a) Burial (b) Date thereof 10-12-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Leonard J Keck

(b) Address 5305 Harford Rd

19 (a) OCT 10 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 9 - 1940, at 7 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 5 - 1940, to 10 - 9 - 1940 and that I last saw him alive on 10 - 9 - 1940.

Immediate cause of death	Duration
Cerebral disease of undetermined Origin	
Due to	
Due to	
Other Conditions Bronchitis chronic	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T Wilson, Jr M. D.
Address St. Joseph's Hosp. Date signed 10-9-40

F 73521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 2413 Foster Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Foster Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 Yrs years

3 (a) FULL NAME Henry Kiersting

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Augusta Kawaeski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	8	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business mills

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Augusta Kiersting
(b) Address 2413 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (cem
Location Baltimore County

18 (a) Funeral director Jos Mary Weber
(b) Address 401 Huntington Ave & Hartford Rd Huntington Williams, Mgr.

OCT 10 1940 (Date received by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1940, at 9:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Vandegrift M.D.
Medical Examiner.
Date signed 10/9/40

VS 6

59697 F 73522 LF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 E. Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Clemens

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: JOHN CLEMENS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 8, 1883

8. AGE: Years: 57 ? | Months: 6 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: -- HOUSE WORK
11. Industry or business: AT HOME

FATHER
12. Name: ? GEORGE STOECKER
13. Birthplace: ? GERMANY

MOTHER
14. Maiden Name: ? MARIE LURZ
15. Birthplace: ? GERMANY

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 12/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Zeiler Inc.
(b) Address: 403 S. WOLFE ST.

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9- 1940, at 1 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9- 1940, to 10-9- 1940 and that I last saw h-- alive on 10-9- 1940.

Immediate cause of death: Intracerebral Hemorrhage — Duration: ?

Due to: Hypertension CVD — Duration: ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Intracerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-9-40

F 73523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 73523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 N. Streeper St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Streeper St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Elizabeth Chaney

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband ~~or wife~~ Everett Chaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1874

8. AGE: Years	Months	Days	If less than one day
66	8	23	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Adam Soeller
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Miss Margaret Chaney
(b) Address 529 W Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12-40 (month) (day) (year)
(c) Cemetery or crematory Sand Hill
Location Balto. Co.

18 (a) Funeral director Lilly & Zeller, Inc.
(b) Address 423 S. Walke St.

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1940, at 9:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct. 9 1940, and that I last saw h W alive on Oct. 9 1940.

Immediate cause of death	Duration
Cerebral hemorrhage (Right)	6 days.
Due to Myocardial insufficiency	2 days.
Due to hypertension, arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature L. Schubel
Address 447 N. Kenwood Ave Date signed 10/9/40

F 73524

LB 59641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E

F 73524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-11

3 (a) FULL NAME Joan Greger

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1939

8. AGE: Years 1 | Months 0 | Days 20 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Chappell
15. Birthplace N. C.

16 (a) Informant B. C. H. records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 11/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1940 at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Oct 8 1940, and that I last saw h[illegible] alive on Oct 8 1940.

Immediate cause of death: Asphyxia — Duration: 30 min.?

Due to: Hanging by restraining jacket straps

Due to:

Other Conditions: Bronchopneumonia, Otitis media
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: Oct 8, 1940
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? no
(e) Means of injury: strangled by jacket straps

23. Signature: H. C. Goodwin M. D.
Address: Bal City Hosps Date signed: 10/9/40

H. L. Wollenweber, M.D. asst medical examiner

F 73525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 73525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" or the correct word written. Do not abbreviate. Write out the full name and do not use initials. If the deceased was a child or a woman, the name before marriage should be given. Be sure that the cause of death is stated so that it can be understood by a stranger. Do not use indefinite or unscientific terms. Do not report symptoms of the last illness, but the cause to which they were due. Do not report mere conditions which existed at death, but the diseases which caused them. Do not report the mode of dying, such as heart failure, asphyxia, or exhaustion, but the disease which caused it. Do not report the cause of death as "old age" unless all the diseases which caused it are stated. Do not report the cause of death as "accident" or "homicide" without stating the nature of the injury. Do not report the cause of death as "pneumonia" without stating the cause of the pneumonia. Do not report the cause of death as "tuberculosis" without stating the organ affected. Do not report the cause of death as "cancer" without stating the organ affected. Do not report the cause of death as "nephritis" without stating the cause of the nephritis. Do not report the cause of death as "diabetes" without stating the cause of the diabetes. Do not report the cause of death as "apoplexy" without stating the cause of the apoplexy. Do not report the cause of death as "paralysis" without stating the cause of the paralysis. Do not report the cause of death as "convulsions" without stating the cause of the convulsions. Do not report the cause of death as "uremia" without stating the cause of the uremia. Do not report the cause of death as "coma" without stating the cause of the coma. Do not report the cause of death as "shock" without stating the cause of the shock. Do not report the cause of death as "hemorrhage" without stating the cause of the hemorrhage. Do not report the cause of death as "embolism" without stating the cause of the embolism. Do not report the cause of death as "thrombosis" without stating the cause of the thrombosis. Do not report the cause of death as "infarction" without stating the cause of the infarction. Do not report the cause of death as "gangrene" without stating the cause of the gangrene. Do not report the cause of death as "abscess" without stating the cause of the abscess. Do not report the cause of death as "ulcer" without stating the cause of the ulcer. Do not report the cause of death as "fistula" without stating the cause of the fistula. Do not report the cause of death as "sinus" without stating the cause of the sinus. Do not report the cause of death as "tumor" without stating the cause of the tumor. Do not report the cause of death as "cyst" without stating the cause of the cyst. Do not report the cause of death as "polyp" without stating the cause of the polyp. Do not report the cause of death as "carcinoma" without stating the cause of the carcinoma. Do not report the cause of death as "sarcoma" without stating the cause of the sarcoma. Do not report the cause of death as "fibroma" without stating the cause of the fibroma. Do not report the cause of death as "lipoma" without stating the cause of the lipoma. Do not report the cause of death as "myoma" without stating the cause of the myoma. Do not report the cause of death as "adenoma" without stating the cause of the adenoma. Do not report the cause of death as "papilloma" without stating the cause of the papilloma. Do not report the cause of death as "hemangioma" without stating the cause of the hemangioma. Do not report the cause of death as "lymphangioma" without stating the cause of the lymphangioma. Do not report the cause of death as "osteoma" without stating the cause of the osteoma. Do not report the cause of death as "chondroma" without stating the cause of the chondroma. Do not report the cause of death as "myxoma" without stating the cause of the myxoma. Do not report the cause of death as "fibromyxoma" without stating the cause of the fibromyxoma. Do not report the cause of death as "fibrosarcoma" without stating the cause of the fibrosarcoma. Do not report the cause of death as "myxosarcoma" without stating the cause of the myxosarcoma. Do not report the cause of death as "chondrosarcoma" without stating the cause of the chondrosarcoma. Do not report the cause of death as "osteosarcoma" without stating the cause of the osteosarcoma. Do not report the cause of death as "angiosarcoma" without stating the cause of the angiosarcoma. Do not report the cause of death as "lymphosarcoma" without stating the cause of the lymphosarcoma. Do not report the cause of death as "reticulosarcoma" without stating the cause of the reticulosarcoma. Do not report the cause of death as "endothelioma" without stating the cause of the endothelioma. Do not report the cause of death as "mesothelioma" without stating the cause of the mesothelioma. Do not report the cause of death as "teratoma" without stating the cause of the teratoma. Do not report the cause of death as "chorioepithelioma" without stating the cause of the chorioepithelioma. Do not report the cause of death as "hydatidiform mole" without stating the cause of the hydatidiform mole. Do not report the cause of death as "abortion" without stating the cause of the abortion. Do not report the cause of death as "ectopic gestation" without stating the cause of the ectopic gestation. Do not report the cause of death as "eclampsia" without stating the cause of the eclampsia. Do not report the cause of death as "puerperal sepsis" without stating the cause of the puerperal sepsis. Do not report the cause of death as "puerperal infection" without stating the cause of the puerperal infection. Do not report the cause of death as "puerperal hemorrhage" without stating the cause of the puerperal hemorrhage. Do not report the cause of death as "puerperal embolism" without stating the cause of the puerperal embolism. Do not report the cause of death as "puerperal thrombosis" without stating the cause of the puerperal thrombosis. Do not report the cause of death as "puerperal infarction" without stating the cause of the puerperal infarction. Do not report the cause of death as "puerperal gangrene" without stating the cause of the puerperal gangrene. Do not report the cause of death as "puerperal abscess" without stating the cause of the puerperal abscess. Do not report the cause of death as "puerperal ulcer" without stating the cause of the puerperal ulcer. Do not report the cause of death as "puerperal fistula" without stating the cause of the puerperal fistula. Do not report the cause of death as "puerperal sinus" without stating the cause of the puerperal sinus. Do not report the cause of death as "puerperal tumor" without stating the cause of the puerperal tumor. Do not report the cause of death as "puerperal cyst" without stating the cause of the puerperal cyst. Do not report the cause of death as "puerperal polyp" without stating the cause of the puerperal polyp. Do not report the cause of death as "puerperal carcinoma" without stating the cause of the puerperal carcinoma. Do not report the cause of death as "puerperal sarcoma" without stating the cause of the puerperal sarcoma. Do not report the cause of death as "puerperal fibroma" without stating the cause of the puerperal fibroma. Do not report the cause of death as "puerperal lipoma" without stating the cause of the puerperal lipoma. Do not report the cause of death as "puerperal myoma" without stating the cause of the puerperal myoma. Do not report the cause of death as "puerperal adenoma" without stating the cause of the puerperal adenoma. Do not report the cause of death as "puerperal papilloma" without stating the cause of the puerperal papilloma. Do not report the cause of death as "puerperal hemangioma" without stating the cause of the puerperal hemangioma. Do not report the cause of death as "puerperal lymphangioma" without stating the cause of the puerperal lymphangioma. Do not report the cause of death as "puerperal osteoma" without stating the cause of the puerperal osteoma. Do not report the cause of death as "puerperal chondroma" without stating the cause of the puerperal chondroma. Do not report the cause of death as "puerperal myxoma" without stating the cause of the puerperal myxoma. Do not report the cause of death as "puerperal fibromyxoma" without stating the cause of the puerperal fibromyxoma. Do not report the cause of death as "puerperal fibrosarcoma" without stating the cause of the puerperal fibrosarcoma. Do not report the cause of death as "puerperal myxosarcoma" without stating the cause of the puerperal myxosarcoma. Do not report the cause of death as "puerperal chondrosarcoma" without stating the cause of the puerperal chondrosarcoma. Do not report the cause of death as "puerperal osteosarcoma" without stating the cause of the puerperal osteosarcoma. Do not report the cause of death as "puerperal angiosarcoma" without stating the cause of the puerperal angiosarcoma. Do not report the cause of death as "puerperal lymphosarcoma" without stating the cause of the puerperal lymphosarcoma. Do not report the cause of death as "puerperal reticulosarcoma" without stating the cause of the puerperal reticulosarcoma. Do not report the cause of death as "puerperal endothelioma" without stating the cause of the puerperal endothelioma. Do not report the cause of death as "puerperal mesothelioma" without stating the cause of the puerperal mesothelioma. Do not report the cause of death as "puerperal teratoma" without stating the cause of the puerperal teratoma. Do not report the cause of death as "puerperal chorioepithelioma" without stating the cause of the puerperal chorioepithelioma. Do not report the cause of death as "puerperal hydatidiform mole" without stating the cause of the puerperal hydatidiform mole. Do not report the cause of death as "puerperal abortion" without stating the cause of the puerperal abortion. Do not report the cause of death as "puerperal ectopic gestation" without stating the cause of the puerperal ectopic gestation. Do not report the cause of death as "puerperal eclampsia" without stating the cause of the puerperal

F 73526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

Registered No. F 73526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days 24
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 132 E. Hattimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roland Newman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1939

8. AGE: Years	Months	Days	If less than one day
1	4/16	87	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Harry E. Newman

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary A. Zang

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Harry E. Newman

(b) Address 132 E. Hattimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/40 (month) (day) (year)

(c) ~~Cemetery~~ Funeral Dir. or crematory John J. Fahy Home

~~Location~~ 1318 Light St.

18 (a) ~~Funeral director~~ Cemetery Woodlawn Cem.

(b) ~~Address~~ Baltimore Co. Md

19 OCT 10 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/8 1940, at 12:45 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3/1940 to 10/8/1940, and that I last saw him alive on 10/8/1940.

Immediate cause of death Acute Infectious Diarrhea — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Acute colitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D. M. D.

Address Franklin Square Hosp. Date signed 10/9/40

VS. 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65a

Registered No. 73527

~~73527~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given for each item is complete and correct as far as known. Be sure that the age is entered for each person, and that the cause of death is entered in such terms as to show clearly the disease, if any, which originated the fatal train of morbid conditions resulting in death. Do not use abbreviations or symbols. Indefinite statements such as "cancer," "tumor," "stroke," "heart trouble," "old age," "senility," "infection," "septicemia," "uremia," "convulsions," "hemorrhage," "paralysis," "exhaustion," "asphyxia," "pneumonia," "tuberculosis," "meningitis," "nephritis," "abscess," "gangrene," "blood poisoning," "childbirth," "miscarriage," "abortion," "fracture," "injury," "drowning," "burns," "wounds," "accident," "homicide," "suicide," "execution," "killed in action," "died in service," are not sufficient. Causes of death which may be the result of occupation or which occur in connection with occupation should be so described as to indicate clearly the occupation and the nature of the hazard.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Scott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Scott St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Frances May Neubeth

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 16 1875

8. AGE: Years 65 | Months 4 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Home

FATHER 12. Name John M. Neubeth
13. Birthplace Maryland

MOTHER 14. Maiden Name Annie G Gombert
15. Birthplace Balto. Md

16 (a) Informant Mrs Josephine Peters
(b) Address 514 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd. Baltimore

18 (a) Funeral director John J Cowan Son
(b) Address 901 Hollins St

19 (a) OCT 10 1940 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8th 1940, at 2.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1940, to Oct 8 1940, and that I last saw her alive on Oct 8 1940.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 day
Due to: Addisons disease	1½ years
Due to: Arteriosclerosis	3 years
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address 729 Wash. Blvd Date signed Oct 10/40

VS 3

73528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B Registered No. F 73528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3330 Elmley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3330 Elmley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Florence Dorothea B. Wilson

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 213-16-6973

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wesley E. Wilson

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Jan 13. 1902

8. AGE: Years 38. | Months 8 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Lunch Room.

FATHER 12. Name Albert A. Baines
13. Birthplace England

MOTHER 14. Maiden Name Sarah E. Pickering
15. Birthplace England.

16 (a) Informant Wesley E. Wilson
(b) Address 3330 Elmley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mrs. Mrs. John N. Geisel
(b) Address 801 W. Fayette St

19 (a) OCT 10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1939 to Oct 8 1940 and that I last saw h[er] alive on Oct 8 1940

Immediate cause of death Carcinoma of Uterus

Due to Metastasis to pelvic viscera.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma

Of autopsy

Duration
1 Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Cook M. D.
Address 2520 E. Baltimore Date signed 10/9/40

VS 3

VS 3

3869 41
73529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161B Registered No. F 73529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered, or the certificate will be returned. Do not use abbreviations. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Crownsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. ...
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Baby B. ~~Elizabeth~~ Birch
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male ~~Female~~
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-8-40
8. AGE: Years | Months | Days 21 | If less than one day ... hr. ... min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Paul Birch
13. Birthplace
MOTHER 14. Maiden Name Elizabeth
15. Birthplace md
16 (a) Informant
(b) Address HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/40 (month) (day) (year)
(c) Cemetery or crematory G. Mickels
Location Bridge, Md.
18 (a) Funeral director C. L. Robinson
(b) Address Severna Park, Md.
19 (a) OCT 10 1940 (Date rec'd by registrar) (b) Signature by Williams, M.P. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct 9 1940. at 8:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1940, to Oct 9 1940. and that I last saw h IM alive on Oct 9 1940.

	Duration
Immediate cause of death ? Septicemia of newborn	30 hrs.
Due to Maternal uterine infection	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Ethel Holden M. D. Date signed 10/9/40

VS 2

F 73530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E Registered No. F 73530

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Greensboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Dean

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	divorced

6 (b) Name of husband or wife Wilmer Dean

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Caroline County
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Milton Majors
13. Birthplace Del. ~~Md~~

MOTHER
14. Maiden Name Grace Williams
15. Birthplace Caroline Co. Md.

16 (a) Informant Helen Louise
(b) Address Federalsburg Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)

(c) Cemetery or crematory Hyson
Location Caroline Co.

18 (a) Funeral director J. Frampton Gordon
(b) Address Federalsburg Md

OCT 10 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 1:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cancer of Colon	
Death Hours after	
Due to Anesthesia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cancer of colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandegrift M.D.
Medical Examiner

Date signed 10/10/40

VS 6

44880-FD

73531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 4mo. 20das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 754 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Rawley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-7-69

8. AGE: Years	Months	Days	If less than one day
71	6	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation O.S.R.
11. Industry or business

FATHER
12. Name Patrick
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary nair
15. Birthplace Ireland

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.
18 (a) Funeral director Pettigrew Bros
(b) Address 2224 N. Charles st.
19 (a) (Date rec'd by registrar) (b) Hampton Hill Registrar

VS 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8- 1940, at 4 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1939, to 10-8- 1940, and that I last saw h alive on 10-8- 1940

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Hypertensive CVD	?
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp Date signed 10-10-40

73532

HEALTH DEPARTMENT—CITY OF BALTIMORE

73532

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Clifton Avenue St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lydia Olsen Zimmerman

If U.S. Veteran specify WAR

(a) Residence: No. 3101 Clifton Ave St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Zimmerman

6. DATE OF BIRTH (month, day, year) Feb 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pylesville Md

FATHER

13. NAME Richard Stansbury

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Stansbury

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edwin J Hordat

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Pa Date Oct 14 1940

19. UNDERTAKER J Harvey Hott

(Address) Govans Pa

20. FILED Oct 14 1940 Thurston for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1940

22. I HEREBY CERTIFY, That I attended deceased from October 1938 to Oct. 11 1940

I last saw he alive on Oct. 10 1940 Death is said to have occurred on the date stated above, at 1 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Cardiac hypertrophy	1939
Hypertension	1939
Heart failure	1940

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W E Kerr Griffis M. D.

(Address) 4331 Harford Rd

V8 3

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-P

F 73533
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland.
(c) Hospital or institution:
Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Philip Trotsky

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business self

FATHER
12. Name Jacob
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-40 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940 at 6.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5/ 1940, to 10/10 1940, and that I last saw h. alive on Oct 10 1940.

Immediate cause of death: Heart failure — Duration: 5 days
Due to Arteriosclerotic heart disease — 3 years
Due to —
Other Conditions Pulmonary Thrc (?) — 10 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilken M. D.
Address Sinai Hospital Date signed 10-10-40

73534
LB 59880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 830

F 73534
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 642 W. Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	brown	married

6 (b) Name of husband or wife Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/29/1874

8. AGE: Years	Months	Days	If less than one day
66	7	11	hr. min.

9. Birthplace Florida or Ala.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business American Sugar Ref. Co.

FATHER
12. Name John
13. Birthplace ?

MOTHER
14. Maiden Name Lila ?
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 17, 1940
(month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N Schroeder St

19 (a) Date rec'd by registrar (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/28 1940, to 10/10 1940, and that I last saw h[illegible] alive on 10/10 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 10 min.
Due to Benign prostatic hypertrophy — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R Gilbert Jr.
Address Balto. City Hosp. Date signed 10/10/40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct as far as possible, and is especially important. Physicians: please write the causes of death clearly and legibly.

F 73535 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73535

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Give the causes of death clearly and legibly. Statements of duration should be definite as to time, and correct age is especially important. Physicians: please write the cause of death in such terms as will convey a definite idea to the lay mind.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 Clifton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Clifton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY E. BAYER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret E. Bayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1869

8. AGE: Years	Months	Days	If less than one day
71	8	25	hr. min.

9. Birthplace Pikesville, Maryland
(Town, county, and state)
10. Usual Occupation Retired Watchman
11. Industry or business Baltimore City

FATHER
12. Name John C. Bayer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Mrs. Roberta Trott,
(b) Address 1533 Clifton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 OCT 11 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1940, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1940, to Oct 10, 1940, and that I last saw h alive on Oct. 9th 1940

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to Arteriosclerotic C.V.D.	yrs
Due to	
Other Conditions Hemiplegia	abt 3 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gustav Hyletsin M. D.
Address 2726 Penna. Av. Date signed 10-10-40

VS 3

F 73536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H

F 73536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Windsor Court Apartments
(c) Hospital or institution:
Garrison Blvd & Windsor Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Apt #2 Windsor Court Apartments 2111 Garrison Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1865

8. AGE: Years 75 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Fryer
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Robert M. Ward.
(b) Address 2111 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 11 1940 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1940, at 5 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Illuminating gas poisoning
Due to Cancer of Breast Lung & metabolosis to axillary lymph nodes.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/9/40
(c) Where did injury occur? Apt #2 Windsor Court Apts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas - kitchen stove

23. Signature W. H. Vandegrift M.D. Medical Examiner.
Date signed 10/9/40

VS 6

73537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-B F 73537

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 N. Dallas
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Dallas (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lulu Mannings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lonnie Mannings

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 17th 1908

8. AGE: Years 32 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Fairmount N. C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Holden Rowland

13. Birthplace N. C

MOTHER 14. Maiden Name Sallie Atkinson

15. Birthplace N. C

16 (a) Informant Lonnie Mannings

(b) Address 915 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11th 1940 (month) (day) (year)

(c) Cemetery or crematory Aaron Swamp

Location Robinson Co. N. C

18 (a) Funeral director Byron Dr. Admis W. Wright

(b) Address 1218 N. E. & Elderry St

19 (a) Date rec'd by registrar (b) Buried for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1940 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8 1940 to 10/10 1940 and that I last saw h[illegible] alive on 10/10 1940

Immediate cause of death	Duration
Bronchio-Pneumonia and Pleuring.	7 days
Due to Hypostasis & colds	2 days
Due to	
Other Conditions General Debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake

Address 1327 N. Central Date signed 10/10 M. D.

F 73538 16615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 73538 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use figures for dates and ages. Do not abbreviate. Give full name of institution, street number, etc. Be sure to state the causes of death clearly and legibly. Physicians: please write the cause of death and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 N. Ellwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Ella Hilditch Blondheim

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ Mr. John Blondheim
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 22, 1902

8. AGE: Years	Months	Days	If less than one day
38	1	16	..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Mr. Morris Hilditch
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine Myers
15. Birthplace Maryland

16 (a) Informant Mrs. Ella Blondheim
(b) Address 327 N. Ellwood

17 (a) Burial (b) Date thereof 10/11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Suburban Cem.
Location Balto. Md.

18 (a) Funeral director George J. Smith Son
(b) Address 1735 Harford Ave

19 (a) OCT 12 1940 (b) Huntington Hall Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1940, at 3:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Oct. 8 1940 and that I last saw her alive on Oct. 8 1940.

Immediate cause of death: Pulmonary infarction, Rt. — Duration: 5 days.
Cardiac Decompensation — 7 days
Due to Rheumatic Heart Disease and Sixth Pregnancy — 25 years
Due to Premature living child delivered spontaneously — 8 months over

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul J. Kaminski M. D.
Address Church Home + Infirmary Date signed 10/5/40

VS 3

F 73539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

40 B F 73539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Crossland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Aubrey V. Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-2413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bertie Brooks

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 14 1884

8. AGE:	Years	Months	Days	If less than one day
	55	011	26	hr. min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Shipbuilding

FATHER
12. Name Joseph J. Brooks
13. Birthplace —

MOTHER
14. Maiden Name Agnes Morton
15. Birthplace —

16 (a) Informant Mrs Aubrey V. Brooks
(b) Address 3613 Crossland Ave.

17 (a) Entombment (b) Date thereof Oct 12, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dunmont Mausoleum
Location Balto. Md.

18 (a) Funeral director Walter Boyden Bradley
(b) Address 1922 W. Mt. Royal Ave.

19 (a) OCT 11 1940 (b) Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10, 1940, at 3 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1, 1940, to Oct 10, 1940, and that I last saw him alive on Oct 10, 1940.

Immediate cause of death	Duration
Rt. Phlebitis & Pericarditis	
Due to Probable Septicemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lumpkin M. D.
Address Md. General Hosp. Date signed 10/11/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-W

Registered No. F 73540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Mc Culloh St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Mc Culloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Josephine Fletcher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3-1891

8. AGE: Years 49 | Months 5+ | Days 5 | If less than one day hr. min.

9. Birthplace Leatonsville, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Fletcher
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Fletcher
15. Birthplace Maryland

16 (a) Informant Mrs. Grace Quinn
(b) Address 2202 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 401 Mc Culloh St.

19 OCT 11 1940 Huntington Williams, M.D.
(Date rec'd by the Board) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8-40 19 , at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1940, to Oct 8 1940, and that I last saw h[illegible] alive on Oct 8 19 40.

Immediate cause of death Cardiac Dilatation — Duration

Due to Hypertensive Cardiovascular Renal Disease 3 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Barthan Higgins M. D.
Address 2245 Madison Date signed 10/11/40

VS 3

VS 3

73541
385-75-4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/31-A Registered No. F 73541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 N. Lansdale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Marion Holly
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-95
8. AGE: Years 44 | Months 9 | Days 26 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Hillary
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace R. I. — Records

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pennsylvania Ave Huntington Williams, N.D.

19 (a) OCT 11 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940 at 10 58 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 14 1940, to Oct 9 1940, and that I last saw her alive on Oct 9 1940

Immediate cause of death Uremia — Duration

Due to Hypertens. C.V. disease 2 renal arteriosclerosis

Due to Sulfathiazole anuria 1 Periarteritis nodosa

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 10-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Give full name of deceased. Give correct age in years, months, days. Physicians: please write the cause of death in such a way that the correct age is especially important. Physicians: please write the cause of death in such a way that the correct age is especially important.

F 73542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-15-D

Registered No. F 73542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal is authorized. Use only black ink. Do not abbreviate. Write the causes of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Indefinite or unsatisfactory causes will be returned for correction. Operations should be entered only if performed for the disease causing death. Do not enter merely symptoms. Do not enter occupations that are not dangerous or unhealthful. Do not enter names of persons who are not relatives. Be sure that all questions are answered. Omissions cause unnecessary correspondence and delay. Typewriting is preferred. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Genevieve Corbin

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bernard
6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years: 38 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county and state)
10. Usual Occupation: Housewife
11. Industry or business: .....

FATHER
12. Name: Emmitt Ball
13. Birthplace: Virginia

MOTHER
14. Maiden Name: — —
15. Birthplace: Virginia

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Zion
Location: .....

18 (a) Funeral director: Wm. G. Nelson
(b) Address: 1303 Pressman St.

19 OCT 11 1940 (Date rec'd by registrar) by: [illegible] for William [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-9 1940 at 1 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-7 1940 to Oct-9 1940, and that I last saw her alive on Oct-9 1940.

Immediate cause of death: Ludwig's Angina — Duration: .....
Due to: .....
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations: massive oedema of structures of neck
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature: Kenneth Powell M. D.
Address: Johns Hopkins Date signed: Oct 10

VS 3

F 73542-1

F 73543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 117-a

F 73543 1
Registered No. 975-14

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write th

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Merridale "
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Plymouth Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. James O'Mc Govern

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Minnie Jean Combs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1883

8. AGE: Years	Months	Days	If less than one day
57	7	13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Instructor in Mechanics
11. Industry or business St Marys Industrial School

FATHER
12. Name David James McGovern
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sarah Oliver
15. Birthplace Harford Co Md

16 (a) Informant James O McGovern
(b) Address Rfd 5 Catonsville Md

17 (a) Burial (b) Date thereof Sept 12 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons
(b) Address McCulloh & Orchards

19 (a) OCT 11 1940 Huntington Hollins [illegible]
(Date rec'd by Reg'str.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 8 1940, and that I last saw h[illegible] alive on Oct 8 1940.

Immediate cause of death	Duration
Perf Op. Bronchopneumonia	
Due to Peptic ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J R Downes MD M. D.
Address St Agnes Hosp Date signed Oct 11 1940

VS 3

F 73544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 73544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 5 (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Christian St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Bessie L. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1985

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Guy E. Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18-1889

8. AGE: Years 51 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Gladden

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Fry Tyler

15. Birthplace Md.

16 (a) Informant Mrs. Dorothy Smith

(b) Address 2117 Christian St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14/40 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore

18 (a) Funeral director George L. Lefevre

(b) Address 2101 Pulaski Ave.

19 (a) OCT 11 1940 (Date received by local registrar) (b) Huntingdon Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1940, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10- 1940, to 10-11 1940, and that I last saw h.e.r. alive on 10-11 1940.

Immediate cause of death Cerebral Haemorrhage — Duration

Due to Hypertension Cardio-Vascular disease

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral haemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Ford Lokas M. D.

Address Mercy Hospital Date signed 10-11-40

F 73545

VS 3

73545 25979--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 73545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Please state age in years, months, days, hours, or minutes, whichever is appropriate. Please especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern ave. 4-2
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 w. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Mason (RICHARD FURMAN MASON)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married widower

6 (b) Name of husband or wife: Mabel Mason
6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): March 8.1868

8. AGE: Years 72 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace: Sumter S.C. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: Jewler - retired 12yrs

FATHER
12. Name: Charles Thomas Mason
13. Birthplace: S.C.

MOTHER
14. Maiden Name: Judith Britton
15. Birthplace: S.C.

16 (a) Informant: B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.11.1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC
(b) Address: North Ave.& Broadway.

19 (a) 10 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9 1940 at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8/40 1940 to 10/9 1940. and that I last saw h[illegible] alive on 10/9 1940.

	Duration
Immediate cause of death: Postoperative shock	9 hrs.
Due to: Intestinal obstruction due to post inflammat adhesions	5 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: as above
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Sidney R Ehrlich Jr.
Address: Balto. City Hosp. Date signed 10/11/40 M. D.

vs

73546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 73546
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations. Be sure to correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. 22nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Nicholson

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife Effie Nicholson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1866

8. AGE: Years	Months	Days	If less than one day
73	11	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Retail Grocery

FATHER
12. Name Unknown Nicholson
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Effie Nicholson
(b) Address 266 E. 22nd St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

10/14/40 (Date rec'd by registrar) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1940, at 2.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24, 1940, to Oct. 11, 1940, and that I last saw him alive on Oct. 11, 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Post-Operative	
Due to Perforated Gall Bladder & Duodenal Cholic fistula formation	
Other Conditions Cholelithiasis	

(Include pregnancy within 3 months of death)

Major findings: Duodenal-Cholic fistula;
Of operations Gangrenous Gall Bladder; Cholelithiasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dale H. Coplan, M. D.
Address University Hospital Date signed 10/14/40

73547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 73547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St
(c) Hospital or institution: Crawford Nursing Home 7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 10
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Virginia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Gertrude R. Kauffman

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or ~~divorced~~: Married
6 (b) Name of husband ~~or wife~~ Garvin L. Kauffman
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 5th 1895

8. AGE: Years	Months	Days	If less than one day
45	9	6	hr. min.

9. Birthplace Martins Creek Pa.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Rev. Jacob M. Stover
13. Birthplace Aaronsburg Pa

MOTHER
14. Maiden Name Ella May Houseworth
15. Birthplace Selins Grove Pa.

16 (a) Informant Garvin L. Kauffman
(b) Address 3307 Virginia Ave

17 (a) Burial (b) Date thereof 10/14/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville, Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date rec'd by registrar (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11th 1940, at 4:30 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to Oct 10 1940, and that I last saw her alive on Oct 10 1940.

Immediate cause of death	Duration
Carcinoma Uterus	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Aisquith St Date signed 10/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure that every item is correct and complete. Especially important. Physicians: please write the causes of death clearly and legibly.

73548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 73548

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age where especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home and Infirmary
(c) Hospital or institution: 24

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 William Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1877

8. AGE: Years	Months	Days	If less than one day
63	8	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Horse wife
11. Industry or business

FATHER
12. Name Charles C. Chambers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Fetterstein
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Russell Loizeaux
(b) Address 2805 Pinewood Ave.

17 (a) Burial (b) Date thereof Oct. 13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Brooklyn Anne Arundel Co. Md.

18 (a) Funeral director Margaret F. Flynn
(b) Address 1422 Light

19 (a) (b) Harrington Williams, M.D. Registrar
Date rec'd by registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1940, at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from September 28 1940, to October 10 1940, and that I last saw her alive on October 10 1940.

Immediate cause of death	Duration
Carcinoma of Cervix Uteri	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edgar Lees Church Home & Infirmary M. D.
Address October 11, 1940 Date signed

F 73549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 73549 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK, and fill all blanks. Use the space for remarks to report the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2727 E Monument
(c) Hospital or institution: 7 1/2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 E Monument
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Daiker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Carl Daiker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18-1871

8. AGE: Years 69 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name John Baum
13. Birthplace Switzerland

MOTHER
14. Maiden Name Don't know
15. Birthplace Switzerland

16 (a) Informant Mrs Wm Ellingsaus
(b) Address 2727 E Monument

17 (a) Burial (b) Date thereof Oct 12-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Orleans St

19 (a) (b) Registrar
(Date rec'd by registrar) Oct 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 1936, to OCT. 9, 1940 and that I last saw her alive on OCT 9 1940.

Immediate cause of death STARVATION — Duration 2 MO.

Due to CARCINOMA STOMACH — 5 YRS.

Due to

Other Conditions ARTERIO SCLEROSIS ? MYOCARDITIS

(Include pregnancy within 3 months of death)

Major findings:
Of operations CARCINOMATOSIS GENERALIZED
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Kleines M. D.
Address 2623 E. Monument Date signed 10/10/40

VS 3 40 [illegible] 110

E 73550
386647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1140 Registered No. E 73550

PLEASE WRITE PLAINLY with pen or pencil. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Etting (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wesley O Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/40

8. AGE: Years	Months	Days	If less than one day
	2		hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wes Jones
13. Birthplace Va

MOTHER
14. Maiden Name Katie Guthrie
15. Birthplace NY

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-2 1940, to Oct 10 1940, and that I last saw him alive on Oct-10 1940

Immediate cause of death	Duration
Diarrhoea	2 wks
Due to non-specific	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Henry P. Bolton M. D.
Address Johns Hopkins Hosp Date signed 10-11-40

VS 2

73551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73551

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1852 Pennsylvania ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1852 Pennsylvania ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Albert Branch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Cecelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40	9	7	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Branch
13. Birthplace Va

MOTHER
14. Maiden Name Bettie ?
15. Birthplace Va.

16 (a) Informant Cecelia Branch
(b) Address 1346 Francis st

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location —

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) 10-10-40 (Date rec'd by registrar) (b) Huntingdon Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1940 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1940 to Oct. 7 1940 and that I last saw h[e] alive on Oct. 7 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Hypertension — Duration D.K.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. N. Pitts M.D.

Address 1536 W. Lanvale St. Date signed 10/8/40

VS 3

73552

HEALTH DEPARTMENT—CITY OF BALTIMORE

73552

CERTIFICATE OF DEATH

V 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 E Cross St. (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 5 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theresa F. Ohm

If U. S. Veteran specify WAR

(a) Residence: No. 1295 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jefferson A. Ohm.

6. DATE OF BIRTH (month, day, year) May 1 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Seitz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Walburga LECHNER

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Barbara Rosenberger

(Address) 32 Poultney St

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross D.O.C. 10-14 1940

19. UNDERTAKER Bernard C. Harlan

(Address) 121 E Mad St

20. FILED OCT 12 1940 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10th 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1935 to Oct 10th 1940

I last saw her alive on Oct 10 1940. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 mo.
Other contributory causes of importance: Diabetes	5 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. Wallace M. D.

(Address) 1279 William St

information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 51-3

F 73553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-3-11 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Charles H. Morgan

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Elizabeth McWilliams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20-1861

8. AGE: Years 79 | Months 7 | Days 29 8 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Horseman
11. Industry or business Rennert Hotel

FATHER
12. Name John Morgan
13. Birthplace Scotland

MOTHER
14. Maiden Name Not known
15. Birthplace Scotland

16 (a) Informant Mrs. Mary F. McKay
(b) Address 729 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin Son
(b) Address 924 E. Eager St.

19 (a) Filed 10-14-40 (Date rec'd by registrar) Christopher Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1937, to Oct 10 1940, and that I last saw him alive on Oct 10 1940.

	Duration
Immediate cause of death: Metastatic carcinoma of Lumbar brain	
Due to Lesion of Prostate	2 yrs
Due to cerebral Arteriosclerosis	
Other Conditions Chronic cholelithiasis ?	
Coronary occlusion left side (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinomatosis to paraesmentonosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan P. McKay M. D.
Address 326 Frederick Rd Date signed

73551 386555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 54 B

F 73554
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all blanks. Give the causes of death clearly and legibly. Physicians: please write the correct age, especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W 3rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew F Young ✓

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-93

8. AGE: Years 47 | Months 3 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation Merchant
11. Industry or business 2nd Hand Store

FATHER
12. Name Andrew J Young
13. Birthplace VA

MOTHER
14. Maiden Name Lizzie White
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 10/17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cemetery
Location New Church Rd
18 (a) Funeral director McCord
(b) Address 1298 E Cold St
(c) Harrisburg Pa
(Date rec'd by registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 3061 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 12 1940, and that I last saw HIM alive on Oct 12 1940.

Immediate cause of death	Duration
Acoustic Neuroma malignant	3½ yrs.
Due to	over
Due to	
Other Conditions Lobar pneumonia	6 da

(Include pregnancy within 3 months of death)

Major findings:
Of operations Angle tumor
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Hummel 3803 M. D.
Address 1 W 39 St Date signed 10-12-40

73555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73555 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Spell out full the name of cities or towns, the causes of death clearly and legibly. Give correct age in years, months, days. Every question is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Bethlehem (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 E. 4th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Veronica Orlando

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1910

8. AGE: Years: 30 | Months: 8 | Days: 13/14 | If less than one day: hr. min.

9. Birthplace Bethlehem, Penna. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Benjamin Orlando
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabeth Subitoso
15. Birthplace Italy

16 (a) Informant J. S. Hershey, M.D
(b) Address Union Memorial Hosp.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 21/40 (month) (day) (year)
(c) Cemetery or crematory BETHLEHEM PA.
Location BETHLEHEM PA

18 (a) Funeral director Lilly & Zoellner
(b) Address 403 S. WOLF ST.

19 (a) (Date) (b) (Registered by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1940, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1939, to Oct 11 1940, and that I last saw her alive on Oct 11 1940.

Immediate cause of death: Chr. Debilitating Process — Duration: 1½ yrs
Due to Carcinoma Left Hip — 2 yrs
Due to Burn Left Hip — over
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Calvin Abrams M. D.
Address Union Memorial Hosp Date signed 10-11-40

VS 3 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B F 73556
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or "unknown" or "none" entered as the case may be. Use black ink and correct any mistake carefully. Do not write in margins. Do not fold. Be especially careful to write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry N. Adams

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-2953

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary M. Adams
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 9, 1877

8. AGE: Years	Months	Days	If less than one day
63	2	1	hr. min.

9. Birthplace Baltimore County, Md
(Town, county, and state)
10. Usual Occupation Saw Miller (Carpenter)
11. Industry or business Consolidated Engineering Co

FATHER
12. Name Stephen Decature Adams
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Annie E. Walters
15. Birthplace Germany

16 (a) Informant Mrs. Mary M. Adams (Wife)
(b) Address 3009 Eastern Ave., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Rockwood Cemetery
Location Md.

18 (a) Funeral director H. Howard Evans
(b) Address 1400-02 N. Eutaw St.

19 (a) Oct 14 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940, to Oct 10 1940, and that I last saw him alive on Oct-10-1940

Immediate cause of death	Duration
Hypostatic pneumonia	over
& Mitral Insufficiency	
Due to Arterio sclerosis	
B. Limit	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. O'Carman M.D.
Address 1701 N. Carolina Date signed 10-11-40

VS 3

3557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 73557
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Kelly Saulter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Herman Saulter

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 9-7-1913

8. AGE: Years	Months	Days	If less than one day
27	1	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Kelly
13. Birthplace North Carolina

MOTHER
14. Maiden Name Laura Hardman
15. Birthplace North Carolina

16 (a) Informant Laura Hardman Kelly (mother)
(b) Address 405 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory St. Philips Cem.
Location Wrightsburg, N.C.

18 (a) Funeral director Chas L. Cooper
(b) Address 514 N. Calhoun St.

19 (Date rec'd by registrar) Huntington Williams, Registrar

OCT 19 1940

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940 at 4:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage
Cerebral edema following
Due to Concussion

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/9/40 @ Winters St.
(c) Where did injury occur? Washington Blvd one mile west (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes Gainer
(e) Means of injury Motor car passenger struck

23. Signature Medical Examiner. M.D.

Date signed 10/10/40

F 73558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157

F 73558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 E. Gittings St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 E. Gittings St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Irwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11/40

8. AGE: Years | Months Infant | Days | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas J. Irwin
13. Birthplace Balto Md

MOTHER 14. Maiden Name agnes Roach
15. Birthplace Balto, Md

16 (a) Informant Tho. J. Roach
(b) Address 527 gittings St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md

18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.

19 (a) Filed OCT 14 1940 (Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1940 to Oct 12 1940, and that I last saw h w alive on Oct 12 1940.

Immediate cause of death	Duration
Cerebral tumor	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Pierce M. D.
Address 1279 Pulham Pl Date signed 10/14/40

F 73559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 73559

PLEASE WRITE PLAINLY, with unfading ink. Fill in all items. Be sure to state the causes of death clearly and legibly. Give exact residence and correct age in every case. Age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Franklintown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brentie Belle Grove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: late Bernard E Grove

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1886

8. AGE: Years 54 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Arthur M. Green
13. Birthplace Virginia

MOTHER
14. Maiden Name Nellie Jane Brown
15. Birthplace Virginia

16 (a) Informant Forest F. Grove
(b) Address 623 Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Front Royal Va.

18 (a) Funeral director Harry H Wiltshe
(b) Address 4101 Edmondson Ave

19 (a) OCT 12 1940 (Date received by registrar) (b) Huntington Williams, Mgr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 12 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to October 12 1940, and that I last saw her alive on October 11 1940.

	Duration
Immediate cause of death: Cerebral Hemmorhage	4 days
Due to: Hypertension	about indefinite
Due to:	
Other Conditions: Carcinoma of Intestines (Include pregnancy within 3 months of death)	about 2 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave Date signed 10-12-40

F 73560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 W

Registered No. F 73560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Baker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Baker St. (If rural give location)
1546
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys E. Oelmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Albert W. Oelmann Jr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1896

8. AGE: Years	Months	Days	If less than one day
44	7	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER 12. Name Albert Mathews

13. Birthplace Va.

MOTHER 14. Maiden Name Agnes J. Everson

15. Birthplace Va.

16 (a) Informant Albert W. Oelmann Jr.

(b) Address 2921 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzel

(b) Address 4101 Edmondson Ave

19 (a) Date received by registrar OCT 13 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1940, to Oct 10th 1940, and that I last saw h alive on Oct 10th 1940

Immediate cause of death Carcinoma Kidney with Metastases — Duration 4 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 3045 W North Ave Date signed 10/11/40

F 73561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 73561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Myrtle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Harry Greif

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	W.

6 (b) Name of husband or wife Sara Esa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1873

8. AGE: Years	Months	Days	If less than one day
67	7	20	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business Real Estate

FATHER
12. Name Solomon Isaac Greif
13. Birthplace Poland.

MOTHER
14. Maiden Name Sara Leah
15. Birthplace Poland.

16 (a) Informant Sol Greif
(b) Address 1347 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levin & Bros
(b) Address 1244-46 N. North ave

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/11 1940, at 9:15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940 to Oct. 11 1940 and that I last saw him alive on Oct. 11, 1940.

Immediate cause of death	Duration
Diabetes acidosis	2 days
Due to Diabetes	
Due to	
Other Conditions Myeloid Leukemia, Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Rusk M. D.
Address Sinai Hosp. Date signed 10/11/40

F 73562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a

Registered No. F 73562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Entry of cause of death without correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital.
(b) Street address Monument & Rutland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Glen ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allan I. Sokolove

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Oct 22 1939
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 11 | Days: 20 | If less than one day: 19 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Victor Sokolove
13. Birthplace Phila Pa.

MOTHER
14. Maiden Name Madelon Schloss
15. Birthplace Balto

16 (a) Informant Victor Sokolove
(b) Address 3712 Glen ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Location Franklin ave

18 (a) Funeral director Wm Lewenthal & Bro
(b) Address 1126-28 W North ave

19 OCT 13 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1940, to Oct. 11 1940, and that I last saw him alive on Oct 1 1940.

Immediate cause of death	Duration
Hydrocephalus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jules N. Borden M. D.
Address Sinai Hospital Date signed 10/14/40

VS 3

VS 3

73563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

Registered No. F 73563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to all items. Use additional sheet if necessary. Physicians: please write the causes of death clearly and legibly. Underline the cause which should be charged statistically. Please answer all questions, especially those regarding age and the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman & Caroline Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Lawnview Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Ludwig

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-14-1038

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Josephine Ludwig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/4/69

8. AGE: Years 71 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired Baker

11. Industry or business

FATHER
12. Name John Ludwig
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Stehl
15. Birthplace Germany

16 (a) Informant Josephine Ludwig
(b) Address 3127 Lawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Wm. H. Jas. John W. Teufel & Son
(b) Address 824 W. Fayette St

OCT 13 1940

19 (a) (Date rec'd by registrar) (b) Harrington for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Oct 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death Generalized carcinomatosis

Due to Carcinoma of head of pancreas

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized carcinomatosis
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad R. Richter M. D.

Address St. Joseph's Hosp. Date signed 10/12/40

Will stop for Hilen E

73564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 73564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use the word "None" where it is the correct answer. Do not use dashes or ditto marks. Be sure to state the causes of death clearly and legibly. Ages, especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4208 Maine Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Maine Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA ZIMMERMANN

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	21	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired Saleslady
11. Industry or business

FATHER
12. Name Charles Zimmermann
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Ullrich
15. Birthplace Germany

16 (a) Informant Mrs. Ray McDonald
(b) Address 4208 Maine Avenue

17 (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

OCT 13 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940, at 10:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Oct 11 1940, and that I last saw her alive on Oct 11 1940.

Immediate cause of death	Duration
Hypertension	3 yrs.
Myocardial Infarct	6 mo.
Due to	
Due to Coronary Thrombosis.	10 minutes.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Watson Bond M. D.
Address 806 N Fulton Ave Date signed 10/12/40

F 73565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3

Registered No. F 73565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Avenue
(c) Hospital or institution: Methodist Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

71-12

3 (a) FULL NAME FRANCES M. GOODWIN

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas Foutz Goodwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1864

8. AGE: Years	Months	Days	If less than one day
76	6	7	hr. min.

9. Birthplace Carroll County, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alexander Horner
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Julia Kraft
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. George Bacot
(b) Address 4401 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 OCT 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to Oct 12 1940 and that I last saw her alive on Oct 11 1940.

Immediate cause of death	Duration
(a) Chr. Cholecystitis	
(b) Chr. Nephritis	
Due to	
Due to	
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Shannon M. D.
Address 708 N. Fulton Ave. Date signed 10/14/40

F 73566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that every item is correctly answered.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 N. Fulton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-2

3 (a) FULL NAME WILLIAM FREDERICK GILLER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth W. Giller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 24, 1860

8. AGE: Years 80 | Months 6 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Cigar Manufacturer
11. Industry or business: Self

FATHER
12. Name: Charles Giller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Mira Malinda Krise
(b) Address: Blue Ridge Summit, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 OCT 13 1940 (Date rec'd by registrar) by Christine Williams, Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1940, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940 to Oct 11 1940 and that I last saw him alive on Oct 11 1940.

Immediate cause of death: Hypertensive Cardio-vascular disease — Duration
Due to: Chronic Myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Louis T. Lacy, M.D.
Address: 1846 Linden Ave. Date signed: 10/17/40

VS 3

VS 3

F 73567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a

Registered No. F 73567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Use the word "None" where necessary. Please write the correct age in years of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.,
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 3315 Presstman Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET J. WROTEN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Oliver P. Wroten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1862

8. AGE: Years	Months	Days	If less than one day
78	7	9	hr. min.

9. Birthplace Golden Hill, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Tyler
13. Birthplace Maryland

MOTHER
14. Maiden Name Cassandra Gude
15. Birthplace Maryland

16 (a) Informant Mrs. Norma M. McKenney
(b) Address 3315 Presstman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/40 (month) (day) (year)
(c) Cemetery or crematory
Location Cambridge, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

19 (a) OCT 13 1940 (Date received by registrar) (b) Registrar Huntington Willi[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1940, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 12 1940, and that I last saw h[illegible] alive on Oct 11 1940.

Immediate cause of death Coronary occlusion — Duration ½ hr.
Due to Arteriosclerosis — years
Due to
Other Conditions Ureteral calculus, cystitis, pyelitis, left
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystoscopic - left ureteral calculus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence –
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work? –
(Specify type of place)
(e) Means of injury –

23. Signature R.R. Williams M. D.
Address Univ. Hosp. Date signed 10-12-40

VS 3

VS 3

F 73568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 73568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paula H Hebert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry A. Hebert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 23 - 1872

8. AGE: Years	Months	Days	If less than one day
68	1	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Karl Thees
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Brandes
15. Birthplace Germany

16 (a) Informant Mrs Dora Loughlin
(b) Address 3216 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore
18 (a) Funeral director John Ellicott
(b) Address 2017 E Baltimore
19 (d) OCT 13 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 7½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/4/1940 to 10/11 1940, and that I last saw h SR alive on 10/11 1940.

Immediate cause of death	Duration
HYPERTENSIVE C-V DISEASE	
NEPHRITIS	
Due to	
Due to	
Other Conditions DIABETES MELLITUS	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S.G. Coughlan
Address University Hospital Date signed 10/12/40

VS 3

73569 LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 73569

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Do not write above or below lines. Be sure to write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Every question must be answered. Where the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 426 N Port St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Chaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edgar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1901

8. AGE: Years 39 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Stock
13. Birthplace Germany

MOTHER 14. Maiden Name Marie Knaupp
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Ellerick
(b) Address 2 & Orleans

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Willis M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940, to 10-10 1940, and that I last saw her alive on 10-10 1940.

	Duration
Immediate cause of death: Cardiac failure	14 months
Due to: Mitral stenosis	7
Due to: Rheumatic heart disease	20 yrs.
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospitals Date signed 10-12-40

VS 3

VS 3

73570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 73570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Rankin Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Nellie M. Carney

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward L. Carney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1872

8. AGE: Years 68 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace New York

MOTHER 14. Maiden Name Margaret Thum
15. Birthplace New York

16 (a) Informant Edward L. Carney
(b) Address 1228 Rankin Place

17 (a) Burial, cremation, or removal (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory Ithaca
Location: Ithaca, Michigan

18 (a) Funeral director Fullum & Son
(b) Address 1217 E. Fort Ave

Date received in this office OCT 13 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1940, at 11:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-40 19..., to 10-12-40 19..., and that I last saw her alive on 10-12-40 19...

Immediate cause of death	Duration
Respiratory failure	
Due to Carcinoma of Stomach & abdominal Carcinomatosis	12 Months
Due to	
Other Conditions Malnutrition AND Sepsis	

(Include pregnancy within 3 months of death)

Major findings: Biopsy of Gland in L
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: P B Sloman M. D.
Address Univ. Hosp. Date signed 10-13-40

VS 3

73571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 73571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before any burial or removal. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 E. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 yr. years

63

3 (a) FULL NAME MINNIE SELITERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Mayer Attorney
13. Birthplace Russia

MOTHER
14. Maiden Name Bruna
15. Birthplace Russia

16 (a) Informant Samuel Seliterman
(b) Address 2107 E. Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy. & Hamilton Ave

18 (a) Funeral director Levi Levin Inc.
(b) Address 439 E. Baltimore St

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11- 1940; at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1920, to Oct 11 1940 and that I last saw h[illegible] alive on Oct 11 1940.

Immediate cause of death	Duration
Cardiac dilatation	
Due to Bronchial Asthma	
Due to	
Other Conditions Coronary	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.

Address 226 Kenilworth Date signed 10/13/40

73572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. 73572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Mt Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Isaac Sinclair ZIRLIN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Gertie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Cem.
Location Loudon Cem

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (d) OCT 13 1940 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1940, at 12.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 10-13 1940, and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary occlusion	2 hrs
Due to Arteriosclerotic Heart Dis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julius Klein
Address Sinai Hospital Date signed M. 10 D. 13/40

VS 3

F 73573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

Registered No. F 73573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 h.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

found at home.

3 (a) FULL NAME RICHARD DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-1084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Davis
13. Birthplace Frederick Co

MOTHER 14. Maiden Name Clara Fisher
15. Birthplace Frederick Co

16 (a) Informant Clara Fisher
(b) Address Union Bridge. Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/17/40 (month) (day) (year)
(c) Cemetery or crematory Old Field
Location Frederick County

18 (a) Funeral director Raymond R. Wright
(b) Address Union Bridge. Md

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 8 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 10-11-40

VS 6

73574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. F 73574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 E Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES GABARDINE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1- 1931

8. AGE: Years 9 | Months 2 | Days 1 10 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name Leo. Gabardine

13. Birthplace New York

MOTHER 14. Maiden Name Loretta Wise

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Loretta Gabardine

(b) Address 3310 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer.

Location Belair Rd.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Balto. St.

19 OCT 13 1940 (Date received by local Registrar) (b) Huntington Williams Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940, at 3 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of base of

Due to skull

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 10th, 1940
(c) Where did injury occur? Lemmon Ave 30 ft West of Highland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Roadway (Specify type of place) While at work? —
(e) Means of injury Struck by auto while crossing street

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 10-11-40

73575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 73575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) ? Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 1
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Forge Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Widower

6 (b) Name of husband or wife Helen Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER
12. Name William H Brooks
13. Birthplace Pa

MOTHER
14. Maiden Name Josephine Coomes
15. Birthplace Md.

16 (a) Informant Mrs. Bessie Knox
(b) Address 908 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director [signature]
(b) Address 3006 W. Baltimore St.

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 | 10 | 40 19..., at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 | 13 19 40 to 10 | 10 19 40, and that I last saw him alive on 10 | 10 19 40

Immediate cause of death: Cerebral embolism — Duration: 1 month

Due to: Coronary thrombosis — old - ?

Due to: Arteriosclerotic heart disease — years

Other Conditions: 0

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Calvin Abrams
Address Union Memorial Hosp Date signed M. 10 D. 10 40

VS 2

73576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 S. Tremont Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Tremont Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert A. Neumann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth B. Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Gardner - Self
11. Industry or business

FATHER
12. Name Charles Neumann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. John Matthews
(b) Address 1 S. Tremont Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940, at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1940 to 10-11 1940 and that I last saw h im alive on 10-10 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Ch. Myocarditis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Arnold M. D.
Address 4209 Frederick Ave. Date signed 10/11/40

VS 3

73577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B Registered No. F 73577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 N. BOND ST.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 61 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N. BOND ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HELENA GERTRUDE WOLLENBERG

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-8350

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	SINGLE

6 (b) Name of husband or wife — 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DECEMBER 17, 1878

8. AGE: Years	Months	Days	If less than one day
61	9	25 24	— hr. — min.

9. Birthplace BALTIMORE CITY (Town, county, and state)
10. Usual Occupation SEAMSTRESS
11. Industry or business CASKET MANUFACTURING

FATHER
12. Name HERMAN WOLLENBERG
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH GONTRUM
15. Birthplace BALTIMORE CITY

16 (a) Informant ANNA CATHERINE FOARD
(b) Address 1734 N. BOND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 14, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ BALTIMORE
Location EAST END NORTH AVE

18 (a) Funeral director Walter Booth Bradley
(b) Address 1922 W. NORTH AVENUE.

OCT 13 1940 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 11, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 6 1940, to Oct 11 1940, and that I last saw her alive on Oct 11 1940.

Immediate cause of death: Angina Pectoris — Duration
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. O. Carman M. D.
Address 1201 N Carolina Date signed 10-12-40

VS 3

73578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 73578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Monument Street
(c) Hospital or institution: Sinai Hospital, Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lina Goldsmith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Fred Goldsmith | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1867

8. AGE: Years 73 | Months — | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lazarus Gradberger
13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta [illegible]
15. Birthplace Germany

16 (a) Informant Bertha Solomon
(b) Address Alhambra Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location Balto. + Conkling Sts

18 (a) Funeral director J. Emory Deaver
(b) Address 1732 Pennsylvania Ave

19 OCT 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1940, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1940 to 1940, and that I last saw h alive on 10/12 1940.

Immediate cause of death	Duration
Hemopericardium due to ruptured myocardium	15 min
Due to Myocardial infarction	
from coronary sclerosis	
Due to arteriosclerosis	10 yrs
Other Conditions Myomata uteri	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy mentioned above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Theis M. D.
Address Sinai Hospital Date signed 10/13/40

VS 3

VS 8

73579 77 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73579
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write; this information is especially important. If any of these items are incorrect, please correct.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Pattesann Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Stoecker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4226

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/20

8. AGE: Years	Months	Days	If less than one day
20	0	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Air Craft Mechanic
11. Industry or business Glenn L. Martin

FATHER
12. Name Otto Stoecker
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Brusak
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Frank Cvach & Son
(b) Address 900 N. Chester St.

(a) (Date rec'd by registrar) 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11-1940, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-1940, to 10-11-1940 and that I last saw him alive on 10-11-1940

Immediate cause of death	Duration
Intestinal obstruction	?
Due to	
The peritonitis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-11-40

73580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 23580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates and ages. Where there is no entry, write "None." Physicians: please write the cause of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Do not use abbreviations or symbols. Please state the disease causing death, or in deaths from violence, the nature of injury. State also whether it was accidental, suicidal or homicidal. Please fill in all items, and make the certificate complete and correct as possible. Write in ink or use typewriter. Signature and address of informant are required. Please write plainly. Physicians: please report promptly to the Registrar the exact cause of death. Please report at once any case coming under your care without medical attendance. Please answer every question. Write plainly with pen and ink. Use no abbreviations. Make a personal effort to secure complete information. Be sure that your certificate is signed and dated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Berger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Berger | 6 (c) If alive, give age: 0 years

7. Birth date of deceased (mo., day, yr.): Feb 3 1871

8. AGE: Years: 69 | Months: 8 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER 12. Name: Ferdinand Dreyfer

13. Birthplace: Germany

MOTHER 14. Maiden Name: Mary ?

15. Birthplace: Germany

16 (a) Informant: Mary Fackler

(b) Address: 153 ft N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14-40 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Baltimore Md

18 (a) Funeral director: Albert W. Berger

(b) Address: 440 E. North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

OK VR

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 6.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Oct 11 1940, and that I last saw h[illegible] alive on 10/11 1940

Immediate cause of death: Uterus adenocarcinoma — Duration: 2

Due to: vaginal and bowel

Due to:

Other Conditions: Diabetes Mellitus — Duration: 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert W. Berger

Address 939 McCulloh St Date signed 10/13/40 (M. D.)

F 73581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73581 Registered No. 761-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Rural - Carney (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugenia McDaniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1940.

8. AGE: Years	Months	Days	If less than one day
	2	14	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Harry McDaniel
13. Birthplace Virginia

MOTHER
14. Maiden Name Doris Miller
15. Birthplace

16 (a) Informant Harry McDaniel
(b) Address Ridgely Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Balto Co. Md

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd

OCT 14 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1940, at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1940, to Oct 13 1940, and that I last saw her alive on Oct 13 1940.

Immediate cause of death	Duration
Extreme dehydration	
Due to Repeated vomiting	6 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Extreme dehydration.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Forest C. Meade M.D.

Address Mercy Hospital Date signed Oct 13, 1940

F 73582

F 73582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170 C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2 1 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Denver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH E SCHULTZ JR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1932

8. AGE: Years 8 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Balto - Md. (Town, county, and state)
10. Usual Occupation At School
11. Industry or business

FATHER
12. Name Joseph E. Schultz Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Grace Buckler
15. Birthplace Balto - Md.

16 (a) Informant Joseph E. Schultz Sr.
(b) Address 1207 Denver St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Park Co
Location

18 (a) Funeral director L. Schloman & Son
(b) Address 1039 Hanover St. Williamsport, Md

19 OCT 14 1940 Huntingtor (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940 at 7.51 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy and Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock traumatic — Duration

Due to: Fracture of skull

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 11th 1940
(c) Where did injury occur? Intersection of Russell and West St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work?
(e) Means of injury Struck by auto while crossing St.

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 10-11-40

VS 6

crossing at

F 73583

F 73583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1701

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY G. BOYLAN

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 212-18-8015

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1921

8. AGE: Years 19 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Helper Sheet Metal

11. Industry or business " "

FATHER
12. Name Harry N. Boylan
13. Birthplace Harrisinburg Va.

MOTHER
14. Maiden Name Selma C. McCormick
15. Birthplace Baltimore Md.

16 (a) Informant Harry N. Boylan
(b) Address 827 Franklintown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (a) Date received by registrar OCT 14 1940 (b) Filed by Attorney for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1940 at 11 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of right ind & skull — Duration

Due to

Due to

Other Conditions: Fracture, compound right tibia & fibula
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 11, 1940 20-h
(c) Where did injury occur? Edmondson Ave 200 ft E of Hilton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury motorcycle collided with back of parked truck

23. Signature Dr. L. Wollenweber M.D. Medical Examiner.

Date signed 20-11-40

VS 6

bed of parked truck

F 73584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 73584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use terminology supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 12-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter L. Eubank

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 719-07-1386

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Kathryn C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31 1862

8. AGE: Years: 78 | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Clerk - Seaboard RR.
11. Industry or business

FATHER
12. Name: George H Eubank
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Annie Plunkett
15. Birthplace: Virginia

16 (a) Informant: Mrs. Kathryn C Clark
(b) Address: 1700 St Paul St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 13 1940 (month) (day) (year)
(c) Cemetery or crematory: Olive Branch
Location: Portsmouth Va

18 (a) Funeral director: William J Duckett & Son
(b) Address: Bush & Pennsylvania Aves

19 (a) Date received: OCT 14 1940 (b) Registrar: Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12-40 19 , at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12-1940, to 10-12 1940, and that I last saw him alive on 10-12 1940.

Immediate cause of death: Coronary occlusion — Duration: 2 days
Due to: Arteriosclerosis — Duration: Uncertain
Due to: Diabetes Mellitus — Duration: Uncertain
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph B. Seybert M. D.
Address 7802 Harford Rd Date signed 10-12-40

F 73585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73585 ✓443 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write NONE. Use additional sheet if necessary. Be sure to state the causes of death clearly and legibly. Underlining the cause to which death should be charged statistically. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5234 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5234 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Felter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Irene Hartzell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1855

8. AGE: Years	Months	Days	If less than one day
84	11	23	hr. min.

9. Birthplace Germahy (Town, county, and state)
10. Usual Occupation Construction Contractor
11. Industry or business Self (Retired)

FATHER
12. Name ? Felter
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Harr
15. Birthplace Germany

16 (a) Informant Mr. Arthur Felter
(b) Address 5234 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

OCT 14 1940

19 (a) (Date rec'd by registrar) (b) Huntington Register

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1940, 5:15A M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/18 1940, to Oct 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death	Duration
1) Arteriosclerotic Heart Disease &	6 years
Due to	
Due to	
Other Conditions Hodgkins Disease ?	1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Biopsy of Gland

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 10/14/40

F 73585

VS 3

F 73586

F 73586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to state correct age in years, months, or days. Be sure to state the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Ferndale Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Ferndale Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMILY W. RIPPARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Meade Rippard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1878

8. AGE: Years	Months	Days	If less than one day
62	1	10	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. W. Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Higgins
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Meade Rippard
(b) Address 3302 Ferndale Avenue

17 (a) Burial (b) Date thereof 10/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) OCT 14 1940 Huntington Williams
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1940, to Oct 13 1940, and that I last saw h[er] alive on Oct 12 1940.

Immediate cause of death Coronary Thrombosis — Duration 5 days
Due to Arteriosclerotic Cardio Vasc. Disease — 7 yrs
Due to Hypertension Cardio Vasc Disease — 1 yr
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. P Abbott M. D.
Address 450 E Libert[y] Heights Ave Date signed 10-14-40

VS 3

F 73587

VS 2

10-14-40

F 7587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 73587
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Race street
(c) Hospital or institution:
2301
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Race St (If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME Marie K Bachmann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Christopher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/12/1855

8. AGE: Years	Months	Days	If less than one day
85	0	1	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Bachmann
13. Birthplace Germany

MOTHER
14. Maiden Name Bachmann
15. Birthplace Germany

16 (a) Informant Friend Baltimore, Md
(b) Address 1413 Race St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto Md

18 (a) Funeral director A. Bernard Evans
(b) Address 1400 Hollins St

19 (a) Huntington Williams, M.D. (b) Registrar
OCT 14 1940 (Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 1 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Vandegrift M.D.
Medical Examiner.
Date signed 10/13/40

VS 6

F 73588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 73588
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1254 Battery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1254 Battery ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Oscar W. Jett Sr

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-09-8007

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: M. Dora Jett
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1880

8. AGE: Years 59 | Months 10 | Days | If less than one day: hr. min.

9. Birthplace Anne Arundel Co Md
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Louis H Jett
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Watson
15. Birthplace Md

16 (a) Informant M. Dora Jett
(b) Address 1254 Battery ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Meadow Ridge Memorial Park Buried in Md

18 (a) Funeral director A. Bauer & Sons
(b) Address 1400 W Lanvale St

19 (a) OCT 14 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12/1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1937 to October 1940 and that I last saw h. alive on 10/12 1940

Immediate cause of death: acute pulmonary oedema — Duration: one hour
Due to: chronic myocarditis — 2 years
Due to: Hypertension
Other Conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 525 S. Charles St Date signed 10/13/40

F 73589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73589 Registered No. 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Mc Donogh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Mc Donogh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Charles Baynes
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lillian Baynes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1881

8. AGE: Years	Months	Days	If less than one day
59	—	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Lather
11. Industry or business For himself

FATHER
12. Name Charles Baynes
13. Birthplace Maryland

MOTHER
14. Maiden Name Eunice Server
15. Birthplace Maryland

16 (a) Informant Mrs. Aldrick
(b) Address 1901 Mc Donogh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14th 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem
Location E North Ave

18 (a) Funeral director Leo D. Crook
(b) Address 1701 N Patt. Park Ave. Huntington Williams, M.D.

19 (a) OCT 14 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940 at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma Mediastinum — Duration 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Aldrick M.D. Medical Examiner.
Date signed 10/11/40.

VS 6

F 73596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 73590 Registered No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 S. Charles.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 S. Charles. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Muhly.

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Lena Fuchs.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9. 1869

8. AGE: Years	Months	Days	If less than one day
70	11	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Baker.
11. Industry or business

FATHER
12. Name Christian Muhly
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Bauer
15. Birthplace Baltimore Md.

16 (a) Informant Edwin C. Muhly.
(b) Address 3818 Tudor Arms. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 1940 (month) (day) (year)
(c) Cemetery or crematory Emmanuel
Location City

18 (a) Funeral director Thos. John W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) OCT 14 1940 (Date rec'd by Reg'r) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 10:30 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Oct 12 1940
and that I last saw h[illegible] alive on Oct 12 1940.

Immediate cause of death	Duration
Coronary occlusion	one day
Due to Arteriosclerosis	
Due to	
Other Conditions Anasarca	2 weeks
Chronic myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Isaac Muller
Address 1228 N. Charles St. Date signed 10/14/40 M. D.

73591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/21

F 73591
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution:
Sinai Hospital 15-1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Violet ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Nathanson Nathanson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Hyman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Sol Brawn
13. Birthplace Russia

MOTHER
14. Maiden Name Baila ?
15. Birthplace Russia

16 (a) Informant Eugene Nathanson
(b) Address 2817 Violet ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14/40 (month) (day) (year)
(c) Cemetery or crematory Edgewood Memorial
Location Edgewood Rd

18 (a) Funeral director Jos Levinson Bur
(b) Address 1124-26 W North ave

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Huntington Wilkins Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24/ 1940, to 10/13 1940, and that I last saw h[illegible] alive on 10/13 1940.

Immediate cause of death	Duration
Pneumonia - Intubation	
Cardiac Decompensation	
Due to Pneumonia - Intubation	
Due to Arteriosclerosis Chronic Pancreatitis	
Other Conditions Peritonitis Suprarenal Abscess	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not. Embolism - Infarct Appendicitis Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold M. Freed M.D.
Address Sinai Hosp. Date signed 10/13/40

F 73592

F 7:3592

VS 3

F 7:3592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 150 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Wheeler (55601)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Herman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1904

8. AGE: Years	Months	Days	If less than one day
36	4	9	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Jones
13. Birthplace N. Car.

MOTHER
14. Maiden Name Julianne Whitley
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-40 (month) (day) (year)
(c) Cemetery or crematory Douglass Mem.
Location Baltimore

18 (a) Funeral director Jas. Sr. Skinner
(b) Address 921 N. Fremont St.

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1940, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13, 1940, to Oct. 10, 1940, and that I last saw her alive on Oct. 10, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Mard 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Coleman M. D.
Address Balto. City Hospitals Date signed 10-10-40

VS 2

F 73593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 593

F 73593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2440 E Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Bertha E. Otto
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Albert A. Otto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept - 1 - 1854

8. AGE: Years 86 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name M. Sinselberg
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edwin C. Otto
(b) Address 2440 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Nottingham Rd

18 (a) Funeral director Wm. E. Mullen Inc.
(b) Address 2445 E Oliver St

19 (a) Filed 10 14 1940 (b) Clinton Williams, M.D. Registrar
(Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1940, at 11 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12, 1940 to Oct 13 1940, and that I last saw her alive on Oct 12 1940.

	Duration
Immediate cause of death: Arteriosclerosis	
Due to: Senility	
Due to:	
Other Conditions: Chronic arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Sewell M. D.
Address 4200 Parkwood Ave Date signed 10-13-40

F 73594

VS 3

F 73594

F 73594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Parkside Dr. 27th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Krein

(a) Residence: No. 3915 Parkside Dr. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Krein

6. DATE OF BIRTH (month, day, year) 10-10-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Walter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Sovern

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Arthur Dean

(Address) 3915 Parkside Dr

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10-15 1940

19. UNDERTAKER Leonard J Flynn

(Address) 5305 Harford Rd

20. FILED OCT 14 1940 Huntington Williams, M.D. Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Oct 12 1940

I last saw her alive on Oct 12 1940 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSION	1935
CARDIAC INSUFFICIENCY	1938
ACUTE CARDIAC DILATATION	1940.

Other contributory causes of importance:

CEREBRAL ARTERIOSCLEROSIS	1938.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Albert J. Himelfarb M. D.

(Address) 5444 Belair Rd.

73595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

F 73595
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4127 Marsh Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4127 Marsh Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adele M. Farmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frank K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-1852

8. AGE: Years 58 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Francis K. Farmer
(b) Address 4127 Marsh Ave

17 (a) Burial (b) Date thereof 10-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Leonard J. Buck

18 (a) Funeral director
(b) Address 5305 Belair Rd

19 (a) Oct 14 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12, 1940, at 3 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1940, Oct 12, 1940.
and that I last saw h alive on Oct 12, 1940.

Immediate cause of death	Duration
Exhaustion	
Due to Sarcoma, Scalp and neighbor tumor.	7 mo.
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature George H E Crane M. D.
Address 28 W 25th St. Date signed 10-12-40

73596

VS 3

F 73596

73596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓186W

Registered No. ---

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 08?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARROLL MATTHEWS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 705-09-9557

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1907

8. AGE: Years	Months	Days	If less than one day
32	11	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Restaurant (?)

FATHER
12. Name Willie Matthews
13. Birthplace Md

MOTHER
14. Maiden Name Hattie Sweeney
15. Birthplace Md

16 (a) Informant Fannie Matthews
(b) Address 1007 W Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 14/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. E. Kelson
(b) Address 1203 Pennsylvania Ave Huntington Williams, Mgr.

19 40 (b) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940, at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 9, 1940
(c) Where did injury occur? 1007 W. Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Fell down 3rd floor winding stairs

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-10-40

VS 6

F 73597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 73597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 681 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 681 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lomack White

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife James White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October, 1876

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace A.A.County, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William ?
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan ?
15. Birthplace A.A.County, Md.

16 (a) Informant Corinne Thomas (D)
(b) Address 681 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St. Thos. Williams

19 (a) OCT 14 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1940 Oct 10 1940, and that I last saw her alive on Oct 9 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Wagner, M.D.
Address 627 Lexington St. Date signed 10/12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be typewritten or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-73508

VS 3

140

F-73598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

F-73598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 W Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Gertrude Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Joseph Dorsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 20, 1889

8. AGE: Years: 51 | Months: 1 | Days: 21/20 | If less than one day: hr. min

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business: Private family

FATHER
12. Name: Thomas Stott
13. Birthplace: Calvert Co., Maryland

MOTHER
14. Maiden Name: Mary Gustus
15. Birthplace: Calvert Co., Md.

16 (a) Informant: Joseph Dorsey
(b) Address: 1114 West Mosher St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/14/1940 (month) (day) (year)
(c) Cemetery or crematory: Arlington Mem'l Park
Location: Lakehopes Md.

18 (a) Funeral director: Mrs Kate R. Williams
(b) Address: 332 N Schroeder St.

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Huntingdon Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 8:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, left femur
Coronary occlusion

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/12/40
(c) Where did injury occur? Liberty Road near North Branch (City or town) Balto Co (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury auto car passenger struck by truck

23. Signature: H. W. Vandeloft M.D.
Medical Examiner.
Date signed 10/12/40

F 73599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73599

CERTIFICATE OF DEATH

119a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Ceddar St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Sims

If U. S. Veteran specify WAR

(a) Residence: No. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7 - 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Addison Sims

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Gertrude Fodosak

16. BIRTHPLACE (city or town) (State or country) Curtis Bay Md.

17. INFORMANT Mrs S. Sims

(Address) 1422 Ceddar St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.H.C. Date Oct 14 1940

19. UNDERTAKER George A Weber

(Address) 700 E. Lexington

Date Oct 14 1940 Filed Oct 15 1940 Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1940 to Oct 12 1940

I last saw him alive on Oct 12 1940 Death is said to have occurred on the date stated above, at 4.50 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage (1½ hrs.) — Date of onset

Tuberculosis — 10 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leon L. Hodges M. D.

(Address) 700 Pennsylvania Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73600 ✓ F 73600 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 80a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Calvert + 33rd Sts
(b) Street address 1347 Gorsuch Ave.
(c) Hospital or institution:
Union Memorial Hospital 9-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE CITY
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 GARSUCH AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME JOHN ~~CLINTON~~ BUTLER DAVIS —

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	WHT.	MARRIED

6 (b) Name of husband or wife Lillian E. Davis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 23, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	19	____ hr. ____ min.

9. Birthplace BALTIMORE CITY
(Town, county, and state)
10. Usual Occupation ~~CLERK~~ Inspector
11. Industry or business Baltimore + Ohio RR

FATHER
12. Name CHARLES DAVIS
13. Birthplace HARFORD Co. MD.

MOTHER
14. Maiden Name JOSEPHINE JONES
15. Birthplace BALTIMORE, MD

16 (a) Informant Mrs. Lillian E. Davis
(b) Address 1347 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore City

18 (a) Funeral director F. A. Wippert + Son
(b) Address 1300 Eutaw Place

19 OCT 14 1940 (b) Huntington Williams
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29 1940, to 10-12 1940, and that I last saw him alive on 10-12 1940

Immediate cause of death Brain abscess — Duration 1 week

Due to Infected mastoiditis — Duration 2 months

Due to Chronic empyema — Duration ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operation Chronic empyema and draining sinus
Of autopsy Abscess left temporal lobe

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Ludwig E. Mattes
Address Union Memorial Hosp. Date signed 10-12-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

73601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 73601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 S. Clinton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 S. Clinton St. (If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Christina Yeager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Yeager
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1869

8. AGE: Years	Months	Days	If less than one day
71	7	25 24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Englehart Domeier
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Faubel
15. Birthplace Germany

16 (a) Informant John F. Yeager
(b) Address 939 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

1940 VS 3 0 Enc

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1940, to Oct 11 1940, and that I last saw h alive on Oct 11 1940.

Immediate cause of death	Duration
1st Chronic Nephritis	
Hypertension C.V.R. disease	
Due to Myocardial Failure	Oct 1 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. A. Schumacher M. D.
Address 8428 Ewd Ave Date signed 10-12-40

F 73602

73602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

VS 3.

F 73601

F 73602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna May Thorn

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-3459

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1898

8. AGE: Years	Months	Days	If less than one day
41	11	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Meat Trimmer
11. Industry or business Schluderberg Kurdle

FATHER
12. Name William Thorn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louisa Shulka
15. Birthplace Germany

16 (a) Informant Louisa Thorn
(b) Address 910 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Laurence F. Hoffman
(b) Address 1639 N. Broadway.

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Waiting for William M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1940 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 19 40 to Oct 12 19 40, and that I last saw her alive on Oct 12 19 40.

Immediate cause of death	Duration
Carcinoma of cervix	8 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ewald Schumacher M. D.
Address 842 S. Ellwood Ave. Date signed 10-14-40

73603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77C

Registered No. F 73603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3032 Guilford Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Guilford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Thompson Lloyd

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 716-16-7985

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of ~~husband or~~ wife: Ada H. Lloyd
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Apr. 15, 1898

8. AGE: Years 42 | Months 5 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Claudius B. Lloyd
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Floyd
15. Birthplace Maryland

16 (a) Informant Mrs. Ada H. Lloyd (wife)
(b) Address 3032 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 '40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location STEWART & MOWEN COMPANY (W. F. MOWEN SUC.) 100 N. NORTH AVENUE

18 (a) Funeral director Huntington Williams, M.D.
(b) Address

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1940, at 5P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vandewiele M.D. (Medical Examiner)
Date signed 10/12/40

VS 6

F 73604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 73604

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura D. Johnson Dupont

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Benjamin F. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1883

8. AGE: Years 57 | Months | Days 1 | If less than one day: hr. min.

9. Birthplace Orangeburg S. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace Virginia

MOTHER
14. Maiden Name Mckenzie
15. Birthplace

16 (a) Informant Benjamin F. Johnson
(b) Address 1607 E. Madison St

17 (a) Burial (b) Date thereof Oct 16-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Robert F. Cunningham
(b) Address 607 W. Caroline St.

19 (a) 1940 Huntington Williams M.D.
(Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1936 to Oct. 11 1940 and that I last saw h.e.r. alive on Oct 9 1940.

Immediate cause of death: Coronary thrombosis | Duration: Minutes

Due to: hypertensive cardiovascular disease | 1936

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Rayner Browne M. D.
Address 1500 E. Madison St. Date signed 10-14-40

VS 3 Raynor Bronze

73605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27c

Registered No. F 73605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Elicott City~~ Balto
(c) City or town Oella
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4-2 Westchester ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann McGuirk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18th 1939

8. AGE: Years	Months	Days	If less than one day
1	17+	23	hr. min.

9. Birthplace Elicott City, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emmet McGuirk
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Lafferty
15. Birthplace Md.

16 (a) Informant Emmet McGuirk
(b) Address Elicott, Md.

17 (a) Burial (b) Date thereof 10-14-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md

19 OCT 14 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10-40 19 , to 10-11-40 19 , and that I last saw her alive on 10-11-40 19 .

Immediate cause of death: Fulminating dysentery ? — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Martin Rhoads M. D.
Address University Hosp Date signed 10-11-40

VS 3

Please write or print plainly, with ink. Use no abbreviations. Be sure to answer every item or information should be given. Be sure correct age is especially important. (Physicians: please write the causes of death clearly and legibly.

VS 3

F 73606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 73606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Lombard Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Murphy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1888

8. AGE: Years 52 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name George Bentz
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Lowe
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Street

19 (a) 10/13/1940 (Date) (b) Filed by registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1940 to 10-12 1940.
and that I last saw her alive on 10-12 1940.

Immediate cause of death (a) Ca of Breast
(b) Generalized Metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a). Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Rydon M. D.
Address Balto. City Hosp. Date signed 10-13-40

Please write the causes of death clearly and legibly. Physicians: please write the cause especially important. Please report, if any, which may have existed for some time previous to the last illness, but did not relate directly to it

F 73697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 73697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Charles Maffetone Profelon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Married

6 (b) Name of husband or wife Melia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re Blacksmith
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvedere

17 (a) Burial (b) Date thereof 10-14-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shomre Mizmoraim
Location Rosedale

18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Balto St.

19 (a) Oct 14 1940 (Date received by Registrar) (b) Lucretia Van Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1935 to 10-13 1940
and that I last saw him alive on 10-13 1940

Immediate cause of death: Bronchio - pneumonia — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed Oct 13/40

F 73608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

✓ F 73608 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4110 Rolleston Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

15-10

3 (a) FULL NAME ABRAHAM WEINBERG

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Mata
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha
15. Birthplace Germany

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-Nov-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. & Gontelmy St

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St

19 (a) ... (b) ... Huntington Woods Registrar

OCT. 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18, 1940, to Oct. 13 1940, and that I last saw him alive on Oct. 12, 1940.

Immediate cause of death: Hemorrhage — Duration: 1 month?
Due to: Gastric Ulcer — 4 yrs?
Due to: Hypertension Art. Dis. 1A-5H-Dis. — 10 yrs?
Other Conditions: Benign Goiter — ?
tumor of Kidney
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Gastric Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis A. Cohen M. D.
Address Sinai Hosp. Date signed 10/13/40

✓ F 73608

OCT 14 1940

F 73609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 73609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 Harlem ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Harlem ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Curry

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 15 1890

8. AGE: Years 50 | Months 3 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Rappahannock Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas Curry

13. Birthplace Va

MOTHER 14. Maiden Name Mary Jackson

15. Birthplace Va

16 (a) Informant Rollins Perry

(b) Address 1204 Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 14 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Town Howard County

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Herrington for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1940, at 7 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 9 1940, to Oct 11 1940, and that I last saw h..... alive on ..... 19.....

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kirk M. D.

Address 1006 Park Ave Date signed Oct 13 1940

VS 3

F 73610

F 73610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 513

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwoods Green St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
or Street No. 406 Woodlawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beverly H. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor L. Smith
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 4th 1868

8. AGE: Years	Months	Days	If less than one day
72	1	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name B. H. Smith
13. Birthplace Virginia

MOTHER
14. Maiden Name N. Jennay
15. Birthplace Virginia

16 (a) Informant L. S. Smith
(b) Address 406 Woodlawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry M. Jenkins & Sons
(b) Address Orchard & McCulloh St

19 (a) OCT 14 1940 (Mo., day, yr. registered) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14-1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940, to 10-14 1940, and that I last saw him alive on 10-14 1940.

Immediate cause of death	Duration
Respiratory failure	
Due to Carcinoma Prostate with generalized metastases	155 days
Due to	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma B. Thomas M. D.
Address University Hospital Date signed 10-14-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 73611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Allendale St.
(c) Hospital or institution 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) ~~City~~ or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Allendale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Thomas A. Hobbs

3 (b) If veteran, name war ~ | 3 (c) Social Security Account No. ~

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Hobbs
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Dec. 29 1886

8. AGE: Years 53 54 | Months 9 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Retired Balto Fire Chief

11. Industry or business

FATHER 12. Name Thomas Hobbs
13. Birthplace Howard Co. Md.

MOTHER 14. Maiden Name Emma Mercer
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs Margaret Hobbs
(b) Address 710 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 16 40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director F. Neuman Kahn
(b) Address 2301 Edmondson Ave

19 (a) ... (Date received by Registrar) (b) Huntington Williams M.D. Registrar

OCT 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1939, to Oct. 13, 1940, and that I last saw h~~er~~ alive on Oct. 13, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1 year
Due to ?	
Due to ?	
Other Conditions Hypertension	1 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work?
(e) Means of injury ~

23. Signature Francis M. Ogden M. D.
Address 2701 N. Calvert St. Date signed Oct. 14 1940

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

F 73612

CERTIFICATE OF DEATH

93D

Registered No. F 73612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pharez E. Burkman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Rosa Burkman
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Nov. 2, 1869
8. AGE: Years 70 | Months 11 | Days 11 | If less than one day hr. min.
9. Birthplace Frederick County, Md (Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business United Railway

FATHER
12. Name William Burkman
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Harbaugh
15. Birthplace Maryland

16 (a) Informant Ruth Evelyn Porter
(b) Address Salisbury, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16, 40 (month) (day) (year)
(c) Cemetery or crematory Graceham
Location Maryland

18 (a) Funeral director Chas H. Black
(b) Address 742 W. North Ave

19 (a) (b) Huntington Williams, M.D.
(Signature of person acting as undertaker)

OCT 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 7:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 10 min
Due to
Due to: Arteriosclerotic Cardio-Vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Kilpatrick M.D. Medical Examiner.
Date signed 10/14/40

73613 HEALTH DEPARTMENT—CITY OF BALTIMORE 73613

CERTIFICATE OF DEATH

36-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Josephine St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Hanson

If U. S. Veteran specify WAR

(a) Residence: No. 713 Josephine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11th 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		0	7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Henry Owens

14. BIRTHPLACE (city or town) Petersburg
(State or country) Va.

MOTHER

15. MAIDEN NAME Thelma Hanson

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Thelma Hanson
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNIVERSITY MEDICAL SCHOOL OCT 14 1940
(Address) Commissioner of Health

FILED OCT 14 1940 19 Huntington Williams M.D.
Per B. A. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 11th 1940 to Oct 12th 1940

I last saw him alive on Oct 12th 1940 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	intra uterine
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation (on mother)

What test confirmed diagnosis? Wass Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis C. Bareis M. D.

(Address) Municipality Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

5962

F 73614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. F 73614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Madeira St.
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Elvaton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Carter Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mrs Nina Anna Arndt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife J. Wilson Arndt
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1894

8. AGE: Years	Months	Days	If less than one day
46	1	23	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius Kaufmann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C. Krueger
15. Birthplace Germany

16 (a) Informant J. Wilson Arndt husband
(b) Address Carter ave - Elvaton - a.a. Co.

17 (a) Burial (b) Date thereof Oct 15 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven Memorial
Location Glenburnie, Md.

18 (a) Funeral director Harry A Wolfe
(b) Address 4401 Edmondson Ave Catonsville or Williamsport, Md.

19 OCT 14 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1940, to Oct. 12, 1940, and that I last saw her alive on Oct. 12, 1940.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Acute hemorrhagic pancreatitis	
Due to Acute Cholecystitis with Cholelithiasis.	
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

Major findings: Acute Cholelithiasis
Of operations Acute Cholelithiasis, Acute hemorrhagic pancreatitis
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert T. Coffman M. D.
Address Md. General Hosp. Date signed 10/12/40

F 73615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 73615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. H. South Baltimore Emerg Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 E Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Boardeman

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-6771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1899

8. AGE: Years	Months	Days	If less than one day
41	3	21	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Frederick G. Boardman
13. Birthplace Canada

MOTHER
14. Maiden Name Minnie Leaman
15. Birthplace Canada

16 (a) Informant Olie Boardman
(b) Address 1632 N Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md

18 (a) Funeral director Henry N Wilde
(b) Address 4101 Edmondson Ave

19 OCT 14 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940 at 8:30 p M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death Asphyxiating gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/12/40
(c) Where did injury occur? 122 E Hamburg St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas from kitchen stove

23. Signature H W Vande Graff M.D. Medical Examiner.
Date signed 12/12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-4

Registered No. F 73616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 N. Gilmore St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo7da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 N. Gilmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-32

3 (a) FULL NAME Charles Burnett

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Theodosia Green Burnett
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 26, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	16	hr. min.

9. Birthplace Florence, South Carolina
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Burnett
13. Birthplace Florence, South Carolina

MOTHER
14. Maiden Name Irene James
15. Birthplace Florence, S. C.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Removal (b) Date thereof 10-15-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Florence
Location South Carolina

18 (a) Funeral director Mrs. Frances A. Hinds
(b) Address 578 W. Biddle St. Baltimore, Md.

19 (a) OCT 14 1940 Hunting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1940, at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1940 to Oct. 12, 1940, and that I last saw him alive on Oct. 12, 1940.

Immediate cause of death: Edema of the lungs — Duration: Unknown
Due to: Chronic interstitial nephritis — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No operations
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Burnett M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 10/14/40

VS 3

Dolly

73617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 73617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd
(c) Hospital or institution: union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Markley ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Dolly Boyle
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race white
6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife Mr. Harrison Boyle
6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) May 3, 1900

8. AGE: Years 40 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Mr. albert Hunter
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Rosa Robey
15. Birthplace Maryland

16 (a) Informant Dolly Shearn
(b) Address 1745 E Baltimore

17 (a) Burial (b) Date thereof Oct. 14. 40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial Park
Location Baltimore Md

18 (a) Funeral director Lawrence R Covington
(b) Address 21 W. 25th St

19 OCT 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940, at 8:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1940 to Oct. 12 1940 and that I last saw h[illegible] alive on Oct. 12 1940.

Immediate cause of death Uremia — Duration 3 wks.
Due to Nephrectomy — 4 wks.
Due to — 3 wks.
Other Conditions Urinary Tract Infected
(Include pregnancy within 3 months of death)
Major findings: Of operation Large Calculus in Lt. Kidney
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Calvin Abrams M. D.
Address Union Memorial Hosp. Date signed 10/12/40

VS 8

F 73618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-E

Registered No. F 73618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Patapsco St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Patapsco St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jess Charles Detress Jr

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife: X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1940

8. AGE: Years | Months: 2 | Days: 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation X
11. Industry or business X

FATHER
12. Name Jess Charles Detress Jr
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna L Smith
15. Birthplace Baltimore Md

16 (a) Informant Anna Detress
(b) Address 1019 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14-40 (month) (day) (year)
(c) Cemetery or crematory Oakdale
Location Baltimore Md

18 (a) Funeral director Durward Q Compton
Address 2 S. Eutaw St

19 (a) OCT 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1940, to Oct 13 1940, and that I last saw him alive on Oct 13 1940.

Immediate cause of death Cardiac failure — Duration

Due to Congenital Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Partial interventricular Septum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jean N. Borden M. D.
Address Sinai Hosp. Date signed 10-14-40

VS 8

VS 3

F 73619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 Wales St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George T. Parsons 220-10-8110

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Edna Pearl Townsend
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 12, 1887

8. AGE: Years	Months	Days	If less than one day
53	5	2	..... hr. ..... min.

9. Birthplace Nelson, Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George W. Parsons
13. Birthplace Willards, Md.

MOTHER
14. Maiden Name Zuder Sears,
15. Birthplace Powelle, Md.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 40 (month) (day) (year)
(c) Cemetery or crematory Lyons Meeting
Location Salisbury, Md.

18 (a) Funeral director George L. Shehwat
(b) Address 510 Frederick Ave.

19 (a) OCT 14 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14, 1940, at 12:15 am

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1940, to Oct. 14, 1940, and that I last saw him alive on Oct. 14, 1940.

Immediate cause of death	Duration
Hemorrhage, cerebral, right side	5 weeks
Due to Arterio sclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature], M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 10/14/40

VS 3

Baltimore, Maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 S. Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 513 S. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Szymaski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lawrence Szymaski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Bystry
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant James Szymaski
(b) Address 513 S. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/40 (Month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location

18 (a) Funeral director Mary Weber
(b) Address 401 S Chester St Huntington Williamsport, Md

19 (a) OCT 14 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1940, at 9:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Landecraft Medical Examiner. M.D.
Date signed 10/15/40

VS 6

73621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 73621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution:
West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Dixie Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Duane G. Carlson

3 (b) If veteran, name war

3 (c) Social Security Account No. 270-10-8110

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ or wife Rebecca Barrow

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1918

8. AGE: Years	Months	Days	If less than one day
22	8	24	..... hr. ..... min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual Occupation Hoffberger Ice

11. Industry or business

FATHER
12. Name Gunnard Carlson
13. Birthplace Sweeden

MOTHER
14. Maiden Name Esther Lofstrom
15. Birthplace Sweeden

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 40 (month) (day) (year)
(c) Cemetery or crematory Deer Creek
Location Chestnut Hill Harford Co

18 (a) Funeral director Beckett & Son
(b) Address Jarrettsville Md

19 (a) ..... (Date rec'd by registrar) (b) Huntingtown Hillsmere Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 1.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940 to Oct 15 1940, and that I last saw him alive on Oct 15 1940.

Immediate cause of death	Duration
Generalized peritonitis	
Due to Perforated ruptured appendix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Wallenstein M. D.
Address West Baltimore Gen Hosp. Date signed 10-15-40

VS 3

VS 3

F 73622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 73622

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Copley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 11

3 (a) FULL NAME Solomon Herman Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Reba

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Clothing Merchant

FATHER
12. Name Samuel David Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Alompus
15. Birthplace Russia

16 (a) Informant Leon L Goldberg
(b) Address 3806 Egerton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct., 15, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 15 1940

XV

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1940, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11 19 40 to 10/14 19 40 and that I last saw h alive on 10/14 19

Immediate cause of death f Coronary occlusion — Duration 6 hours

Due to Cardiac failure — 5 days

Due to Tuberculous bronchopneumonia — 3 wks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stern M. D.

Address Sinia Hospital Date signed 10/14/40

F 73623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D F 23623 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale Home
(c) Hospital or institution: Belvedere Ave & Greenspring Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Callow ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Dora Abrams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Ralph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~1857~~ 1847

8. AGE: Years ~~85~~ 93 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: None

FATHER
12. Name: Julius Miller
13. Birthplace: Russia

MOTHER
14. Maiden Name: Annie ?
15. Birthplace: Russia

16 (a) Informant: Harry Abrams
(b) Address: 2409 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 15, 40 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Southern Ave
Location: Hamilton

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave

19 (a) Date received by Registrar: OCT 15 1940 (b) Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1932 to 10/7 1940; and that I last saw her alive on 10-7 1940.

Immediate cause of death	Duration
Chr. Valv. Heart Disease	
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 10/14/40

VS 3

38716 F 73624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 121

Registered No. F 73624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenbrook Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Temple Whitcomb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 – 1 – 73

8. AGE: Years	Months	Days	If less than one day
67	6	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Hutton
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Baseley
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto. Co.

18 (a) Funeral director J. F. Elmer Sons
(b) Address Reisterstown Md.

19 (a) (Registrar) (b) Huntingtown Williamsport, Md.

OCT 19 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1940 at 7 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1940 to Oct 14 1940, and that I last saw her alive on Oct 14 1940.

Immediate cause of death Hemorrhaged peritoneum — Duration

Due to Ruptured Appendix

Due to

Other Conditions Arteriosclerosis Hypostasis Lung Coronary sclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix & peritonitis
Of autopsy Yes peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Colen E Mae Canty M. D.

Address J.H.H. Date signed 10/14/40

F 73625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

F 73625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 N Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 932 N Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN E GOSLEE

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sheba A. Goslee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1878

8. AGE: Years 62 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Building

FATHER
12. Name Alpheus Goslee
13. Birthplace Maryland

MOTHER
14. Maiden Name Susanna Unknown
15. Birthplace Maryland

16 (a) Informant Sheba A. Goslee
(b) Address 932 N. Calvert St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 16th 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Taylor Ave Parkville Md

18 (a) Funeral director William Cook
(b) Address 1317 St Paul St

19 (a) Date rec'd by Registrar OCT 15 1940 (b) Filed Oct 16 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1939, at 12 55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration:
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W J Wallenmeier M.D.
Medical Examiner
Date signed 10-14-39

OCT 13 1940
VS e

F 73626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-a

F 73626

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Luzerne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Seibert

3 (b) If veteran, name war: W

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Seibert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30-1863

8. AGE: Years 76 | Months 10 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimor Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Holland
13. Birthplace England

MOTHER
14. Maiden Name unknown
15. Birthplace England

16 (a) Informant Mamie S'herry
(b) Address 513 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16th 1940 (month) (day) (year)

(c) Cemetery or crematory Moreland Park
Location Taylor Av Balto Co

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

OCT 15 1940 VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13th 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1938 to 10/13/1940.
and that I last saw h[illegible] alive on 10/12/ 1940.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: ?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Seibel M.D.

Address 120 Hanover St Date signed 10/14/40

OCT 15 1940

F 73627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73627 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 Brunt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 Brunt (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Jones Barnes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Otis Barnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1887

8. AGE: Years 53 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Butler
13. Birthplace Md

MOTHER 14. Maiden Name Josephine Woods
15. Birthplace Md

16 (a) Informant Ella Harris
(b) Address 1938 Brunt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-40 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Daly Ave.

18 (a) Funeral director Sam'l. W. Bryant Son
(b) Address Gilmor St

19 (a) OCT 15 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1940, at 5a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Oct 14 1940, and that I last saw h[illegible] alive on Oct. 14 1940

Immediate cause of death	Duration
Cardio-Renal-Vascular Disease	?
Due to —	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Pifer M.D.
Address 1536 W. Lanvale St Date signed 10/14/40

F 73628

Eisenhauer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V180

F 73628.

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE EISENHAUER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ester Eisenhauer

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 4-1903

8. AGE: Years	Months	Days	If less than one day
37	3	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Helper - B&O

11. Industry or business

FATHER
12. Name John Eisenhauer
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Monthley
15. Birthplace Baltimore Md

16 (a) Informant Sophia Fillinux
(b) Address 1511 Ramsey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Robt C. & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) (Date received) (b) Registrar Huntington Williams, M.D. Registrar

OCT 15 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 5 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation — Duration

Due to House - fire conflagration

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 14, 1940
(c) Where did injury occur? 21 N. Belnord Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury House fire + conflagration

23. Signature Harold W. Williams M.D.
Medical Examiner.

Date signed Oct 14, 1940

F 73629

Mello

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 116

F 73629
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17h.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Manuel Mello Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-37

8. AGE: Years	Months	Days	If less than one day
2	10	13	12 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Manuel Mello
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Nicholls
15. Birthplace Md.

16 (a) Informant Manuel Mello
(b) Address 710 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Belson Mamie V. Wright
(b) Address 1218 W Baltimore St

19 OCT 15 1940 (b) (Date rec'd by registrar) City of Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 10-13 1940, and that I last saw him alive on 10-13 1940.

Immediate cause of death Medias Lunchis

Due to Corporated esophagus

Due to Cerebral infection or pneumonia today

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ulcerated esophagus

Duration
60 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Pierce Macumber M. D.

Address University Hospital Date signed 10-14-40

F 73630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V122-aF 73630 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Belmont Court Apts.
(b) Street address 1834 Hanford Ave.
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Hanford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Fell

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Margaret C. Neigl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1856

8. AGE: Years	Months	Days	If less than one day
84	2	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ? Mary F. Diebel
15. Birthplace ? Germany

16 (a) Informant Mary Weber
(b) Address 361 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-16-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.
18 (a) Funeral director Henry Otterbein Sons Inc.
(b) Address 1301 E. Eager St.
19 (a) Date received by registrar OCT 15 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 1940, to October 13 1940, and that I last saw him alive on Oct 13 1940.

Immediate cause of death	Duration
Paralytic Ileus-post Operative	3 days.
Due to Strangulated Hernia	1 day.
Due to Left Inguinal Hernia	15 years
Other Conditions Mitral Stenosis Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bladder in Hernial Sac
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy
Address Mercy Hospital Date signed Oct 13/40

VS 3

73631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 73631
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 N. Milton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie W Hofmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband ~~or wife~~ Chas C Hofmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19th 1883

8. AGE: Years 57 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Albert Sanow
13. Birthplace Va

MOTHER
14. Maiden Name Sydney Davis
15. Birthplace Va

16 (a) Informant Mrs Chas C Hofmann
(b) Address 1408 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-40 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location East End of North Ave

18 (a) Funeral director Geo W Schilling
(b) Address Arlington & Monument

(Date rec'd by registrar) OCT 15 1940 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13th 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to Oct 13 1940, and that I last saw her alive on Oct. 12 1940.

Immediate cause of death Generalized Carcinomatosis — Duration: 6 months (2)

Due to Carcinoma of Sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Generalized metastases in abdominal cavity and organs
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Karl Hinerman M.D.
Address 2127 N Patterson Pk Ave Date signed Oct 14 1940

VS 3

PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ...e is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-E Registered No. 32

Every item of information should be carefully supplied. The items especially important. Physicians: please write the causes of death clearly and legibly. PRINT ONLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: Jewish German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Otto H. Dael

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1858

8. AGE: Years	Months	Days	If less than one day
82	3	12	hr. min

9. Birthplace Germany (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Carl H. Dael
13. Birthplace Germany

MOTHER 14. Maiden Name Victoria Schwabe
15. Birthplace Germany

16 (a) Informant Jewish German Aged Home
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St

18 (a) Funeral director Harry L. Witzke
(b) Address 4101 Edmondson Ave

19 (a) OCT 15 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13/40. 19 , at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8/40 19 , to Oct. 14/40. , and that I last saw h. im alive on Oct. 12/40.

Immediate cause of death	Duration
Arterio-Sclerosis	Unknown.
Due to Unknown.	
Due to	
Other Conditions Chronic Cardiac Myasthaenia. (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wells Chenoy M. D.
Address 933 Hanover St. Date Oct. 14/40.

F 73633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

F 73633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 N. Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1706 N. Paca St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balting (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Emilie Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Baltasar Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 1864

8. AGE: Years 75 | Months 11 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Henry Simon
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Sophia Popp
(b) Address 1706 N Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 (a) OCT 15 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 12 1940 and that I last saw h[illegible] alive on Oct 12 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	one year
Due to Arteriosclerosis	6 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Conroy M. D.
Address 1602 E. Broadway Date signed Oct 13

VS 3

VS 3

F 73634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

F 73634

Registered No.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA ROTUNDO or ROTINDO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3 1940

8. AGE: Years	Months	Days	If less than one day
	6	2 0 3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Rotindo
13. Birthplace Baltimore

MOTHER
14. Maiden Name Maria Talley
15. Birthplace Baltimore

16 (a) Informant Mr. Anthony Rotindo
(b) Address 521 S Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 5712 C Donnell St

18 (a) Funeral director Martin H E Duffel
(b) Address 37 E Ann St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

OCT 15 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 19 40 at 2 0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an engmen (Autopsy or Inquiry) thereon and from the evidence obtained by said ^ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Diarrhea, infantile

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 10-17-40

VS 6

F 73635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 73635
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222-E Federal St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 E Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harry Ulrich Pfaff.

3 (b) If veteran, name war — none
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ella M. Pfaff.
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov-6-1871

8. AGE: Years 68 | Months 11 | Days 7 6 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none - Retired
11. Industry or business since 1933.

FATHER
12. Name Ulrich Pfaff.
13. Birthplace Unknown

MOTHER
14. Maiden Name Anna Schultz
15. Birthplace Germany

16 (a) Informant Mrs Ella M Pfaff. (wife)
(b) Address 1222-E-Federal St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-16-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location Balto City.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

OCT 15 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 12 - 1940, at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept - 1940, to Oct 12 1940.
and that I last saw h alive on Oct 12 1940.

	Duration
Immediate cause of death: Pneumonia	
Due to: Chr. Interstitial Nephritis	3 mos or more
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A White Jr. M. D.
Address 2600 St Paul St Date signed Oct 14/40

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write PLAINLY, WITH UNFADING INK. Use no abbreviations. Please write the causes of death clearly and legibly.

F 73636

F 73636

VS 2

F 73636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73636

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 2 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Worcester
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: Route #1, Berlin, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: John Theiring

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1893

8. AGE: Years: 46 | Months: 10 | Days: 9 | If less than one day: ..... hr. ..... min.

9. Birthplace: Louisville, Kentucky (Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: John Theiring
13. Birthplace: Cincinatti, Ohio

MOTHER
14. Maiden Name: Augusta Otto
15. Birthplace: Ohio

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23 1940 (month) (day) (year)
(c) Cemetery or crematory: New National
Location: Frederick Road

18 (a) Funeral director: S. Walter May.
(b) Address: 619 N. Bouldin St.

19 (a) OCT 15 1940 (Registered by registrar) Huntington Hill (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 13, 1940 at 12:05 am

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1940, to Oct. 12, 1940, and that I last saw him alive on Oct. 12, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: F. B. M. Andera, M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 10/14/40

F 73637

BALTIMORE CITY HEALTH DEPARTMENT

F 73637

Registered No.

(Date received by registrar) Huntington Williams, M.D. (Registrar) Address U. S. Marine Hospital Baltimore, Maryland. Date signed 10/14/40

VS-3

F 73637

F 73637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10/31-2 Registered No. 11 F 73637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 N. Milton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 N. Milton Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Roll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William Roll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1876

8. AGE: Years	Months	Days	If less than one day
64	7	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frederick Stengel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bleich
15. Birthplace Baltimore, Md.

16. (a) Informant William Roll (husband)
(b) Address 1733 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Wed. Oct. 16/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 (a) Oct 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13, 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1940 to 10/13 1940 and that I last saw h alive on 10/13 1940.

Immediate cause of death Hypertensive C.V. Disease — Duration
Due to Arteriosclerosis — Chronic Nephritis
Due to Cardiac failure,

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B March M. D.
Address 801 N Luzerne Ave Date 10/19

VS.3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR

VS.3

F 73638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B F 73638

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Spaulding Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARION W. MASON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 23, 1912

8. AGE: Years 27 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Medical Secretary (State)

11. Industry or business University Hospital

FATHER
12. Name Percy Mason,
13. Birthplace Maryland

MOTHER
14. Maiden Name Eugenia E. Cherry
15. Birthplace Maryland

16 (a) Informant Miss Ella M. Cherry
(b) Address 3314 Spaulding Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 15 1940 Registered by Herrington for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1940, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1940, to 10-13 1940, and that I last saw her alive on 10-13 1940.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Bilateral Pulmonary T.B.	61 days
Due to: Early Miliary T.B.	
Strongly suspected	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ramsay B. Flemer M. D.
Address University Hospital Date signed 10-13-4

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 73639 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Ashburton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thos. Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9941

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice Mary Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1893

8. AGE: Years	Months	Days	If less than one day
47	11	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business Bartlett Hayward

FATHER
12. Name John Crawford
13. Birthplace Maryland

MOTHER
14. Maiden Name Johanna A. Schackelford
15. Birthplace Virginia

16 (a) Informant Mrs. Alice M. Crawford
(b) Address 1203 Ashburton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 15 1940 (Date rec'd by registrar) (b) Huntington Hollowell M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13, 1940, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10, 1940, to Oct. 13, 1940 and that I last saw h.i.m. alive on Oct. 13, 1940

Duration
6 mo.
30 yrs.
6 mos.

Immediate cause of death Congestive heart failure
Due to Rheumatic Cardio-vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred J. Wellmer M. D.
Address Mercy Hosp. Date signed 10-16-40

VS 3

F 73640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122

F 73640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 Pitcher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 639 Pitcher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Oram
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1882

8. AGE: Years 58 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace New Market Md. (Town, county, and state)

10. Usual Occupation Paperhanger
11. Industry or business Self

FATHER 12. Name Edward B. Oram
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Hall
15. Birthplace Md.

16 (a) Informant Daniel Oram
(b) Address 4418 St George Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Simpson Chapel Lem
Location Fredrick Md.

18 (a) Funeral director Mrs. R. G. Elliott's Daughter
(b) Address 429 St. Caroline St.

19 (a) OCT 15 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13th, 1940, at 11.0 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1940, to Oct 13 1940, and that I last saw h alive on Oct 13 1940.

Immediate cause of death Cyst-intoxication
Intestinal Stone
Due to Impacted Lower Teeth.
Due to
Other Conditions Chronic Endocarditis, inguinal Hernia
(Include pregnancy within 3 months of death)
Major findings:
Of operations Impacted Hernia
Of autopsy

Duration Chronic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. G. Scott M. D.
Address 304 N. Biddle St Date signed Oct 14-40

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73641

VS 3

73641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 90-B

F 73641 ✓ Registered No.

Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Mc Donough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Mc Donough St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archie Johnson

3 (b) If veteran, name war | (c) Social Security Account No. 217-01-4668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15, 1889

8. AGE: Years	Months	Days	If less than one day
79 50	9	27	hr. min.

9. Birthplace Carolina County Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Mariah Jackson
15. Birthplace Va.

16 (a) Informant Guy Johnson
(b) Address 1266 Eden Street

17 (a) Burial (b) Date thereof Oct. 16 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetary
Location Q. A. County Md.

18 (a) Funeral director Mrs. R. G. Ellis & Daughter
(b) Address 1129 ct. Carolina St.

19 (a) OCT 15 1940 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12-1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1940, to 10 1940, and that I last saw h[illegible] alive on 1940.

Immediate cause of death: Acute End Pericarditis
Due to High Blood Pressure
Due to Acute Dilatation of heart.
Other Conditions Acute Nephritis
(Include pregnancy within 3 months of death)

Duration: 12 days, 2 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M.D.
Address 1327 N. Central Ave. Date signed 10/14

VS 3

VS 3

F 73642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186-a

Registered No. F 73642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 N. Eutaw St. (If rural give location) 106 S. Potomac St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS MARY EIGNER.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1863

8. AGE: Years 76 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name F. George Hattes

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Howard E. Eigner

(b) Address 106 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road.

18 (a) Funeral director John G. Moan

(b) Address 300 E. Balto St.

19 (a) (Date received by registrar) (b) [illegible] Williams M.D.

OCT 15 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14, 1940, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to: Fracture of left femur

Due to:

Other Conditions: Pernicious anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 14, 1940
(c) Where did injury occur? 1730 N. Eutaw St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury became dizzy and fell

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 10-14-40

Kitchen floor

VS 6

F 73643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73643 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Wilkens Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Virginia Cowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Franklin Cowen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 27, 1862

8. AGE: Years 77 | Months 9 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Wesley Durham
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Ruth Turner
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Laura G. Cowen
(b) Address: 1836 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: [illegible]
(b) Address: 1005 W. Baltimore St.

19 (a) OCT 15 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 6.55P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940, to Oct 13 1940 and that I last saw her alive on Oct 13 1940.

Immediate cause of death	Duration
Arteriosclerosis	
Cardio-Vascular Disease	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Albert Scognetti M. D.
Address 1729 W. Lombard St. Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

73644 73644

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2168 Madeira St. 1-5 107 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth 56 yrs. mos. ds.

2. FULL NAME Eva Linkowska

If U. S. Veteran specify WAR

(a) Residence: No. 2168 Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Linkowski

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Rudolph Sabila.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMANT Eva Wankowski

(Address) 2168 Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Oct 18 19 40

19. UNDERTAKER W. S. Fialkowski

(Address) 2007 Eastern Ave

20. OCT 15 1940 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 39 to Oct 13, 19 40

I last saw he alive on Oct 13, 19 40 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke	

Other contributory causes of importance:

Bronchopneumonia	Oct 9

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo L. Kulacki M. D.

(Address) 176 S Patterson Pk. Ave

VS 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73645 Registered No. 170-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 E. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Peterson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Christine M. Peterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2. 1900

8. AGE: Years 40 | Months 9 7 | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Lumber & Hardware

11. Industry or business self

FATHER
12. Name Adolph Peterson
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rauh
15. Birthplace Germany

16 (a) Informant Mrs Christine Peterson
(b) Address 2113 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Co.

18 (a) Funeral director John Ulrich
(b) Address 2004 Orleans St

19 (a) (Date received by registrar) (b) Thornton Williams, M.D. Registrar

OCT 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 1a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Subarachnoid hemorrhage	
Contusion of cerebrum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/13/40
(c) Where did injury occur? Baltimore (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by automobile

23. Signature W. Wade Zink Medical Examiner. M.D.
Date signed 10/12/40

OCT 15 1940

F 73646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73646 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 Hamilton Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Lucy Sameron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife Thomas Sameron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
at 60			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Bryant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (month) (day) (year)
(c) Cemetery or crematory White Stone M.E
Location White Stone Va

18 (a) Funeral director Leonard Buck
(b) Address 5305 Harford Rd

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

OCT 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14, 1940 at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1940 to Oct 14 1940 and that I last saw h[er] alive on Oct 13 1940

	Duration
Immediate cause of death Cardiac Decompensation	Oct 11/40
Due to Chronic Myocarditis	6 months 7 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Green M. D.
Address 3009 Evergreen Ave Date signed 10/15/40

F 73647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-P

F 73647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
Street No. 121 Oakdale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Gladys Porter

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Daniel A. F. Porter
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) April 2, 1896
8. AGE: Years 44 | Months 6 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Warren
13. Birthplace England

MOTHER
14. Maiden Name Mary Jane Myers
15. Birthplace Baltimore Co. Md.

16 (a) Informant Daniel A. F. Porter
(b) Address 121 Oakdale Ave, Caton.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Balto.
18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.
19 (a) (Date received) OCT 15 1940 (Registrar) Huntington Williams M.D. Registrar
(b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1940, at 7:49 a.m.
21. I certify that death occurred on the date above stated; that I attended deceased from 10/7/1940 to 10/14/1940, and that I last saw h e l alive on 10/14/1940.

	Duration
Immediate cause of death Cardiac insufficiency	
Due to Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 10/19/40 M.D.

VS 8

F 73648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 73648

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3w. 2d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Ward St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Griffin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Black | 6. (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-40

8. AGE: Years | Months | Days | If less than one day: 5 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Daniel Griffin

13. Birthplace S. Carolina

MOTHER 14. Maiden Name Mayelle Jamison

15. Birthplace S. Carolina

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 15 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) OCT 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. 5967

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11, 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h[illegible] alive on 10-11-1940.

Immediate cause of death: Pneumonia

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Macauley M. D.

Address Mercy Hosp Date signed 10-13-40

VS 8

F 73649

F 73649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160 C

Registered No. F 73649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1069 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1069 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hayward Harris
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14th 1940

8. AGE: Years	Months	Days	If less than one day
—	—	—	24 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Odell Harris
13. Birthplace Wrightsburg, Va.

MOTHER
14. Maiden Name Clara Harris
15. Birthplace Charlotte County, Va.

16 (a) Informant mother
(b) Address 1069 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. S. Myers

19 (a) OCT 15 1940 (Date received by registrar) Huntington Williamsville Md.

VS 3 Health Dept.

MEDICAL CERTIFICATION

28. DATE OF DEATH Oct 15th 1940, at 8 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1940, to 10-15 1940, and that I last saw h alive on 10-14 1940.

Immediate cause of death	Duration
Status Epilepticus / Hemorrhage	24 hrs
Due to Prolonged Fever	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis L. Gareis M. D.
Address University Hosp. Date signed 10-15-40

VS 3 Health Dept.

F 73650

CGK

BALTIMORE CITY HEALTH DEPARTMENT

53239

98

Registered No. F 73650

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 Arbuton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Bertha M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1869

8. AGE: Years	Months	Days	If less than one day
71	9	12	hr. min.

9. Birthplace N.J.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William Bishop Hughes
13. Birthplace ?

MOTHER
14. Maiden Name Jennie Keefer
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.

18 (a) Funeral director J. F. McCauley
(b) Address 130 E. Fort Ave.

19 (a) OCT 18 1940 (Date rec'd by registrar) (b) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1940, at 7.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1940 to 10/16 1940 and that I last saw him alive on 10/16 1940.

Immediate cause of death	Duration
Broncho-pneumonia	4 days
Due to Arteriosclerotic gangrene L. foot	10 mo.
Due to	
Other Conditions Generalized arteriosclerosis ?	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 10/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Every item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73651 ✓ Registered No.

F 73651

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" or the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 Edgewale Rd
(c) Hospital or institution: (at home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 24yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Edgewale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Edward F Kloman

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug-17-1868

8. AGE: Years 72 | Months 12 | Days 28 | If less than one day — hr. — min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Charles Kloman
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Louise Heider
15. Birthplace Washington D.C.

16 (a) Informant Miss Hortense B. Kloman
(b) Address 500 Edgewale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (month) (day) (year)
(c) Cemetery or crematory Rockbrook
Location Washington D.C.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. MONTH AVENUE

19 (a) (Date rec'd by registrar) (b) Huntington Hillcrest Md. (address)

OCT 18 1940 VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/15/40 19 , at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Oct 15 1940
and that I last saw him alive on 10/15/40

Immediate cause of death: Myocarditis — Duration: 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W F Woody

Address 1403 Park Av Date signed M D 10/17/40

OCT 15 1940

F 73652 59954--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Bradford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Tibbs

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unk.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-1871

8. AGE: Years 69 | Months 5 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Unk.

MOTHER
14. Maiden Name Sarah
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Bdson Tramill & Knight
(b) Address 1218 N. Eldersley St.

19 (a) (Date received by registrar) (b)

OCT 19 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13-40 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1940, to 10-13 1940, and that I last saw him alive on 10-13 1940.

Immediate cause of death: Cardiac failure — Duration
Due to: Arteriosclerotic C.V.D.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Ryden M. D.
Address Balto. City Hosp. Date signed 10-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

V 3 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-a Registered No. 23653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-15
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Abington (If outside city or town limits, write RURAL and give town)
(d) Street No..... (If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) **FULL NAME** Joseph Soul

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-2-88

8. AGE: Years 52 | Months 9 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation FARMER

11. Industry or business Self

FATHER
12. Name John Soul
13. Birthplace Bohemia

MOTHER
14. Maiden Name MARY BROSH
15. Birthplace Bohemia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 18 40 (month) (day) (year)
(c) Cemetery or crematory St Francis
Location Abingdon. Md

18 (a) Funeral director Clarence K. Melcom
(b) Address Abingdon. Md

19 (a) OCT 15 1940 (Date rec'd by Registrar) Winston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940, to Oct 15 1940, and that I last saw h/M alive on Oct 15 1940.

Immediate cause of death TERMINAL PNEUMONIA ON BASIS OF CACHEXIA DUE TO
Due to CARCINOMA
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

Duration: ..... over

Major findings:
Of operations CARCINOMA, METASTATIC in LIVER, LARGE FIXED L. KIDNEY
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature D J Sherman M.D. M. D.
Address Johns Hopkins Hosp. Date signed 10-15-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

B 4442
B 73654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52-B

Registered No. F 73654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County .....
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 W Princess St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ralph K. Reel

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife: Helen M.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-3 1889

8. AGE: Years	Months	Days	If less than one day
50	11	27	..... hr. ..... min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Agent
11. Industry or business Self

FATHER
12. Name George Reel
13. Birthplace Pa

MOTHER
14. Maiden Name Anna K -
15. Birthplace Pa

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18-40 (month) (day) (year)
(c) Cemetery or crematory Columbia Pa
Location .....

18 (a) Funeral director Williams Corp
(b) Address 1217 St Paul St

OCT 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940 at 7 35 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1940 to Oct 15 1940 and that I last saw h alive on Oct 15 1940

Immediate cause of death Peritonitis

Due to Perivesical abscess

Due to Carcinoma Bladder

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perivesical abscess
Of autopsy None obtained

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature James H Lemmon M.D.
Address Johns Hopkins Hospital Date signed 10/15/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not use abbreviations. Every item of information should be given as accurately as possible. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-F

Registered No. F 73655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Byrd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID HOOPER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary M Hooper

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 8 1859

8. AGE: Years: 81 | Months: 12 | Days: | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business

FATHER
12. Name: David Keen
13. Birthplace: Md.

MOTHER
14. Maiden Name: Dena Keen
15. Birthplace: Md.

16 (a) Informant: Bessie M. Donaldson
(b) Address: 154 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 1940 (month) (day) (year)
(c) Cemetery or crematory: Bedan Cem
Location: Anne Arundel Co

18 (a) Funeral director: A. Howard Evans
(b) Address: 1400 W. Baltimore St

19 (Date rec'd by registrar) OCT 15 1940 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 2 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, hypostatic	
Due to: Hemorrhage, internal abdomen.	
Due to:	
Other Conditions: Rupture, spleen	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: October 10, 1940
(c) Where did injury occur? Randall & Johnson Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work?
(e) Means of injury: struck by auto while crossing street

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 10-15-40

VS 6

crossing street [illegible]

F 73656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X F 73656 Registered No. 95-B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Dru Boise
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 Long av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Richard Bernhardt

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 176-10-2232

4. Sex: White | 5. Color or race: Male | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife:
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 27-1892

8. AGE: Years 48 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace St. Louis, Mo.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Auto Springs Work

FATHER
12. Name Geo. Bernhardt
13. Birthplace America

MOTHER
14. Maiden Name Margaret Bernhardt
15. Birthplace Germany

16 (a) Informant wife (Marie)
(b) Address 434 N Long Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-18-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Roy Brant Rd

18 (a) Funeral director John R. Kenny
(b) Address 1242 Leeds Ave, Arbutus, Md.

19 (a) (Date received by Registrar) OCT 16 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15/1940, to 10/15/1940, and that I last saw h[illegible]M. alive on 10/15/1940.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Rheumatic Heart Disease	
Due to:	
Other Conditions: Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.
Address Franklin Square Hosp. Date signed 10/15/40

F 73657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56-a

F 73657

Registered No. 91617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S. Loudon Av 2028
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Frances E. Kennedy

3 (b) If veteran, name war No.

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ married

6 (b) Name of husband ~~or wife~~ Walker O. Kennedy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 10th 1900

8. AGE: Years 40 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Washington Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Daniel Flory
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden Name Mary E. Ditto
15. Birthplace Hancock Md.

16 (a) Informant Walker O. Kennedy
(b) Address 223 S. Loudon Ave

17 (a) Burial (b) Date thereof 10/17/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Blue Ridge
Location Thurmont Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

OCT 16 1940 (b)
(Date rec'd by registrar) Registrar

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Give exact date of birth and correct age in years. Date of death is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11 1940, to 10-15 1940 and that I last saw h alive on 19.

Immediate cause of death Ovarian cyst

Duration

Due to

Due to

Other Conditions Streptococcus peritonitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Pound M. D.

Address 24 Aisquith Stop Date signed

F 73658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73658 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Every question answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 N. Patterson Park ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 N. Patterson Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Mohlhenrich
3 (b) If veteran, name war W
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed or divorced.
6 (b) Name of husband or wife Amalia Mohlhenrich
6 (c) If alive, give age 83 years
7. Birth date of deceased (mo., day, yr.) Oct. 25 1855
8. AGE: Years 86 Months 11 Days 19 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Furniture Maker
11. Industry or business
FATHER 12. Name John Mohlhenrich
13. Birthplace Germany
MOTHER 14. Maiden Name Unknown
15. Birthplace Germany
16 (a) Informant Julia Mohlhenrich
(b) Address 1325 N. Patterson Park
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md.
18 (a) Funeral director Wm Cook
(b) Address 127 St Paul St
(c) Huntington Williams M.D. Registrar
OCT 16 1940 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1940 at 10 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Oct. 14 1940 and that I last saw h[illegible] alive on Oct. 3 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	18 Days
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 10-14-40

M. D. B. 1263-9

F 73659

M. D. B. 1268-9

F 73659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73659

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Hollbrook St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Logue

(a) Residence: No. 1618 Hollbrook St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Logue

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Logue (Daughter)
(Address) 1618 Hollbrook

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 17 1940

19. UNDERTAKER Margaret G. Flynn.
(Address) 1423 Light Street.

20. FILED ... 19 ... Registrar.

OCT 15 1940

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Oct. 15 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1940 to Oct 15 1940

I last saw her alive on Oct 14 1940 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchial Pneumonia	3 d
Acute Cardiac Hypertension	7
Cerebral Hemorrhage	8 dy

Other contributory causes of importance Chr. Interstitial Nephritis — 8 d

Name of operation None Date of

What test confirmed diagnosis Symptoms & Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Wm. Fa Strow M. D.

(Address) 2518 Harford Rd

F 73660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 73660
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland found at
(b) Street address 1228 N. Caroline St
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 N Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EVANS HOLLIE

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7171

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1898

8. AGE: Years 42 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace St. Stephens, South Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Fertilizer plant

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Isabelle Johnson
(b) Address 701 W Lanvale St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-17-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) OCT 18 1948 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1948, at 1 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary, acute — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Z Wallenmeier M.D.
Medical Examiner.
Date signed 10-13-48

USE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73661

CGK

BALTIMORE CITY HEALTH DEPARTMENT

59989

F 73661

CERTIFICATE OF DEATH 10-31-40

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 520 Johannesen St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Elisa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1881

8. AGE: Years 59 | Months 9 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business Supported by son

FATHER

12. Name Alonza Pratt

13. Birthplace Md.

MOTHER

14. Maiden Name Martha

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 17 40
(month) (day) (year)

(c) Cemetery or crematory MT. CALVARY-CEM

Location ANNA ARUNDEL County - Md.

18 (a) Funeral director Williams & Jackson

(b) Address 916 PENNA - AVE.

OCT 16 1940 (a) (b)
(Date rec'd by registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and correct age is especially important. Physicians: please write.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14- 1940, at 8:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11- 1940, to 10-14- 1940 and that I last saw h[illegible] alive on 10-14- 1940.

Immediate cause of death	Duration
Uremia	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 10-15-40

F 73662

F 73662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" or the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument N. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine E. Lavaliere

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1878

8. AGE: Years 42 | Months 6 | Days 1917 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Lafferty

13. Birthplace Ireland

MOTHER 14. Maiden Name Rose Hunsselman

15. Birthplace Baltimore

16 (a) Informant Ralph Lavaliere (Son)

(b) Address 919 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Beloit Rd.

18 (a) Funeral director Martin H. Dippel

(b) Address 37 S. Ann St.

OCT 16 1940 (Date received by Registrar) (b) Thomas J. Pullen, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15-40 1940 at 10 17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 19 40 to 10-15 19 40; and that I last saw her alive on 10-6 19 40.

Immediate cause of death Uremia — Duration 4 Weeks

Due to Hypertensive (-Vas.)- — 20 yrs.

Due to Case — over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Willen M. D.

Address Sinai Hospital Date signed 10-15-40

F 73663

VS 3

F 73663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 73663

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 So Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Catherine Hoffnagel O'Hara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Benjamin O'Hara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1914

8. AGE: Years 26 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Laundry

FATHER 12. Name John D. Hoffnagel

13. Birthplace Balto Md

MOTHER 14. Maiden Name Fanny B McKinsey

15. Birthplace Balto Md

16 (a) Informant John M. Hoffnagel

(b) Address 1524 So Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16. 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn, Anne Arundel Co. Md

18 (a) Funeral director H. Howard Strong

(b) Address 715 Light St.

(c) Signature of local registrar Hunting for Williams M.D.

OCT 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 7:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Terminating Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/17/40
(c) Where did injury occur? 1115 Bonaparte Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from burner of kitchen stove

23. Signature [illegible] M.D. Medical Examiner.

Date signed 10/14/40

VS 6

VS 6

F 73664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F-73664

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Esplanade Apts. Entrance Place - Brooks Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All 65yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts 13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Greenbaum

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Daniel Greenbaum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1855

8. AGE: Years	Months	Days	If less than one day
85	4	11	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Rosenbaum,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rebecca Steinhardt
15. Birthplace Germany.

16 (a) Informant Mrs. M. Greenbaum
(b) Address Fidelity Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sandman & Son
(b) Address 1220 Eutaw Pl. Baltimore, Md.

19 (a) OCT 16 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Oct 15 1940, and that I last saw her alive on 10/14 1940.

Immediate cause of death	Duration
Myocarditis	5 yrs
Due to	
Due to	
Other Conditions General arterio-sclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emma F. Krieger M. D.
Address Esplanade Apts. Date signed 10/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VE 8

F 73665

Scherr

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 73665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St & Edwa Lt
(c) Hospital or institution:
St Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 361 E Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) **FULL NAME** Phillip Sobrer Scherr

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 220-09-6240

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minda

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Pastor

11. Industry or business Cloak Maker

FATHER
12. Name Samuel Scherr
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Scherr
15. Birthplace Russia

16 (a) Informant Victor Scherr
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Pa

18 (a) Funeral director Jos. L. Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registered No.

OCT 18 1940

VS 3

Huntington Williams Phila

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 10-16 1940, and that I last saw h[illegible] alive on 10/16 1940.

Immediate cause of death	Duration
Myocardial Failure	[illegible]
Due to Coronary Thrombosis	[illegible]
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Dallas Martin M. D.
Address St Josephs Hospital Date signed 10/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-73668
9990 A

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B 7-73666
Registered No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Physicians: please write the correct age in especially important. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME George Demetroulis

3 (b) If veteran, name war:
3 (c) Social Security Account No. 000

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Ethel Demetroulis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1899

8. AGE: Years 41 | Months - | Days 27 | If less than one day: hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business Seafood business

FATHER
12. Name Anthony Demetroulis
13. Birthplace Greece

MOTHER
14. Maiden Name Dimitra Alexandropoles
15. Birthplace Greece

16 (a) Informant Mrs. Mary Ethel Demetroulis
(b) Address 1813 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location near Baltimore

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

19 (a) OCT 16 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940, to Oct 14 1940; that I last saw him alive on Oct 13 1940

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to:
Due to:
Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lavoy
Address 1844 W Lanvale Ave. Date signed 10/15/40 M. D.

73667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73667

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered and the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 947 W Fayette st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~long~~ 18

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 947 W Fayette st

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles A Egerton

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-05-5363

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Alice W. Egerton

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Sept 1 1902

8. AGE: Years	Months	Days	If less than one day
38	1	13	hr. min.

9. Birthplace Louisburg N.C.

(Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Richard Egerton

13. Birthplace Louisburg N.C.

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Alice W Egerton

(b) Address 947 W Fayette st

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-19-40 (month) (day) (year)

(c) Cemetery or crematory Louisburg, N.C.

Location Franklin Co.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder st

19 (a) Date received by registrar 10/16 1940 Whittington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1940, to Oct 13 1940, and that I last saw him alive on Oct 13 1940.

Immediate cause of death Pulmonary tuberculosis — Duration about 2 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm H. Watts M. D.

Address 515 N. Calhoun Date signed 10/15/40

VS 3

73668

CGK

BALTIMORE CITY HEALTH DEPARTMENT 39365 F 73668

CERTIFICATE OF DEATH 46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Boyd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Day, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6911

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Jessie (Div.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1873

8. AGE: Years 67 | Months ?0 | Days 15? | If less than one day hr. min.

9. Birthplace Indiana
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Day
13. Birthplace Indiana

MOTHER
14. Maiden Name Mary
15. Birthplace Ill.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 10-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard J. Finch
(b) Address 2305 Maryland Ave

19 (a) (Date received by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/14 1940, at 1 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from 9/19 1940, to 10/14 1940, and that I last saw him alive on 10/14 1940.

Immediate cause of death: Adenocarcinoma of the stomach
Contributory

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10/7/38 - Partial gastrectomy for carcinoma of stomach
Of autopsy

Duration: 2½ yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 10/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Give the causes of death clearly and correct age is especially important. Physicians: please write the

F 73669

59694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 73669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 S. Payson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Easton

3 (b). If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-40

8. AGE: Years | Months: Newborn | Days | If less than one day: hr. 30 min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russel Easton
13. Birthplace Balto.

MOTHER
14. Maiden Name Melva Linsey
15. Birthplace Balto.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 10-15-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location BCH

18 (a) Funeral director
(b) Address

19 (a) OCT 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1940, at 10.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Oct. 1 1940, and that I last saw h[illegible] alive on Oct. 1 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to Birth injury	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury C

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 10-2-40

F 73670
59986 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 73670
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Bond Street (North) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Mills

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/11/40

8. AGE: Years | Months | Days | If less than one day: 11 hr. 33 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name Albert
13. Birthplace North Carolina

MOTHER
14. Maiden Name Odessa McNair
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 10-15-40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location BCH

18 (a) Funeral director
(b) Address

19 (a) OCT 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1940, to Oct 12 1940, and that I last saw him alive on Oct. 12 1940.

Immediate cause of death: Prematurity — Duration: 10 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 10-12-40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 73671 JS 59793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 73671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) N B

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 S. Hanover Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-40

8. AGE: Years	Months	Days	If less than one day
Newborn			8 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Leverene Jones
15. Birthplace Md.

16 (a) Informant B. V. H. Records
(b) Address

17 (a) cremation (b) Date thereof 10-15-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto

18 (a) Funeral director
(b) Address

19 (a) OCT 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1940, to Oct 5 1940 and that I last saw him alive on Oct 5 1940.

Immediate cause of death	Duration
Prematurity	8 hours.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Goodin M. D.
Address Balt City Hosp Date signed 10/16/40

F 73672

BALTIMORE CITY HEALTH DEPARTMENT

F 73672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 73672
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" given where it is the correct answer. Do not use abbreviations or leave blanks. Be particularly careful to fill correctly the items relating to the causes of death clearly and legibly. Physicians: please write the cause of death in ink and sign certificate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Linganth St
(c) Hospital or institution:
Motherhouse of Notre Dame.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Linganth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

3 (a) FULL NAME SISTER M. EDBURGA LADMANN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1886

8. AGE: Years 54 | Months 2 | Days 22/31 | If less than one day hr. min.

9. Birthplace Bohemia Europe
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business Housework

FATHER 12. Name Wenceslaus Ladmann

13. Birthplace Austria

MOTHER 14. Maiden Name Mary Svec

15. Birthplace Austria

16 (a) Informant Sister Kostka

(b) Address Notre Dame.

17 (a) Burial (b) Date thereof Oct 17/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory North Cliff

Location Glen Arm

18 (a) Funeral director Geo M. Frisch & Son

(b) Address 811 N Wolfe St

19 (a) (b) (c)
(Date rec'd by registrar) Timothy Whelan Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17, 1940, at 6:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Bronchial Asthma, severe.
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Z. Wollenweber M.D.
Medical Examiner.

Date signed 10-14-40

VS 6-40

F 73673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 73673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Begin with name. Make no abbreviations. Do not use ditto marks. Be sure to state the causes of death clearly and legibly. Give full name of street and number. Do not report occupation of housewife. Be sure correct age is especially important. Physicians: please write the cause of death in the space provided.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Wyeth at
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Wyeth at (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Thereisia Breitenbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~Louis~~ Ludwig Breitenbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1867

8. AGE: Years 73 | Months 2 | Days 30 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Louis Breitenbach
(b) Address 609 Wyeth st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick road.

18 (a) Funeral director Cashman Bros.
(b) Address 1017 W Baltimore st

19 (a) 16 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1940, to Oct 13 1940, and that I last saw h[illegible] alive on Oct 13 1940.

Immediate cause of death: Carcinoma of the stomach — Duration 6 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Carcinoma of stomach with Metastasis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Glass M. D.
Address 876 Wash. Blvd. Date signed 10/15/40

F 73674

VS 3.

F 73674

F 73674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN WERNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-7326

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer - own business

11. Industry or business Preaching lumber

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Zinkmann
15. Birthplace

16 (a) Informant Mary Herwmaker

(b) Address 719 S. Milton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-18-40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto Co

18 (a) Funeral director William Fiaskowski

(b) Address 1618 Eastern Ave

OCT (a) 16 1940 (Date rec'd by registrar) (b) Huntingfield Hill Reisterstown, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 19 40, at 5 15 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaker M.D. Medical Examiner.

Date signed 10-15-40

VS 6

F 73675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-C

F 73675 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be ascertained. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. A. Mercer Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 (If rural give location) Falls Rd (Home of sister-in-law Anna Fillman)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William McK. Harrison

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1903

8. AGE: Years 36 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Landscape Gardener

11. Industry or business

FATHER
12. Name James T. Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Ella L. James
15. Birthplace D. C.

16 (a) Informant Anna Fillman
(b) Address 3726 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary, Hampden
Location Roland Ave.

18 (a) Funeral director Schenquet & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date received by registrar) (b) Signature of Registrar

OCT 16 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1940, at 8:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Body found at Penna R.R. railway near Millbourne
(b) Date of occurrence
(c) Where did injury occur Govans (City or town) Balto (County) 1307 Cold Spring Lane (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vansant M.D. Medical Examiner

Date signed 10/16/40

VS 6 10 1540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73676 136-B Registered No. F 73676

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County U.S.A.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 2[illegible]-2199

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-94

8. AGE: Years 46 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Elijah Davis

13. Birthplace Maryland

MOTHER 14. Maiden Name Fannie Bonner

15. Birthplace Maryland

16 (a) Informant Mildred Purvey

(b) Address 1205 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Geo. A. Kelson

(b) Address 1303 Pennsylvania Ave

19 OCT 16 1940 (Date received by registrar) [illegible] Registrar

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and correct age is especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 9:65 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940 to 10-13 1940, and that I last saw h[illegible] alive on 10-13 1940.

Immediate cause of death Broncho-Pneumonia — Duration: 2 days

Terminal [illegible]

Uremia

Due to Urinary Fistula — Duration: over

Due to Acute Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urinary Fistula
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Gorham M. D.

Address 6100 N. Arlington Ave Date signed 10/15/40

F 73677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

F 73677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker who will report the causes of death clearly and legibly. Physicians: please write the exact age in years, months, days, hours, or minutes, as the case may be. Do not abbreviate. Omit no items. Be sure your answer is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Edmondson. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Mc Carter (Milton Howard McCarter)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-01-1307

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elisa Scheidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1879

8. AGE: Years 61 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Bookkeeper
11. Industry or business: Charles Scheidt

FATHER
12. Name: Robert S. McCarter
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sarah M. Woodall
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Rena A. Wherrett
(b) Address: 2714 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/40 (month) (day) (year)
(c) Cemetery or crematory: St. Matthews
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

OCT 16 1940 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1940, at 3:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1940, to Oct 15 1940, and that I last saw h[illegible] alive on Oct 15 1940.

Immediate cause of death: Anoxaemia & Pulmonary Congestion. — Duration:
Due to: Status Asthmaticus.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature C. Theurer M. D.
Address 20. Chase. Gen. Hosp. Date signed 10-15-40

Certified for Williams, M.D.

VS 8

F 73678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F

Registered No. F 73678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 E Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH M WATSON.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Police

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 16 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) OCT 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 5968

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6, 1940, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilis, cardiovascular — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy yes as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Waltemeyer M.D. Asst. Medical Examiner.

Date signed 10-6-40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the causes of death clearly and legibly. Be sure correct age is especially important. Physicians: please write the

VS 6

F 73679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93

F 73679
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made for the causes of death clearly and legibly. Any entry of unknown or doubtful age is especially important. Physicians: please write the cause of death.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Berlin (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Copley Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME William H. Tingle
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex M
5. Color or race White
6 (a) Single, (Married) widowed, or divorced. Married
6 (b) Name of husband or wife Mary E. Moore
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 10. 1879
8. AGE: Years 61 Months 8 Days 5 If less than one day hr. min.
9. Birthplace Berlin Md. (Town, county, and state)
10. Usual Occupation Retired 14 yrs
11. Industry or business
FATHER 12. Name David P. B. Tingle
13. Birthplace Md.
MOTHER 14. Maiden Name Jane C. Waters
15. Birthplace Md.
16 (a) Informant Mary E. Tingle
(b) Address 3502 Copley Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick ave.
18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place
19 (a) Date received OCT 16 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 11 12 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940, to Oct 15 1940, and that I last saw him alive on Oct 15, 1940.

Immediate cause of death: Cardiac Decompensation — Duration
Due to: Hypertensive Cardiovascular
Due to: Disease
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Tumpkin M. D.
Address Md. Gen. Hosp. Date signed 10/15/40

F 73680

BALTIMORE CITY HEALTH DEPARTMENT

F 73680

PLACE OF DEATH: (a) City, Town, or location (b) Registration District No. (c) Primary Registration District No. (d) File or Registered No.

OCT 16 1940 (Date received by registrar) Huntington Williams, M.D. Address Md. Gen. Hosp. Date signed 10/3/40

VS 3

F 73680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186-a

F 73680 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Frostman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marietta Louise M Lucker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: David R. Tucker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 24, 1854
8. AGE: Years 86 | Months 0 | Days 21 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ? Hatton
13. Birthplace Virginia

MOTHER
14. Maiden Name ? Mapp
15. Birthplace Virginia

16 (a) Informant Mark E Hewes
(b) Address 2922 Frostman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 2 [illegible] Fulton Ave

18 (a) Funeral director John J. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] (Signature of registrar) (b) [illegible]

OCT 16 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture neck of femur	
Due to Bilateral pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/5/40
(c) Where did injury occur? 2922 Frostman St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell during fainting attack

23. Signature W. B. Sandenhoff M.D. Medical Examiner.
Date signed 10/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73681 ✓ F 73681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

PLEASE WRITE PLAINLY, with ink. Use the usual abbreviations for the causes of death if necessary and register correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2144 Harford~~ Medford Finden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2149 Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Klein from S.S. Board #105-10-2780

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-4511

4. Sex male | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-1897

8. AGE: Years 43 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Pipe Detail Man

11. Industry or business Standard Oil Co.

FATHER 12. Name August K. Klein
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Barbara Welch
15. Birthplace Balto Md

16 (a) Informant Mrs. Margaret Hainer
(b) Address 3414 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. E. Shaw & Son Inc.
(b) Address 118 W. Mt. Royal Ave

19 OCT 16 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1940, to Oct. 14 1940, and that I last saw h~~im~~er alive on Oct. 14 1940.

Immediate cause of death Coronaline
Heart Failure — Duration

Due to Hypertension Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Johnston M.D.
Address Md General Hospital Date signed 10/14/40

VS 2

VS 3

F 73682 [illegible]-SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 W. Saratoga Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Rollins GRIFFIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Benjamin (Sep.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/17/1877

8. AGE: Years	Months	Days	If less than one day
63	6	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Aid for Dep. Childred
11. Industry or business

FATHER
12. Name Barney Griffin
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Currey
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Kenton
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by Registrar) (b) Registrar

OCT 16 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14-1940; at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-1940, to 10-14-1940 and that I last saw h-r alive on 10-14-1940

Immediate cause of death: Cardiac failure — Duration ?
Due to: H-S HH Dis — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Millard Tabler M. D.
Address Balto City Hosp Date signed 10-15-40

PLEASE WRITE PLAINLY. Use the causes of death given by the attending physician. Be sure to correct age is especially important. Physicians: please write the cause of death clearly.

F 73683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 73683 (2) Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered, or write the words "not known" or "none" where they are applicable. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Harlem ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Dampson KATIE COLLINS SAMPSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Leroy Simpson
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43 ~~50~~			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Eugene Collins
13. Birthplace Md

MOTHER
14. Maiden Name Alice Brown
15. Birthplace Md

16 (a) Informant Leroy Sampson
(b) Address 713 Harlem Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

OCT 16 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13-1940, at 5-20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation - Autopsy thereon and from the evidence obtained by said Investigation - Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Mitral Regurgitation — Duration years

Due to Hypocardial Degeneration — 5 days

Other Conditions "Stroke" 5 mo. ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10-14-40

VS 6

VS 6

73684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

F 73684 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give the causes of death clearly and correctly. Fill all items; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Forest Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Vesta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Roy Sheets

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-10-7208

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1873

8. AGE: Years	Months	Days	If less than one day
67	0	27	hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business Govt Bal-Wash Corp

FATHER
12. Name Wilson B. Sheets
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Nellie A. Flagle
15. Birthplace Carroll County, Md.

16 (a) Informant Roy Sheets (deceased)
(b) Address 4405 Vesta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Md.

18 (a) Funeral director Leroy Doyle
(b) Address 508 Pk. Ave. Balto. Md.

OCT 16 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15, 1940, at 9:24 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1940, to Oct. 15 1940, and that I last saw him alive on Oct 14 1940.

Immediate cause of death	Duration
Carcinoma metastases	1 yr.
Due to: Carcinoma of larynx	4 yrs.
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Laryngectomy, gastrostomy
Of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Livingood M. D.
Address Mercy Hospital Date signed 10-15-40.

VS 3

F 73685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B F 73685 Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lawrence Murphy.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-3683

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Barbara A. Murphy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1899

8. AGE: Years 41 | Months 41 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Matthew E. Murphy
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Dolan
15. Birthplace Maryland

16 (a) Informant Mrs Wm L Murphy
(b) Address 440 S Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-40 (month) (day) (year)
(c) Cemetery or crematory Ct Calvary
Location Balto Md

18 (a) Funeral director George A Mealey
(b) Address Fulton + Fayette

19 (a) OCT 16 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 15 1940, and that I last saw h[illegible] alive on Oct 15 1940.

Immediate cause of death Shock — Duration 2 hrs

Due to ?

Due to Bronchiectasis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchiectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Bowers

Address Union Memorial Date signed Oct 15, 1940

F 73686 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 -a Registered No. ✓F 73686 29686

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13hrs.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 S. Fagley
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Baby Francis J. Metzger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W.	S.

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 15 1940

8. AGE: Years	Months	Days	If less than one day
			13 hr. ..... min.

9. Birthplace St Josephs Hosp Baltimore (Town, county, and state)
10. Usual Occupation.....
11. Industry or business

FATHER
12. Name John Metzger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Gensler
15. Birthplace Balto. Md.

16 (a) Informant John Metzger
(b) Address 712 S. Fagley.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'Donnell ST.

18 (a) Funeral director Lilly & Zeiler
(b) Address 1123 S. Wolfe ST.

19 (a) OCT 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 6.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Oct 16 1940, and that I last saw h[illegible] alive on Oct 16 1940.

Immediate cause of death	Duration
Intracerebral Hemorrhage	
Due to	
Due to	
Other Conditions Partial Fetal Hydrocephalus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed Oct 16, 1940

F 73687

VS 8

F 73687

F 73687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. 73687

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2807 Bayonne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 Bayonne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Joseph Helmcamp

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-4450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Anna B. Kaiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1880

8. AGE: Years	Months	Days	If less than one day
60	9	—	hr. min.

9. Birthplace City (Town, county, and state)
10. Usual Occupation Commercial Sign Painter
11. Industry or business

FATHER
12. Name Joseph Helmcamp
13. Birthplace City

MOTHER
14. Maiden Name Mary A. Hughes
15. Birthplace City

16 (a) Informant Mrs. Anna Helmcamp
(b) Address 2807 Bayonne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Date received by Registrar OCT 16 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1940, to Oct 14 1940.
and that I last saw h[illegible] alive on Oct 14 1940.

Immediate cause of death	Duration
(a) Hypostatic Pneumonia	7 da
Due to (b) Arteriosclerosis	1
Due to (c) Cerebral Hemorrhage	1 yr 7
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

VS 8

VS 3

F 73688 !

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 73688
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Onley (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES MICHAEL DUNTON

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race WHT. | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1881.

8. AGE: Years 59 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Sales Manager
11. Industry or business

FATHER
12. Name Wm. T. Dunton
13. Birthplace Virginia

MOTHER
14. Maiden Name Emily Godwin
15. Birthplace Unknown

16 (a) Informant Mrs. E. M. Dunton
(b) Address Onley Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Onancock Va
Location
18 (a) Funeral director Burdette Johnson
(b) Address Onancock Va
19 (a) (Date rec'd by registrar) (b) Huntington Williams Mgr Registrar

OCT VS 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 11 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1940, to 10-16 1940, and that I last saw h e alive on 10-16 1940.

Immediate cause of death Peripheral vascular collapse — Duration 1 hr
Due to paralytic ileus (postoperative) — 2 days
Due to
Other Conditions Carcinoma of stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 10/16/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly, and supply correct age is especially important.

OCT 17 1940

F 73689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-E F 73689 Registered No.

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. Be sure the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Melville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Melville Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Valentine

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-18-4371
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Emma B. Valentine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 18. 1869.
8. AGE: Years 70 Months 9 Days 27 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Tobacco Blight Co
FATHER 12. Name Henry Valentine
13. Birthplace Baltimore Md.
MOTHER 14. Maiden Name Annie Ehlers
15. Birthplace Baltimore Md
16 (a) Informant Myrtle G. Wright
(b) Address 609 Melville Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md
18 (a) Funeral director Wilson Cole
(b) Address 1317 E. Baltimore St
19. OCT 17 1940 (Date rec'd by Registrar) (b) Lemuel or Williams, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 10:25 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Oct 15 1940 and that I last saw him alive on Oct 14 1940.

Immediate cause of death: Acute Coronary Obliteration — Duration: Few Days
Due to: Myocardial degeneration
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. W. Morgan M.D.
Address 401 E 25th St Date signed 10/16/40

VS 3

F 72690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B

F 72690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James P. Leland

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-18-1881

8. AGE: Years 59 | Months 0 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk, City of Balto
11. Industry or business Health Dept. City of Balto

FATHER
12. Name Thomas Leland
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Timothy
15. Birthplace Ireland

16 (a) Informant Miss Mary Leland
(b) Address 918 Gloucester Ave

17 (a) Burial (b) Date thereof 10-19-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (b)
(Date received by Registrar) Registrar

OCT 17 1940
VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items correctly. Be sure the causes of death clearly and logically. Be sure age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1940 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940 to Oct 16 1940, and that I last saw him alive on Oct 16 1940.

Immediate cause of death: Chronic Nephritis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chronic Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 10-16-40

F 73691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

F 73691 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and in full. Be sure to answer every question. Be correct age is especially important. Physicians: please write the causes of death clearly and in full. Be sure to answer every question. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Hampstead (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew J. Schultz

3 (b) If veteran, name war L

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Florence O Schultz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12-1865

8. AGE: Years 75 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Ret farmer

11. Industry or business

FATHER
12. Name John Schultz
13. Birthplace Md

MOTHER
14. Maiden Name Susan Martin
15. Birthplace Md

16 (a) Informant Mr Leroy Schultz
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-1940 (month) (day) (year)

(c) Cemetery or crematory Hampstead
Location Hampstead, Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

19 (a) OCT 17 1940 (Date rec'd by registrar) (b) Harriet L. Williams U.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1940, to Oct 16 1940 and that I last saw him alive on Oct 16 1940

Immediate cause of death	Duration
Cardio Vascular Renal Disease	
Due to Arteriosclerosis	
Due to	
Other Conditions Benign Prostate Hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations Benign Prostatic Hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shipper M.D.
Address Univ. Hospital Date signed Oct 16 1940

F 73692

VS 3

F 73682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1204 a F 73682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Parrish St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1941

3 (a) FULL NAME Elmer Matthews ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-1933

8. AGE: Years	Months	Days	If less than one day
7	3	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Samuel Matthews
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Gertrude Dixon
15. Birthplace Baltimore Md

16 (a) Informant Gertrude Matthews (M)
(b) Address 501 E. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Charles L. Cooper
(b) Address 514 N. Calhoun St.

OCT 17 1940 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1940, at 10 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1940, to 10-14 1940, and that I last saw him alive on 10-14 1940.

Immediate cause of death Acute Gastro-enteritis (Enter only one cause per line for (a), (b), and (c).) — Duration 1 day

Due to Dietary Indiscretion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy nothing unusual

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Muscarden M. D.
Address Provident Hosp. Date signed 10-15-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and correct age is especially important.

VS 3

F 73693 Evan A Wagner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B F 73693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 E. Oliver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Evan A. Wagner

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220-07-4878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife Celesta Wagner

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 4, 1870

8. AGE: Years	Months	Days	If less than one day
70		13	..... hr. ..... min.

9. Birthplace Manchester, Carroll County, Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Eliza Black
15. Birthplace Carroll County, Md.

16 (a) Informant Elsie Schick
(b) Address 1914 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North ave + Gay St.

18 (a) Funeral director Howard R. Bright Jr.
(b) Address 4914 Belair Road

OCT 17 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1940, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1940 to Oct. 17, 1940, and that I last saw him alive on Oct. 17 1940.

Immediate cause of death: Biliary Obstruction due to impacted stones in hepatic and common bile ducts — Duration: 1 year
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biliary Carcinoma
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Wm. Carl Neely M. D.
Address Mercy Hospital Date signed 10-17-40

PLEASE WRITE CLEARLY. Fill in all blanks. Give the causes of death clearly and accurately. Physicians: please write the cause of death correct ago is especially important.

VS 3

73694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 73694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Mean of Transportation
(b) Street address 5006 Division St. (City)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5006 Division st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2435

3 (a) FULL NAME ROBERT W. REDDING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rosella Redding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4, 1874

8. AGE: Years	Months	Days	If less than one day
65	11	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter, Self
11. Industry or business

FATHER
12. Name Oscar W. Redding
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Kate Green
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. G. E. Redding
(b) Address 5006 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 3.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1940, to Oct 14 1940, and that I last saw h. im alive on Oct 13 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Wolenick M. D.
Address 4710 Liberty Hgts Ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

73695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 73695 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Wash. Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William James Arther

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 705-12-1865

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1887

8. AGE: Years 53 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Car Builder

11. Industry or business B & O. R. R.

FATHER 12. Name William J. Arther

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Emma Starnick

15. Birthplace Md.

16 (a) Informant Margaret. Arther

(b) Address 1215 Washington Blvd

17 (a) Burial (b) Date thereof Oct. 18, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location City

18 (a) Funeral director Mc Nus. John W. Teufel & Son

(b) Address 801 W. Fayette St.

OCT 17 1940 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Oct 16 1940, and that I last saw him alive on Oct 16 1940

Immediate cause of death: Rheumatic Heart Disease Mitral Stenosis — Duration 4 yrs?

Due to: Rheumatism from

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Glass M. D.

Address 876 Wash. Blvd Date signed 10/16/40

73696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 73696
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Vera St. Canfield
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula Lane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	15	hr. min.

9. Birthplace S. Car.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mack McCray
13. Birthplace S. C.

MOTHER
14. Maiden Name Susie
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Oct 17 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

PLEASE WRITE plainly with pencil or pen and ink. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13- 1940, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8- 1940, to 10-13-1940 and that I last saw h-- alive on 10-13-1940.

Immediate cause of death — Duration
Bronchopneumonia — 2 days
Uremia — ?
Due to
Arteriolar nephrosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Broncopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 10-14-40

F 73687

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73687

CERTIFICATE OF DEATH

95-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 815 Vine St. 181 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Jones

If U. S. Veteran specify WAR

(a) Residence: No. 815 Vine St., Ward. 4 55

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Jones

6. DATE OF BIRTH (month, day, year): 3/5/1875

7. AGE: Years 65 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Geo Jones

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): do

17. INFORMANT: Ida Jones

(Address): 815 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Oct 18, 1940

19. UNDERTAKER: Mrs Katie R Williams

(Address): 322 N. Schroeder St

20. FILED: OCT 17 1940 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1940 to Oct 15 1940

I last saw h alive on Oct 15, 1940. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart	?
Other contributory causes of importance: Enlarged Prostate	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Norwood M. D.

(Address) 939 W Fayette St

No. K—White. Information should be carefully supplied. Age, number of years, months, and days must be stated. Cause of death must be properly classified. Exact statement of information should be carefully supplied. Age, number of years, months, and days must be stated. Cause of death must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

73698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V186-W

Registered No. F 73698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES YANCEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Lee Williams
(b) Address 1214 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Byford & Mamie H. Knight
(b) Address 1218 E. Eager & Elderry St

19 (a) OCT 17 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 2 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of base of skull — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 13, 1940
(c) Where did injury occur? 1315 Orleans (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell downstairs

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 10-13-40

VS 6

72699 CGK 57936 78699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Keswick Rd. (If rural give location)
9-6
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wisebaugh

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-1798

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-6-1884

8. AGE: Years 56 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Millwork

11. Industry or business

FATHER
12. Name John T.
13. Birthplace Md.

MOTHER
14. Maiden Name Katie Hosmon
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. City Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) (b) Date rec'd by registrar

Hunter for Williams, Registrar

VS 8

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16- 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31- 1940, to 10-16- 1940 and that I last saw him alive on 10-16- 1940.

Immediate cause of death	Duration
Cardiac Failure	7
Bronchopneumonia	7
Due to O-S. Mt. Dis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-17-40

73700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 73700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 N Bond St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 N Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Evelyn Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband or wife Wm. Smith

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1914

8. AGE: Years	Months	Days	If less than one day
26	8	1	..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name James Crapper
13. Birthplace Va

MOTHER
14. Maiden Name Annie Wright
15. Birthplace Va

16 (a) Informant Mrs Bertha Clark
(b) Address 903 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17-40 (month) (day), (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

18 (a) Funeral director Robert E Williams
(b) Address 13-15 McElderry St Williams, Mgr

19 (a) — (b) — (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940 at 5:33 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Oct 13 1940, and that I last saw h[illegible] alive on Oct 12 1940

Immediate cause of death: Pulmonary Tuberculosis 1939 — Duration

Due to Spontaneous Pneumothorax Artificial

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph E Yeung M. D.
Address 1429 E Monument Date signed Oct 15, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given as to date of death, correct age, etc., is especially important.

F 73701 COK 5960 F 73701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) N D

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Sarah Ann St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Tripp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-40

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wadell Bradford (Baby's Father)
13. Birthplace Unknown

MOTHER
14. Maiden Name Henrietta Tripp
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (b) Date thereof 10/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Balto/ City Hosp.

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by Registrar) (Signature) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1940, at 10.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940, to Oct 2 1940, and that I last saw her alive on Oct 2 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	3 days
Due to Birth injury	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
M. D.
Address Baltimore City Hospitals Date signed 10-3-40.

VS 3

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Lemmon st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. David E. Lease

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-12-5385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie Lease
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 10 - 1880

8. AGE: Years	Months	Days	If less than one day
60	7	6	hr. min.

9. Birthplace Frederick Md. (Town, county, and state)
10. Usual Occupation Automobile Mechanic
11. Industry or business

FATHER 12. Name William R. Lease
13. Birthplace Fredick Md.

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Annie Lease (Wife)
(b) Address 1712 Lemmon St.

17 (a) Burial (b) Date thereof Oct 21-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olive
Location Randallstown Md

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St

19 (a) (Registrar's signature) (b) Burial Permit Number

VS 3-40

PLEASE WRITE PLAINLY. Physicians: please write the correct answer to each question. Every question is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940 to Oct 16 1940, and that I last saw h[illegible] alive on Oct 16 1940.

Immediate cause of death	Duration
Coronary Occlusion	1 days
Due to Degen. Hypertension Cardio-Vasc Dis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Parks M. D.
Address Stagnes Hosp Date signed 10-17-40

73703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 a F 73703 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN ELGERT (EIGERT)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-7096

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine E.

6 (c) If alive, give age 78y8m

7. Birth date of deceased (mo., day, yr.) Aug 8. 1890

8. AGE: Years 50 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation News Paper Man

11. Industry or business News. Agt. - Proof Reader

FATHER 12. Name Albert Elgert

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Lizzie Shee

15. Birthplace Balto. Md.

16 (a) Informant Mildred E Elgert

(b) Address 521 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/40. (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Maryland

18 (a) Funeral director F. B. Wippert & Son

(b) Address 1900 Eastern Ave

19 (a) 10/17/40 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 5:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Asphyxia — Duration

Due to Hanging by rope

Due to Suicide

Other Conditions Mental depression

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence October 15, 1940
(c) Where did injury occur? cellar of home alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury hanging by rope

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 10-15-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Be sure to correct all errors, especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 73704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 78-B

F 73704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give exact place of death and full name of deceased. If not in hospital or institution, give residence instead of hospital or institution. If child, give exact age in years, months, days, hours, or minutes. Specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VIVIAN DELMA WARREN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Colored

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1938

8. AGE: Years 2 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Stanley Warren

13. Birthplace Richwood Va.

MOTHER 14. Maiden Name Eshter Dungle

15. Birthplace Balto Md.

16 (a) Informant Stanley Warren

(b) Address 1017 N. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-40 (month) (day) (year)

(c) Cemetery or crematory St. Peters

Location Baltimore Md.,

18 (a) Funeral director C. A. Liddie

Address 2101 McCulloh St

19 (a) Hunter (b) Victor Williams, M.D. Registrar

OCT 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15, 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral edema	
Due to Acute lead encephalopathy	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations decompression
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 29, 1940
(c) Where did injury occur? 1017 Lanvale St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury eating paint Plumbum

23. Signature H. L. Wallenstein M.D. Asst Medical Examiner.

Date signed 10-15-40

VS 6

VS 6

73705
385586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X V 125 P F 73705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 days

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town ALTOONA (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 - [illegible] 29th. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME APOLONIA L. [illegible] - SENKOW

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife FRANK G. SENKOW
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 2-2-80

8. AGE: Years 60 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace [illegible] AUSTRIA (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John Jablecki
13. Birthplace AUSTRIA [illegible]

MOTHER
14. Maiden Name MARY [illegible]
15. Birthplace [illegible] AUSTRIA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 19. 1940 (month) (day) (year)
(c) Cemetery or crematory St. Peters & Pauls
Location ALTOONA PA.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 OCT 17 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 902 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Oct 16 1940, and that I last saw h[illegible] alive on Oct 16 1940.

Immediate cause of death ? Lung abscess.
Due to Post operative
Due to
Other Conditions Bronchial pneumonia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell & Miller M. D.
Address [illegible] Date Oct 18 40

PLEASE WRITE CLEARLY and correct age is especially important. Physicians: please write the cause of death clearly and correctly.

VS 3

VS 3

73706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 73706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full the name of the cause of death clearly and legibly. Give the correct age in especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N Vincent St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-9170

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Morgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1892

8. AGE: Years 48 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace King George Va (Town, county, and state)

10. Usual Occupation Solder

11. Industry or business

FATHER 12. Name Robert Turner

13. Birthplace King George Va

MOTHER 14. Maiden Name Mary Morgan

15. Birthplace King George Va

16 (a) Informant August Morgan

(b) Address 1617 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore City

18 (a) Funeral director Joseph A Lively

(b) Address 469 N Mount St, Huntington Williams M.D.

OCT 17 1940 (Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940 at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William L Kolmeier M.D. Medical Examiner

Date signed 10/17/40

VS 6

F 73707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-B

F 73707 Registered No.

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure the causes of death clearly and logically correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 45
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Nathan Dennison

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-8112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1921

8. AGE: Years	Months	Days	If less than one day
18	11	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Sand-blaster
11. Industry or business

FATHER
12. Name Michael A. Dennison
13. Birthplace Russia

MOTHER
14. Maiden Name Watner
15. Birthplace ??

16 (a) Informant Raphael Ricardo
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-20-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Phila Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Balto St

OCT 17 1940 (Date rec'd by registrar) (b) [illegible] for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17, 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1940 to 10/17 1940 and that I last saw h[illegible] alive on 10/17 1940.

	Duration
Immediate cause of death Subacute bacterial endocarditis	3 mo.
Due to Rheumatic Fever	10 ye.
Due to	
Other Conditions Lt hemiplegia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Cornell M. D.
Address Mercy Hosp Date signed 10/17/40

VS 3

F 73708 F 73708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 73708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Maryland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Maryland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecelia Holmes (Ingerson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Ambrose Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1860

8. AGE: Years	Months	Days	If less than one day
80	2		hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Issac Willower

13. Birthplace Unknown

MOTHER 14. Maiden Name Eliz. Markel

15. Birthplace Pa.

16 (a) Informant Charles W. Ingerson

(b) Address Govans Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location

18 (a) Funeral director John A. Miller (b) Address 3384 Jefferson St.

19 (a) OCT 17 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1940, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16-40 19 , to 10-15-40 19 , and that I last saw her alive on 10-14-40 19 .

Immediate cause of death: Cerebral Hemmorrhage — Duration 9.3.40

Due to arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knipp M. D.

Address 203 Chanden Date signed 10-16-40

PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73709
38726 7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73703
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 E Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME (Regina) Irene Mrs Klimek
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-11

8. AGE: Years	Months	Days	If less than one day
29	1	26	hr. min.

9. Birthplace Maryland (Town, County, and State)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Paul Klimek
13. Birthplace Poland

MOTHER
14. Maiden Name Matilda Dreudz
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Gorsuch Mill Road
18 (a) Funeral director Stefan J. Fralkowski Sons
(b) Address 1000 E. Fenwood Ave.
19 (a) Oct 19 1940 (Date received by Registrar) (b) [illegible] Registrar

OCT 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 9 30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Oct 16 1940, and that I last saw her alive on Oct 16 1940.

Immediate cause of death	Duration
Diabetes mellitus	
Severe hypoglycemic shock	24 hours
Due to protamine insulin	
? aspiration pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Atrophia pancreas.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Fuetsches, M.D.
Address Johns Hopkins Hosp. Date signed 10/16/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

VS 3

F 73710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 73710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Lafayette & John Sts
(b) Street address
(c) Hospital or institution: Dept. Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1401 Mt Royal Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Lillian R. Thomas

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harvey T. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1867

8. AGE: Years 73 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Ann Arundel Co, Md
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Benjamin Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Patience A. Thaslup
15. Birthplace Bucks Md.

16 (a) Informant Miss Leonora Robinson
(b) Address 1401 Mt Royal Ave

17 (a) Buried (b) Date thereof Oct 18 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto. Md.

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.)
(b) Address 108 W. NORTH AVENUE

19 (a) OCT 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Crushing Injury of Left Chest — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/15/40
(c) Where did injury occur? In front of 1402 Mt. Royal Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by automobile

23. Signature W. B. Vandegrift M.D.
Medical Examiner.

Date signed 10/15/40

VS 6

73711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73711

PLEASE WRITE PLAINLY, with pen or pencil. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druhelund & Raymond Aves
(c) Hospital or institution West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 North Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Mary E. Beauchamp.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~Mary~~ William L. Beauchamp | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/30/76

8. AGE: Years 63 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Moorwalder
13. Birthplace Switzerland.

MOTHER 14. Maiden Name Nora Brenton.
15. Birthplace Ireland.

16 (a) Informant Husband
(b) Address 1612 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18/1940. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) OCT 17 1940 (Date rec'd by local registrar) (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15-1940, at 6 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15-1940 to 10-15-1940, and that I last saw h[illegible] alive on 10-15-1940

Immediate cause of death	Duration
Heart failure	
Due to Hypostatic pneumonia	
Due to Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Wallenstein M.D.
Address 1827 W. North Ave. Date signed 10/15/40

73712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 F 73712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 St. James St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Montague (59823)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1903

8. AGE: Years	Months	Days	If less than one day
37	9	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Cornelia Montague
13. Birthplace Va.

MOTHER
14. Maiden Name Louise Blanche
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 17 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) OCT 17 1940 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7, 1940, to Oct. 8, 1940, and that I last saw him alive on Oct. 8, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 10-8-40 M. D.

VS 3

PHYSICIANS: please write the causes of death clearly and legibly. The correct age is especially important.

73713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161B

F 73713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 16-7
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 22
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Brighton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Armiger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 140

8. AGE: Years	Months	Days	If less than one day
		2 2 1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Albert Armiger
13. Birthplace Balto, Md

MOTHER 14. Maiden Name Marion Beauchamp
15. Birthplace Chesterfield Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL OCT 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 17 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

5972

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10, 1940 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19, 1940 to Oct 10, 1940 and that I last saw him alive on Oct 10, 1940.

Immediate cause of death: Sepsis — Duration

Due to

Due to

Other Conditions Congenital Anomalies

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M. D.
Address Sinai Hosp Date signed 10/17/40

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to answer every question. Do not report "unknown" if the information can be obtained. Do not report "indefinite" for the causes of death except as a last resort. Be sure to report the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3 5972

F 73714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

Registered No. F 73714

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

12

3 (a) FULL NAME EMILY HARVEY PATTERSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ F. G. Patterson
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1874

8. AGE: Years 66 | Months 2 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Charles Harvey
13. Birthplace Maryland

MOTHER 14. Maiden Name Virginia Pendleton
15. Birthplace Virginia

16 (a) Informant Garland Moore
(b) Address 3405 Greenway Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) OCT 17 1940 (Date rec'd by Registrar) (b) Huntington-Williams Inc. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16th 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to Oct 16th 1940, and that I last saw h.e alive on Oct 16 1940.

Immediate cause of death	Duration
Coronary Thrombosis (1st attack 1931)	6 mos
Due to Cerebral Embolism	
Due to	
Other Conditions Cholecystectomy 1930 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Grumbles M. D.
Address 3518 N. Charles St Date signed Oct 17

F 73715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 73715
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Lyndhurst St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy. Arnold.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-40

8. AGE: Years	Months	Days	If less than one day
			23 hr. 48 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Herbert Arnold
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alice M Meyers.
15. Birthplace Baltimore Md.

16 (a) Informant Mother
(b) Address 617 Lyndhurst St.

17 (a) Burial (b) Date thereof Oct 18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Balto. Maryland

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St.

19 (a) (b)
(Date received by registrar) Registrar

OCT 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1940, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Oct 17 1940 and that I last saw h~~im~~ alive on Oct 17 1940.

Immediate cause of death	Duration
Congenital Atelectasis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Whitworth M. D.
Address Maryland Gen Hosp Date signed 10-17-40

Please write the causes of death clearly and correct age is especially important. Physicians: please write

F 78716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 110 a

F 78716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 S. Catherine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Agnell

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 217-07-6663

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie B. Agnell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1900

8. AGE: Years 40 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Truck driver - Salesman

11. Industry or business Wagner & Correll

FATHER 12. Name Frederick Agnell
13. Birthplace Md

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bessie B. Agnell
(b) Address 131 S. Catherine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/40 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1219 E. Fayette St

OCT 18 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940 at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 1940 to Oct. 17 1940, and that I last saw him alive on Oct. 17 1940.

Immediate cause of death Pulmonary embolism — Duration 6 wks

Due to Empyema (left) — Duration over

Due to Abscess of Thoracic Wall

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema (left)
Of autopsy Empyema (left)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard E. Blumenthal
Address W. B. & H. Date signed 10/17/40

PLEASE WRITE PLAINLY, with pencil or pen, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 73717
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 N. Calvert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 N. Calvert st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adelaide Anna Leake

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married
6 (b) Name of husband ~~or wife~~: Howard N. Leake
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 20-1881
8. AGE: Years 58 | Months 11 | Days 25 | If less than one day hr. min.
9. Birthplace Balto Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adolphe Haenloop
13. Birthplace Berlin Germany

MOTHER
14. Maiden Name Sophia Schindhelm
15. Birthplace Balto Maryland

16 (a) Informant Howard N. Leake
(b) Address 3511 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Maryland

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) Date received by (Registrar) OCT 18 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1940 to Oct. 15 1940 and that I last saw her alive on Oct. 15 1940.

Immediate cause of death: Carcinoma of Breast — Duration 16 months
Due to: Metastasis to Skull and long bone - Liver
Due to: Acute Congestive Cachexia
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Linton M. D.
Address 2624 St. Paul St. Date signed Oct. 16, 1940

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 73718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 73718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 Lehman st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Lehman st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius C. Lemmerman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of ~~husband~~ or wife: Mary Lemmerman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 24th 1870
8. AGE: Years 70 | Months 6 | Days 22 | If less than one day hr. min.
9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Lemmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Caroline Brede
15. Birthplace Germany

16 (a) Informant Charles Hartman
(b) Address 715 W. Lombard St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10 19 40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) OCT 19 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16th 1940, at 1250 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 17 1940, and that I last saw him alive on Oct 16 1940

Immediate cause of death	Duration
Starvation + Toxemia	2yrs.
Due to Cancer of Stomach.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Med. Arts Bldg Date signed Oct 18. 1940

PLEASE WRITE IN PENCIL. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

Dr 18.14 mo

F 73719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-P

F 73719
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5904 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5904 Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Somers Griffin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles W. Griffin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1858

8. AGE: Years 81 | Months 11 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace New Haven Conn. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Miles Somers
13. Birthplace Conn.

MOTHER
14. Maiden Name Sarah Jane Hine
15. Birthplace Conn.

16 (a) Informant Howard S. Griffin
(b) Address 5904 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director H. SANDER & SON Inc.
(b) Address North Ave. & Broadway

19 (a) ... (b) ... Registrar
(Date received by registrar)
OCT 18 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15. 1940 19 10:45 P M at

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 40 to 10/15 1940., and that I last saw her alive on 10/15 19 40.

Immediate cause of death, Angina Pectoris

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyson Valley M. D.
Address 5703 Harford Rd. Date signed 10/17/40

Physicians: please write the correct age is especially important.

F 73720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 73720 Registered No.

PLEASE WRITE PLAINLY, with INK. Make the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lolla Williams Epstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daniel Epstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1874

8. AGE: Years 65 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John J. Barger
13. Birthplace Va

MOTHER
14. Maiden Name Molly Karnes
15. Birthplace Va

Daughter-Margaret Burgess

16 (a) Informant

(b) Address 9 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/40. (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzel

(b) Address 401 E Monument Ave

19 (a) OCT 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16- 1940, at 11:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death Toxemia

Due to 2nd degree burns 1/3 upper body & face

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-14-40
(c) Where did injury occur? 21 N. Gilmor St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Burns - apartment - conflagration due to cigarette

23. Signature Howard J. Wooden M.D. Medical Examiner.

Date signed 10-17-40

F 73721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 73721 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1135 Ward Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Redwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME SAMUEL L. WHEELER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 4, 1876

8. AGE: Years 64 | Months 5 | Days 13 12 | If less than one day hr. min.

9. Birthplace: Baltimore Maryland. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Samuel Wheeler
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Catherine McKee
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Mrs. Mary J. Brown
(b) Address: 1135 Ward Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Aves., City.

19 OCT 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 40, at 12:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of liver

Due to:

Due to:

Other Conditions: nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations: nil
Of autopsy: nil

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.

Date signed 10-17-40

VS 6

F 73722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 73722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address OLIVER & CAROLINE STS
(c) Hospital or institution:
ST. JOSEPH'S
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 W. LAFAYETTE AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY Clay MOORE, Sr.

3 (b) If veteran, name war None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Carrie Irene Moore
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1876

8. AGE: Years	Months	Days	If less than one day
64	1	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Sergeant
11. Industry or business Baltimore City Police

FATHER
12. Name Henry Clay Moore
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Dale
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Carrie I. Moore
(b) Address 1921 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore City, Md.

18 (a) Funeral director Wm. J. Dickson & Sons
(b) Address North & Pa Aves.

19 (a) OCT 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 1940, at 5-10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940 to 10-18 1940, and that I last saw h~~im~~ alive on 10-17 1940.

Immediate cause of death	Duration
Congestive Heart Failure	2 mos.
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 10-18-40

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

F 73223 V F 73724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 W. Lanvale St. 16-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Ellena Preston

(a) Residence: No. 1009 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Preston

6. DATE OF BIRTH (month, day, year) July 5, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va

FATHER

13. NAME Thomas Nicholas

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va

MOTHER

15. MAIDEN NAME Nettie Martin

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT Hollie Laurence

(Address) 1009 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville, Va Date Oct 19, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED OCT 18 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1940 to 10/14 1940

I last saw her alive on 10/14 1940. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ben Robertson M. D.

(Address) 233 W. [illegible]

information should be carefully supplied. Avoid [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

73724

HEALTH DEPARTMENT—CITY OF BALTIMORE

73724

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1314 Winchester St. Ward) 18th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rich — If U. S. Veteran specify WAR

(a) Residence: No. 1314 Winchester St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Rich

6. DATE OF BIRTH (month, day, year) 8/7

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robt Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Walter Rich

(Address) 1314 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place Warsaw, Va. Date 10/20 1940

19. UNDERTAKER Geo. H. Kelbon

(Address) 1303 Presstman St.

20. FILED Huntington Williams Supervisor

OCT 18 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/40

22. I HEREBY CERTIFY, That I attended deceased from 10/13/40 19 to 10/17/40 19

I last saw h alive on 10/16/40 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Morbid Pregnancy

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellen M. D.

(Address) 524 Hamilton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact address and OCCUPATION is very important. See instructions on back of certificate.

VS 3

E 73725

73725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 170-C

F 73725
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before any burial or removal. Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes

VS 6

walking along road

F 73726

CGK

BALTIMORE CITY HEALTH DEPARTMENT

59983 F 73726

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 forest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Hendricks

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-1938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucille
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1910

8. AGE: Years	Months	Days	If less than one day
30	?	?	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Otto Hendricks
13. Birthplace S.C.

MOTHER
14. Maiden Name Kliza. King
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-19-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
19 (a) (Signature of undertaker) (b) Registered, M.D.

OCT 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14-1940, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11-1940, to 10-14-1940 and that I last saw h alive on 10-14-1940.

Immediate cause of death	Duration
(a) Uraemia	?
Due to (b) Arteriolar nephrosclerosis	?
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Bon Sec Hosp Date signed 10-18-40

correct age is especially important. Physicians, please write plainly.

VS 8

F 73727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73727 Registered No. 83-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N Rose st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mandley (Manley)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4th, 1864

8. AGE: Years 76 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Christopher Mandley (Manley)
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Nash
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 6 Pownall Ct.
18 (a) Funeral director J. A. Moran
(b) Address 3000 E. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar's No.

VS 2 OCT 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16- 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12-1940, to 10-16-1940 and that I last saw h[illegible] alive on 10-16-1940.

Immediate cause of death: Cerebral thrombosis — Duration: ?
Due to: U.S. generalized — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 10-18-40

Especially important. Physicians, please answer all questions.

VS 1 OC 18 1940 8

73728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 73728

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not write or make any marks outside the lines. Use typewriter if possible. Please write the causes of death clearly and legibly. Be sure to fill in every item for which you have the information. Be sure that the age, color, and place of death are correct. Be sure that the cause of death is stated correctly. Be sure that the age is especially important. Physicians: please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Lee N.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Lee N (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Joel Sacks

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of ~~husband~~ or wife Mary Sacks.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug. 18 69

8. AGE: Years	Months	Days	If less than one day
71	2	—	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Sidney Sacks
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Joseph Lansburg
(b) Address 1220 Lee N

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-19-40 (month) (day) (year)
(c) Cemetery or crematory
Location Johnstown, Pa.

18 (a) Funeral director Sol S. Levin Inc.
(b) Address 1439 E. Balto St.

19 (a) OCT 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Oct 18 1940, and that I last saw him alive on Oct 17 1940.

Immediate cause of death	Duration
Uraemia 2 days.	
Due to Chronic nephritis arteriosclerosis	
Due to Bronchial pneumonia 9/28/40	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Saunders
Address 1220 Lee Date signed 10/18/40

F 73729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-e

F 73729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo8da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore--Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 Alabama Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Albert Wilbur Hubers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gladys A. Holliday
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1883

8. AGE: Years	Months	Days	If less than one day
57	8	16	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Mate-Yacht Mariposa
11. Industry or business Seafaring

FATHER
12. Name Herman Hubers
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Stroub
15. Birthplace Maryland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/18/40 (month) (day) (year)
(c) Cemetery or crematory Gunmans
Location Baltimore Md

18 (a) Funeral director J. McC. Poul & Co
(b) Address 1219 N. Paul St

19 (a) ..... (Date rec'd by Registrar) (b) ..... Registrar

OCT 18 1940

VS 8

correct age is especially important. Physicians: please write the ca

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1940, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1940, to Oct. 17, 1940 and that I last saw him alive on Oct. 17, 1940.

Immediate cause of death Peritonitis & Pyonephrosis — Duration

Due to Obstruction of both ureters by Carcinoma metastasis to bladder

Due to Cancer of rt testicle

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Injection of diodrast; Exploratory incision of ureter, pelvis, kidney
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J B H Anderson / Pearsons M. D. O.D.

Address U. S. Marine Hospital, Baltimore, Md. Date signed 10-17-40

F 73730

VS 16 1348 Baltimore, Md.

M F 73730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95-e Registered No. F 73730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town FREDERICK (If outside city or town limits, write RURAL and give town)
(d) Street No. Rt #3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Zoa Clem
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 15 1888
8. AGE: Years 51 | Months 10 | Days 2 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name MARION Warrenfeltz
13. Birthplace Md -

MOTHER
14. Maiden Name ANNIE Wachter
15. Birthplace Md -

16 (a) Informant Recnas -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-20-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery (Mt. Olivet)
Location Frederick

18 (a) Funeral director Jos. L. Creager & Son
(b) Address Thurmont, Md.

19 (a) OCT 18 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940 at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1940 to Oct-17 1940. and that I last saw her alive on Oct-17 1940.

Immediate cause of death — Duration
Congenital Heart Disease — 51 yr
Due to Unk Interauricular septal defect
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W S Sunderwald
Address Johns Hopkins Hospital Date signed M 10 D 18 40

correct age is especially important. Physicians: please write

VS 3

VS 3

F 73731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172

Registered No. F 73731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD. W. CLOPPER.

3 (b) If veteran, name war	3 (c) Social Security Account No.
D	D

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	D

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Green Castle Pa
(Town, county, and state)
10. Usual Occupation Ship Builder
11. Industry or business

FATHER — 12. Name	Henry Clopper
FATHER — 13. Birthplace	Green Castle Pa
MOTHER — 14. Maiden Name	Maddie Prand
MOTHER — 15. Birthplace	Green Castle Pa
16 (a) Informant	Jacob Teeter
(b) Address	Green Castle Pa

17 (a) Removal (b) Date thereof Oct 18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Castle Pa
Location Pa
18 (a) Funeral director Robert Brooks Olson
(b) Address Calhoun & Hollins Sts
Huntington Williamsport Md.
18 (c) (Local registrar)

OCT 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 10:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Asphyxia, Carbon monoxide poisoning undetermined	
Due to Carbon monoxide poisoning Pending investigation	
Due to	
Other Conditions Coronary occlusion (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 17, 1940
(c) Where did injury occur? Fairfield City (City or town) (County) (State)
Dry Dock
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Using acetylene torch in ship boilers

23. Signature J. H. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 10-18-40

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and legibly. Undertakers: please write correct age is especially important.

VS 6

73732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-e

Registered No. 73732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIE LOCK

3 (b) If veteran, name war

3 (c) Social Security Account No. 177-05-0008

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20-1915

8. AGE: Years 24 | Months 9 10 | Days 27 | If less than one day hr. min.

9. Birthplace Greenville - N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Luther Lock.
13. Birthplace N. C.

MOTHER
14. Maiden Name Arenda Perkins
15. Birthplace N. C

16 (a) Informant Luther Lock
(b) Address 1109 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19 40 (month) (day) (year)
(c) Cemetery or crematory Greenwil. N C
Location N. C.

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Preastman St.

19 (a) OCT 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 20 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Asphyxia	
Due to: Ether anesthesia	
Due to: Fracture of mandible	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 10 Pm, 1940
(c) Where did injury occur? Pittsburgh (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto Hwy (Specify type of place) While at work? —
(e) Means of injury driver of car in collision with another auto

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 10-18-40

PLEASE WRITE CLEARLY and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

6-16-39 L. F. S.—100 Blks.

L 11 3935

73733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73733

CERTIFICATE OF DEATH

V 159

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 852 W Lombard ST., 12 WARD)

2—FULL NAME Baby Girl Billings

(a) RESIDENCE NO. 852 W Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/17/40

7 AGE Years	Months	Days	If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harland Billings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Milwaukee Wisconsin

12 MAIDEN NAME OF MOTHER Ruth Brant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ruth Brant

(Address) 852 W Lombard

15 OCT 18 1940 Huntington Williams M.D. Registrar

1507B

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17/40

17 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—, that I last saw h— alive on —, 19—, and that death occurred, on the date stated above, at 4 I0 A m.

The CAUSE-OF DEATH* was as follows:

Premature birth
(4 months)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. J. Volanzky, M. D.

, 19 (Address) 4710 Liberty Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY MEDICAL SCHOOL	OCT 15 1940
20 UNDERTAKER Commissioner of Health	ADDRESS
Per H. A. Moore	

MAKE ENTRIES CAREFULLY AND LEGIBLY. Supply information requested on all lines. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS important. See instructions on back of certificates.

73734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 73734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 HRS
(e) Length of stay in Baltimore (yrs., mos., or days) 7 HRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Jefferson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jasper Burth Cert # 15274

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1940

8. AGE: Years | Months | Days | If less than one day: 7 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Arvel Jones
13. Birthplace unknown

MOTHER
14. Maiden Name Pearl Jasper
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL OCT 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 18 1940 (Date rec'd by registrar) Registered by Huntington Williams, M.D. 15975

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1940 at 8 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1940 to Sept. 4 1940, and that I last saw him alive on Sept. 4 1940.

Immediate cause of death Instantaneously — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Hellman, M.D.
Address Johns Hopkins Hospital Date signed Oct 16 1940

correct age is especially important. Physicians: please write

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 78735

CERTIFICATE OF DEATH

F 78735

V 93-D

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Aged men home 1400 W. Lexington St. Lexington Ward) St. life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME John B. Schlaffer

If U. S. Veteran specify WAR.....

(a) Residence: No. 1400 W. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Caroline Schlaffer

6. DATE OF BIRTH (month, day, year) Jan.-23-1855

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
85yrs.	8Mo.	24 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salon keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis Schlaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Hauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joh G. Schlaffer
(Address) 414 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Oct.-19-1940
Holy Redeemer Cem.
Place ..... Date ....., 19..

19. UNDERTAKER Henry Wocher & Sons Inc
(Address) 1301 E. Eager St.

20. FILED OCT 18 1940 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-17-1940

22. I HEREBY CERTIFY, That I attended deceased from 12/20/37, 19.., to 10/17/40, 19.. I last saw him alive on 10/16/40, 19.. Death is said to have occurred on the date stated above, at 1:25PM.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute myocardial failure	Sudden
Myocarditis, chronic.	? yrs.

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19..

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, when?

(Signed) Chas B Jarrett, M. D.

(Address) 1115 St. Paul St., City.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State statement of OCCUPATION is very important. See instructions on back of certificate.

73736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73736
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 Stratford Rd. Guilford
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 Stratford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brig. Gen. Samson Lane Faison

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor S. Faison
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 29-1860

8. AGE: Years	Months	Days	If less than one day
79	10	18	hr. min.

9. Birthplace Faison, North Carolina
(Town, county and state)
10. Usual Occupation Retired Army
11. Industry or business Officer

FATHER
12. Name Chas Lucas Faison
13. Birthplace

MOTHER
14. Maiden Name Eliz Marsh Jane
15. Birthplace

16 (a) Informant Mrs Randol-Friend
(b) Address Woodbrook, Md.

17 (a) Burial (b) Date thereof Oct. 19 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Arlington National Cem.
Location Arlington, Va.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Date received by Registrar OCT 18 1940 (b) Registrar

VE 3

correct age is especially important. Physicians, please see

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 3.1 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1938 to Oct 17 1940 and that I last saw him alive on Oct 17 1940.

Immediate cause of death
Carcinoma Left Tonsil — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Hardy
Address 1403 Park Av Date signed 10/18/40

VS 3

F 73737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

Registered No. F 73737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Simpsonville (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celia Warfield

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Geo. Warfield Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1889

8. AGE: Years 51 | Months 0 | Days 4 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Samuel Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Geo. Warfield Jr.
(b) Address Simpsonville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1940 (month) (day) (year)
(c) Cemetery or crematory Locust Mission
Location Ashton Md

18 (a) Funeral director J. C. Higinbotham Jr
(b) Address Ellicott City, Md

19 (a) (Date rec'd by Registrar) OCT 16 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1940; at 11.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 11 1940 to October 17 1940, and that I last saw h[er] alive on October 17, 1940.

Immediate cause of death Diabetes Mellitus — Duration 1 yr
Acidosis — 3 weeks
Due to
Due to Gallbladder disease, Cirrhosis of liver
Other Conditions Obesity
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gallbladder, No. Cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin F. Reycha, M.D.
Address University Hospital Date signed October 17 1940

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

VS 3

VS 3

CGK

F 73738

BALTIMORE CITY HEALTH DEPARTMENT

58969 Registered No. F 73738

CERTIFICATE OF DEATH 93-P

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 n. fayette st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph whitley

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-?09-7000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married (Sep)

6 (b) Name of husband or wife Mary Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1893

8. AGE: Years	Months	Days	If less than one day
47	6	9	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Scrap-Iron
11. Industry or business Gough & Central

FATHER
12. Name Andy
13. Birthplace Unknown

MOTHER
14. Maiden Name Jane ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Oct. 21, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location G. G. County, Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Carolina Ave. Phone for Williams, Mgr.

19 (a) OCT 19 1940 (b)
(Date rec'd by Local Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15-1940, at 9 A M 40

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6-1940, to 10-15-1940, and that I last saw h[illegible] alive on 10-15-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertension CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt City Hosp Date signed 10-18-40

correct age is especially important. Physicians: please write plainly.

VS 3

F 73739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 73739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 Yrs. years

3 (a) FULL NAME Regina Wojciechowski (Wojciechowska)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ignacious

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 11/1875

8. AGE: Years 64 | Months 10 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name ? Stopa
13. Birthplace Poland

MOTHER
14. Maiden Name ? Not Known
15. Birthplace Poland

16 (a) Informant: Husband
(b) Address 406 S. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 406 S. Wolfe St.

19 (a) OCT 18 1940 (Date rec'd by registrar) (b) Huntington Williams Ave.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15-40 1940 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940 to 10-15 1940 and that I last saw h alive on 10-15 1940.

Immediate cause of death: Uraemic coma — Duration 12 hrs
Due to: Diabetes mellitus — 3 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 10/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 73740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55 EP 73740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6Mons
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Elsie) Mrs Carolyn Menzel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5./1912

8. AGE: Years	Months	Days	If less than one day
28	8	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk At. Montgomery
11. Industry or business Ward Co.

FATHER
12. Name Goerge Menzel
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Holbrook
15. Birthplace Balto Md.

16 (a) Informant Goerge Menzel.
(b) Address 519 S. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor ve.
18 (a) Funeral director Lilly & Lilen INC.
(b) Address 403 S. Wolfe St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

V8 3

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15 1940, at 4.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1940, to 10 15 1940, and that I last saw her alive on 10 15 1940.

Immediate cause of death Melanotic Sarcoma of Left (calf) Leg & metastasis to Lt groin, extremities, Lt breast and to brain

Duration
6 months & days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. J Montagnino M. D.
Address St Agnes Hos Date signed 10-15-40

VS 3

73741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 95-C

F 73741

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Carroll St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles McPherson

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Florence Jones
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1893

8. AGE: Years	Months	Days	If less than one day
47	8	18	..... hr. ..... min.

9. Birthplace Annapolis, Maryland
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Painting

FATHER
12. Name Charles McPherson
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Henrietta Camphor,
15. Birthplace Annapolis, Md.

16 (a) Informant Florence McPherson
(b) Address 12 Cornhill St Annapolis Md.

17 (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bobby's Cemetery
Location Annapolis Md.

18 (a) Funeral director Chas. H. Allen Sons
(b) Address 43 and 45 Northumberland Annapolis Md.

19 (a) (b)
(Date rec'd by registrar)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1940 at 11:40 pm

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8, 1940 to Oct. 17, 1940 and that I last saw him alive on Oct. 17, 1940.

Immediate cause of death	Duration
Cardiac decompensation	3 weeks
Due to Generalized arteriosclerosis	Many yrs
Due to	
Other Conditions Cerebral edema, Bronchial pneumonia	1 week

(Include pregnancy within 3 months of death)

Major findings: Of operations No operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 10/18/40

Please write clearly and correct age especially important. Physicians: please write the causes of death clearly and legibly.

F 73742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200 Registered No. F 73742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 13 Eight St
(c) Hospital or institution:
Sinai Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L Crabbin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alvin L Crabbin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29, 1872

8. AGE: Years 68 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name John W. Lane
13. Birthplace Va

MOTHER
14. Maiden Name Dorothy Lucas
15. Birthplace Va.

16 (a) Informant William W Crabbin
(b) Address 302 Washburn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 S Carey St Baltimore, Md

19 (a) OCT 18 1940 (Date received by Registrar) (b) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 2 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1940, to Oct 18 1940, and that I last saw her alive on Oct 17 1940.

Immediate cause of death: Typhoid Fever — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address 1504 Date signed 10/18/40

VS 8

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 73743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186-a

Registered No. F 73743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E Madison St. (If rural give location)
Anchor Hotel
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MILLARD ROBERTS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-5700

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace England, Royde
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address Mercy Hosp

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/19/40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Edmondson

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Road

19 (a) OCT 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Cerebral edema — Duration
Due to Contusions, multiple head
Due to blunt force - fall
Other Conditions fracture of nose
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 15, 1940
(c) Where did injury occur? 612 E Madison St Anchor Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? hotel (Specify type of place) While at work?
(e) Means of injury reputed fall to street

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-15-40 white female

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

VS 6

(Date rec'd by registrar)

VS 6

white drunk

73744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 73744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Eutaw Place 13-3 (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Rose Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Isidore Levin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1858

8. AGE: Years 82 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Frankfort Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Moris Goldschmidt

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Isadore Levin

(b) Address 2200 Eutaw Place

17 (a) Burial (b) Date thereof Oct 20 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Chev Shalom Cem

Location O'Donnell St

18 (a) Funeral director J. Levine & Co

(b) Address 1127 E Baltimore St

19 (a) OCT 18 1940 Huntington Williams Mgr
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18-1940 at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1940 to 10-18 1940 and that I last saw her alive on 10-17 1940.

	Duration
Immediate cause of death arterio-sclerotic heart disease	2
Due to arterio sclerosis. hypertension	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Nicholsaw M. D.

Address 2230 Eutaw Pl. Date signed 10-18-40

Please write the causes of death clearly and regularly. Physicians: please write correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 73715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Car. (b) County
(c) City or town Rocky Mount (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Beal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Doris Eloise Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-39

8. AGE: Years	Months	Days	If less than one day
1	1	12	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Gordon Waters
13. Birthplace N. Car.

MOTHER 14. Maiden Name Dorothy Klingsfield
15. Birthplace N. Car.

16 (a) Informant Reards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19/40 (month) (day) (year)
(c) Cemetery or crematory Location Rocky Mount N.C.

18 (a) Funeral director John Quitsell Sons
(b) Address 1900 Eutaw Place

19 (a) OCT 18 1940 (Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940 to Oct 17 1940. and that I last saw her alive on Oct 17 1940.

Immediate cause of death Brain Tumor — Duration 4 mos.
Due to — Duration
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operation Brain tumor
Of autopsy Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson Lyon Gault M. D.
Address Johns Hopkins Hosp. Date signed 10/17/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

73746 59163 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B Registered No. F 73746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4308 Willshire Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Charles Janda

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife HOSE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/74

8. AGE: Years 66 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Self

FATHER
12. Name Frank Janda
13. Birthplace Europe - ? Bohemia

MOTHER
14. Maiden Name Christine Stocken
15. Birthplace Europe ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md

18 (a) Funeral director Frank Brachi & Son
(b) Address 900 W. Lexington St. (Huntington Williams Mgr)

19 (a) OCT 19 1940 (Date received by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1940 at 9:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1940 to 10/16 1940, and that I last saw h[im] alive on 10/16 1940.

	Duration
Immediate cause of death: Carcinoma of the prostate + metastases	1 yr?
Due to Paraplegia	8 wks
Due to decubitus ulcers	6 wks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Schlect Jr. M. D.
Address Baltimore City Hosp Date signed 10/17/40

correct age is especially important. Physicians: please write the

VS 8

73747 HEALTH DEPARTMENT—CITY OF BALTIMORE 73747

CERTIFICATE OF DEATH Social Security 219-03-3447

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 W. Pratt 22-2 92-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME KATHERINE WASKAVAGE

If U.S. Veteran specify WAR ...

(a) Residence: No. 641 W. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anthony Waskavage

6. DATE OF BIRTH (month, day, year): 1897

7. AGE: Years 43. Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): Oct 16 1940

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Hamma Lithuania

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Lithuania

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Olga Anne Waskavage

(Address) 2147 Talbot Terrace NE Washington DC

18. BURIAL, CREMATION, OR REMOVAL

Place: Meadow Ridge Memorial 10/19/40

19. UNDERTAKER: J. William Gallagher

(Address) 637 W. Lafayette Blvd.

FILED OCT 18 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1940 to Oct 17, 1940

I last saw her alive on Oct 12, 1940 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Mitral Insufficiency	1939
Other contributory causes of importance:	

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Ex. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Edward J. Nolan M. D.

(Address) 682 Washington Blvd

VS 3

Information should be carefully supplied. Age must be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

Registered No. F 73748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chestertown R F D
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD E HADAWAY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Nora E Hadaway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 7 - 1887

8. AGE: Years	Months	Days	If less than one day
53	9	11	hr. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)

10. Usual Occupation Sea Captain

11. Industry or business

FATHER
12. Name Daniel Hadaway
13. Birthplace Kent County, Md.

MOTHER
14. Maiden Name Anna Jones
15. Birthplace Kent County, Md.

16 (a) Informant: Records-U.S.Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Oct - 21 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chester Cemetery
Location Chestertown Md

18 (a) Funeral director Marvin Williams
(Address) Chestertown Md

OCT 18 1940

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940, at 8 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary embolism

Due to Burns, left arm and left leg

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation, left hand for burns
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 5 1940
(c) Where did injury occur? Ben Brook Kent Co Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury full acetylene steam explosion

23. Signature H E W Oldenweiler Asst Medical Examiner M.D.

Date signed 10-15-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Every item must be answered or the word "unknown" written. Do not leave any blanks. Be sure to correct age is especially important. Physicians: please write your address plainly.

F 73749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 73749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument N. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. Macon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christine A. Rakas

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~: Stojan Rakas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1901

8. AGE: Years	Months	Days	If less than one day
38	10	0	hr. min.

9. Birthplace Langford Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Gonat
13. Birthplace Czecoslavakia

MOTHER
14. Maiden Name Anna Vojacek
15. Birthplace Czecoslovakia

16 (a) Informant Stojan Rakas
(b) Address 518 S. Macon St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 347 E. Pennsylvania Ave Huntingdon Pittsburgh, Pa.

19 (a) OCT 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 1940, at 4.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1940, to 10-18 1940, and that I last saw her alive on 10-17 1940.

Immediate cause of death	Duration
Heart failure	4 months
Due to Rheumatic Heart disease	25 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tom A. Cohen M. D.
Address Sinai Hosp. Date signed 10/18/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 73750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-0 Registered No. F 73750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Stonington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Stonington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Henry Suter

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret E. Suter
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1850

8. AGE: Years	Months	Days	If less than one day
89 90	11 0	29 0	hr. min.

9. Birthplace Frostburg, Md.
(Town, county, and state)
10. Usual Occupation Clerk (Coal)
11. Industry or business A. Sisson & Co

FATHER
12. Name Geo. A. Suter
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hattie E. Suter
(b) Address 511 Stonington Ave

17 (a) Burial (b) Date thereof 10/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Fulton Corse
(b) Address 21 E. Lexington St.

OCT 19 1940

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1940 to Oct 17 1940 and that I last saw h im alive on Oct 17 1940.

Immediate cause of death	Duration
Arteriosclerosis	15 Yrs.
Due to Chronic Myocarditis	5 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. K. Cullen M.D.
Address 2757 W. Lanv Date signed 10/25/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

(Date rec'd by registrar) ... Registrar ... Address ... Date signed ...

VS 3

F 73751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cousins Court
(c) Hospital or institution:
St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7714 Queen Anne Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Louise Horney

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John W. Horney
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1883

8. AGE: Years	Months	Days	If less than one day
57	9	2	... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business Sick

FATHER
12. Name Frederick Clausing
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Edna F. Groves
(b) Address 7714 Queen Anne Rd - Parkville

17 (a) Burial (b) Date thereof 10/21/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) OCT 19 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Oct 18 1940, and that I last saw h~~er~~ alive on Oct 18 1940.

Immediate cause of death	Duration
Myocardial Failure	unknown
Due to Hypertensive Cardio-Vascular Disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Josephs Hospital Date signed 10/18/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 73752

VS 3

F 73752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73752
Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the cause of death, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Roberts Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Roberts Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES THOMAS SINCLAIR

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 215-09-3606

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah E. Sinclair

6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.) March 27, 1877

8. AGE: Years 63 | Months 36 | Days 21 | If less than one day: hr. min.

9. Birthplace Talbott Co., Md. (Town, county, and state)

10. Usual Occupation Motorman, Retired

11. Industry or business Balto. Transit Co.

FATHER
12. Name William H. Sinclair
13. Birthplace Talbott Co. Md.

MOTHER
14. Maiden Name Sarah A. Covington
15. Birthplace Talbott Co., Md.

16 (a) Informant Sarah E. Sinclair
(b) Address 3624 Roberts Place

17 (a) Burial (b) Date thereof 10/21/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md.

18 (a) Funeral director W. M. Cook
(b) Address 1219 E. Fayette St.

19 OCT 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18, 1940, at 9a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to:

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 10-18-40

VS 6

F 73753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73753

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 N Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie C Watson

3 (b) If veteran, name war — no
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James R Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1857

8. AGE: Years 83 | Months 2 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Harford Co Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Albert Day
13. Birthplace Maryland

MOTHER 14. Maiden Name Hannah Colbourne
15. Birthplace Md

16 (a) Informant M. Paul Watson
(b) Address 516 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 21 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Forkwells Rd

18 (a) Funeral director Fulton Lord
(b) Address 1317 St Paul St

19 (a) OCT 19 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1940 to Oct 18 1940 and that I last saw h alive on Oct 17 1940

Immediate cause of death Apoplexy — Duration Minutes
Due to Arteriosclerosis — Duration unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Dew M. D.
Address 2401 E. Monument St Date signed 10/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C Registered No. F 73754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 Dichesterwe
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimor
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Dichester Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. Chenowith

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-7946
4 Color or race White
5 Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) DEC 7 1886
8. AGE: Years 53 Months 10 Days 10 If less than one day hr. min.
9. Birthplace Baltimor Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Yard P.R.R Co

FATHER
12. Name J. W. Chenowith
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Castley
15. Birthplace Pennsylvania

16 (a) Informant Catherine Chenowith
(b) Address 329 Dichester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road Balto Md

18 (a) Funeral director Williams Book
(b) Address 217 E Paul St Balto Md

19 OCT 19 1940 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940 to Oct 17 1940, and that I last saw h[illegible] alive on Oct 17 1940.

	Duration
Immediate cause of death Acute Myocardial failure	1 day
Due to Chronic Rheumatic Endocarditis	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J M Baumgardner M. D.
Address Rosedale Md Date signed 10/18/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 73755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 78755

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 W. 24th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 W. 24th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS CHAPLIN STEVENS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Bessie Stevens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	16	hr. min.

9. Birthplace Trappe, Maryland
(Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business Self

FATHER
12. Name Joseph Stevens
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mr. C. Louis Stevens
(b) Address 6 W. 24th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/40 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 OCT 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1940 at 9:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19[illegible] to Oct 17 1940, and that I last saw him alive on Oct 17, 1940.

Immediate cause of death

Due to probably Cancer of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eugene Covington M. D.
Address 2301 N. Charles St Date signed 10-(7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-0

F 73756

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 Forest Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Forest Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Louisa Eugenia Messersmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1878

8. AGE: Years	Months	Days	If less than one day
62	1	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Samuel Messersmith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie F. Carmichael
15. Birthplace Baltimore, Md.

16 (a) Informant Leroy G. Messersmith
(b) Address 3705 Forest Park Ave.

17 (a) Burial (b) Date thereof 10/21/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm J. Dickerson Sons
(b) Address Mortg de Re Rives

19 OCT 19 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1940, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1912 to 1940, and that I last saw her alive on Oct 17 1940.

Immediate cause of death Cancer of Breast (Medullary)

Duration 2½ yrs

Due to

Due to

Other Conditions Terminal Carcinomatosis 7 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations Unoperable

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas C. W. Judd M. D.
Address 232 Wendover Rd Date signed 10-18-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 2

F 73757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73757 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Appleton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Appleton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H THOMAS

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Margaret A Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 - 1863

8. AGE: Years	Months	Days	If less than one day
76	9	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business B & O RR

FATHER
12. Name Dont Know
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dont Know
15. Birthplace Baltimore

16 (a) Informant Mrs Harry E Scott Sr
(b) Address 508 N Port St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21/40 (month) (day) (year)
(c) Cemetery or crematory Stemmers Run Cem
Location Golden Ring Md

18 (a) Funeral director John Ulrich
(b) Address 208 Aliceanna St

19 (a) OCT 19 1940 (Date rec'd by registrar) Thurlow Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T F Wallenmaier M.D.
Medical Examiner.
Date signed 10-18-40

VS 6

VS 6

F 73758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 73758
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline Street
(c) Hospital or institution:
St Joseph Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3161 Elmora Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Sudmeier.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry H. Sudmeier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1874

8. AGE: Years	Months	Days	If less than one day
66	8	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Sauke
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Hacke
15. Birthplace Germany

16 (a) Informant Mrs Christina Sudmeier
(b) Address 3161 Elmora Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 / 4 (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location Baltimore

18 (a) Funeral director John Elliot
(b) Address 2018 Pleasant

19 OCT 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940, to 10/17 1940. and that I last saw her alive on 10/17 1940.

Immediate cause of death	Duration
Diabetic Gangrene	unknown
Due to Diabetes Mellitus	20 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Wakeland Martin M. D.
Address St Joseph Hospital Date signed 10/17/40

VS 8

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73758 ✓ Registered No. 83-N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 1/2 S. Poppleton St.
(c) Hospital or institution: So. Balto. Jail Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 S. Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Jane G. Freund

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-1081

4. Sex F M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph L. Freund

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1916

8. AGE: Years 23 24 | Months 11 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Stanley Ozarowska
13. Birthplace Poland

MOTHER
14. Maiden Name Felika Wojchowicz
15. Birthplace Poland

16 (a) Informant Mrs. Joseph L. Freund
(b) Address 738 S Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St Williams, M.D.

OCT 19 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1940, to 10/17 1940, and that I last saw h-e alive on 10/17 1940.

Immediate cause of death: Probable Brain Abscess ruptured.
Due to: Bronchial Hemorrhage terminal
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration: (7)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Bernstein M. D.
Address So Balto Jail Hosp Date signed 10-17-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 73760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 73760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Elliott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. McAvoy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1864

8. AGE: Years 76 | Months 7 5/12 | Days | If less than one day hr. min.

9. Birthplace Balto - Md. (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Thomas McAvoy
13. Birthplace Ireland

MOTHER 14. Maiden Name Ann Dunn
15. Birthplace Ireland

16 (a) Informant Margaret McAvoy
(b) Address 3006 Elliott St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Old Frederick Rd.

18 (a) Funeral director A. Moran
(b) Address 304 E Baltimore St

19 (a) OCT 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17/1940, at 4.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 17 1940 and that I last saw him alive on Oct 16 1940

	Duration
Immediate cause of death Carcinoma of Colon	1 year
Due to	
Due to	
Other Conditions Hemorrhage (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace P. Titlow M. D.
Address 315 S. Highland Ave Date signed 10/18/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

F 73761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 S.Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Vandermast

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Arnold Vandermast
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1856

8. AGE: Years	Months	Days	If less than one day
84	2	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Henry Herr
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Zirkel
15. Birthplace Baltimore

16 (a) Informant Adolph E.Vandermast
(b) Address 1405 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway.

19 OCT 19 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1940, at 6:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1940, to Oct. 17 1940, and that I last saw her alive on Oct. 17 1940.

Immediate cause of death Coronary Embolism — Duration 45 Min.
Due to Arterio-Sclerosis — Duration Unknown
Due to Fibroid tumor of uterus — Duration Unknown
Other Conditions Fracture of Left femur — Duration 40 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence Sept 7 40
(c) Where did injury occur? 1405 S. Clinton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell on floor

23. Signature Henry O. Kelly
Address 2504 St. Paul St. Date signed 10/18/40

Howard J. Mesmer M. D.
City Medical Examiner.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 73762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-V

F 73762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2832 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME August Plock

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth Plock
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 - 1860

8. AGE: Years: 80 | Months: 3 | Days: 27 | If less than one day: hr. ..... min.

9. Birthplace: Baltimore Md (Town, county and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Daniel Plock
13. Birthplace: Holland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Clarence Plock
(b) Address 2832 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Charles P Howell

18 (a) Funeral director: 2427 Edmondson Ave
(b) Address

19 (a) OCT 19 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Oct 17 1940, and that I last saw him alive on Oct 16 1940.

Immediate cause of death: Myocardial degeneration
Due to: Arteriosclerotic cardiovascular renal
Due to: generalized arteriosclerosis

Duration: 2 weeks. Years 4 Months Days

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. Michel M. D.
Address 7901 Edmondson Ave Date signed Oct 19 1940

VS 3

VS 3

73763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D ✓ E 73763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Penna. ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. White

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Martha White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/88

8. AGE: Years 52 | Months 8 | Days Few | If less than one day hr. min.

9. Birthplace Eastern Shore Md.
(Town, county, and state)

10. Usual Occupation Waiter man
11. Industry or business

FATHER
12. Name Not none
13. Birthplace " "

MOTHER
14. Maiden Name Not none
15. Birthplace " "

16 (a) Informant Martha white wife
(b) Address 1607 penn. ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklawn

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Pratt Ave Huntington Md.

OCT 19 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16-1940 at 2:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hemopericardium — Duration

Due to Ruptured aortic aneurysm

Due to

Other Conditions Generalized atherosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mercer M.D.
Medical Examiner
Date signed 10-17-40

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please see that the age is correct age is especially important.

VS 6

Date signed .....

F 73764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 73764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 S. Bond
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 S. Bond (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-0230

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife. Sallie Butler
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 4, 1882

8. AGE: Years 58 | Months 98 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Howard Butler, Sr.
13. Birthplace Maryland

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Sallie Butler
(b) Address 37 S. Bond

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 - W Brantley Ave.

19 (Date rec'd by local registrar) OCT 19 1940 Huntingtown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct 15 1940
and that I last saw h.l. alive on Oct 15 1940

Immediate cause of death	Duration
Lobar Pneumonia	11 Days
Due to Coma	
Due Acute Dilatation of Heart	1 Day
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Kelly M. D.
Address 1420 E. Chase Date signed Oct 17 '40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

73765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

Registered No. B 73765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Bon Secours Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Rosedale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME Littleton G Bowen.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0081

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Claudia Bowen.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 11/2/77

8. AGE: Years	Months	Days	If less than one day
62	11	16,5	..... hr. ..... min.

9. Birthplace Baltimore. (Town, county, and state)
10. Usual Occupation Real Estate Broker.
11. Industry or business

FATHER
12. Name Thomas Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester Hutchins
15. Birthplace Maryland

16 (a) Informant Miss Ruth Mahon
(b) Address 623 Rosedale St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10 | 21 | 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. Webster Son
(b) Address 503 Edmondson Ave

OCT 19 1940

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 1940, at 11:28 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1940, to 10-18 1940, and that I last saw him alive on 10-16 1940.

	Duration
Immediate cause of death: Encephalitis	6 days
Due to: Influenza	2 weeks
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
petechial hemorrhage in brain
Of autopsy hemorrhagic meningo-encephalitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature Edward L. J. Kriegshauser M. D.
Address Bon Secours Hosp. Date signed 10-18-40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 73766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Taylorsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Becraft
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ida V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1868

8. AGE: Years 72 | Months 3 | Days 2827 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Edward Becraft
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Porter
15. Birthplace Maryland

16 (a) Informant Ida V. Becraft
(b) Address Sykesville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Carroll Co. Maryland

18 (a) Funeral director C. Harry Brecht
(b) Address Sykesville, Maryland

19 OCT 19 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940 at 8:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Accidental gun wound of head, forearms and hand, forearms and face

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/18/40
(c) Where did injury occur? Sykesville Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? No
(e) Means of injury Rifle Shotgun Explosive or Hands

23. Signature H. B. Weaver Craft M.D.
Medical Examiner.
Date signed 10/19/40

VS 6

PLEASE WRITE CLEARLY and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 85177
F 73767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 73767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Stockton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Humstead

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-7-00

8. AGE: Years	Months	Days	If less than one day
39	11	11	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Moses Humstead

13. Birthplace Tenn

MOTHER 14. Maiden Name Mary Morris

15. Birthplace Va

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Pleasant Ave Huntington Williams, M.D.

19 (a) OCT 19 1940 (Date rec'd by registrar) (b) Registrar

correct age is especially important. If unknown, please write the

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1940 to Oct 18 1940, and that I last saw him alive on Oct 18 1940.

Immediate cause of death Respiratory obstruction — Duration 5 to months

Due to Tumor pressing on bronchus + ulceration

Due to of bronchus & purulent discharge.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tumor on bronch

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Klingenfeltfus

Address Johns Hopkins Date signed 10/18

VS 2

73768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-D 73768

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 604 Laurens St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Smith

If U. S. Veteran specify WAR

(a) Residence: No. 604 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Smith

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or m/n.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ned Gray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nora A. Gray (Brother)
(Address) 549 Riesentown St.

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co. Pa. Date 10/20 1940

19. UNDERTAKER Geo. L. Nelson
(Address) 1303 Division

20. FILED 1940 by Fenton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1940, to 10/17, 1940

I last saw h.. alive on 10/17, 1940. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis —	10/1/40
Hypertension —	over
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carson C. Johnson, M. D.

(Address) 1802 P. Druid Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 73769

60047 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. F 73769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 2-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Marylam (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. Washington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Bernhardt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Philip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 17, 1873

8. AGE: Years 67 | Months 6 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: Tom Davis
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christina
15. Birthplace: Germany

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem
Location: Edmondson Ave.

18 (a) Funeral director: John A. Malloy
(b) Address: 2304 Jefferson St.

19 (a) OCT 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

correct age is especially important. Typewrite or print plainly in ink.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1940, at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/13 1940, to 10/16 1940, and that I last saw h alive on 10/16 1940.

Immediate cause of death	Duration
Strangulated umbilical hernia	3 days
Due to Arteriosclerotic heart disease	?
Due to Cardiac failure post-operative	2 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Repair of hernia 10-13-40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ehrlich Jr
Address Baltimore City Hosp. Date signed M 10 D 7/40

F 73770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

921 Registered No.

F 73770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 S. Streeper St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Fleet St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-4469

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1898

8. AGE: Years	Months	Days	If less than one day
42	-	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laundry Man
11. Industry or business

FATHER
12. Name George Snyder
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret McFarlane
15. Birthplace Balto. Md.

16 (a) Informant Helen Snyder (Wife)
(b) Address 3328 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director John A. Miller
(b) Address 2834 Jefferson St.

19 (a) (Date received by Registrar) OCT 19 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16- 1940, at 5:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11- 3 1936, to Oct 2 1940, and that I last saw h-- alive on Oct 2 1940.

Immediate cause of death Chronic Endocarditis
Due to Angina Pectoris
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 301 S Edmondson Ave Date signed Oct 19 40
Howard J. Carden M.D.
Asst. Medical Examiner

VS 3

Please write correct age in years if under 1 year or 1 day. Physicians: please write clearly and legibly.

VS 3

Local Registrar Examine

F 73771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-E

F 73771
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N. Bradford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Bradford St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. F. Wiegand

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Clementine Wiegand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26-1858

8. AGE: Years	Months	Days	If less than one day
82	4	21 2	0 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Watchman Retired

11. Industry or business

FATHER
12. Name Wiegand
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mildred Travers
(b) Address 700 N. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edgewood Ave.

18 (a) Funeral director John L. Miller
(b) Address 5334 Jefferson St.

19 (a) (Date received by Registrar) OCT 19 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1940, to Oct 16 1940, and that I last saw him alive on Oct 16 1940.

Immediate cause of death Accidental Drowning

Due to Intra Cerebral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?,
?,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm F Quinn M.D.
Address 118 N. Wolfe St Date signed 10-19-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

73772 F

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. F 73772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spg Lane -
(c) Hospital or institution: Hoffman Nursing Home - 27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4623 Schenley Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Dawson -

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susan C. Dawson
6 (c) If alive, give age years

7. Date of deceased (mo., day, yr.) May 1 1865.

8. AGE: Years 75 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore County (Town, County, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Louis Dawson
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Elmira Sparks
15. Birthplace Baltimore county

16 (a) Informant Mrs. Harry Dawson
(b) Address 4623 Schenley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto County

18 (a) Funeral director Albert W. Dufrayne
(b) Address 446 E North Ave

19 (d) OCT 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 17 1940, and that I last saw h-- alive on Oct 17 1940.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterson M. D.
Address 2324 Reisterstown Rd Date signed 10/18/40

correct age is especially important. Physicians: please write the

VS-2

F 73773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-F

F 73773 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County CARROLL
(c) City or town FINKSBURG (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA MAY CAPLE

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: WHT.
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 4 1865

8. AGE: Years 74 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace near Finksburg MARYLAND. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name H. H. CAPLE
13. Birthplace MARYLAND

MOTHER 14. Maiden Name SARAH J. BUSH
15. Birthplace MARYLAND

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)
(c) Cemetery or crematory Sandymount Cem.
Location Sandyville Md.

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 20 1940 VS.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1940, at 6 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1940, to 10-19 1940, and that I last saw her alive on 10-19 1940.

Immediate cause of death Pulmonary Embolism.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 10/19/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

OCT 20 1940

F 73774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73774
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

15-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Walbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Abreham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1874

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dave Rodbell
13. Birthplace Russia

MOTHER
14. Maiden Name Libby
15. Birthplace Russia

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd Location Langdowne

18 (a) Funeral director Sol Levin and Bro
(b) Address 1124-26 W North Ave

19 (a) (Date rec'd by registrar) (b) Huntington, Maryland

OCT 20 1940 VS.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18- 1940, at 10:56 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17- 1940, to 10-18- 1940, and that I last saw h-r alive on 10-18-1940.

Immediate cause of death Cardiac failure — Duration ?
Due to Bronchial asthma — ?
Pulmonary emphysema
Due to A-S. Hrt Dis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-19-40

correct age is especially important. Physicians, please

OCT VS 20 1940

F 73775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-N F 73775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 Callow Ave
(c) Hospital or institution:

13-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray Schmuckler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Lazer Berman
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Louis Schmuckler
(b) Address 2325 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E. Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date received by Registrar) (b) Huntington Registrar

OCT 20 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18, 1940, at 1 P. m M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1938 to Oct. 17 1940, and that I last saw her alive on Oct 17 1940

Immediate cause of death Acute Coronary Thrombosis — Duration

Due to General arterio sclerosis

Due to Coronary Sclerosis

Other Conditions Acute Pulmonary Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Aisquith St Date signed 10/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73776 Registered No. 1107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Israel Woolf

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-14-2997

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dora

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 46 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Merchant

11. Industry or business: Grocery

FATHER 12. Name: Lazer Woolf
13. Birthplace: Russia

MOTHER 14. Maiden Name: Esther M. Heyman
15. Birthplace: Russia

16 (a) Informant: Charles Woolf
(b) Address: Balto Md 1711 N Appleton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40 (month) (day) (year)
(c) Cemetery: Riga Finlander Cem
Location: Rosedale

18 (a) Funeral director: Jack Levin Jr.
(b) Address: 1459 E. Balto St

19 (a) OCT 20 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940, at 8¼ AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1940, to Oct 19 1940, and that I last saw him alive on Oct 19 1940.

Immediate cause of death	Duration
Uremia.	6 da.
Bronchopneumonia.	10 da.
Due to Ac. Urinary Suppression.	8 da.
Due to	
Other Conditions Nephritis.	7 da.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Joseph Cohen M. D.
Address: Sinai Hosp. Date signed 10/21/40

VS 3

VS 3

3871B 373777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78-B

F 73777
Registered No.

correct age is especially important. Physicians: please write legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Woodard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-38

8. AGE: Years 2 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Woodard
13. Birthplace Md. Blair Sc

MOTHER
14. Maiden Name Florence Miller
15. Birthplace Md. Blair Sc

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20-40 (month) (day) (year)

(c) Cemetery or crematory
Location Hammonds Sc

18 (a) Funeral director Robert E Wickham
(b) Address 1515 McElderry St

OCT 20 1940 (b) [illegible] Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 6 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1940 to Oct 18 1940, and that I last saw him alive on Oct 18 1940.

Immediate cause of death: Encephalitis — Duration 2 wks

Due to: Lead

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P Goldberg M. D.
Address Johns Hopkins Hosp Date signed 10-19-40

VS 2

F 73778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 73778
Registered No.

PLEASE WRITE PLAINLY with pencil or pen. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital - 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Parrish Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Keene

3 (b) If veteran, name war

3 (c) Social Security Account No. Non

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Charles Keene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1891

8. AGE: Years	Months	Days	If less than one day
49	5	11	hr. min.

9. Birthplace Elizabeth City N. C.
(Town, county, and state)

10. Usual Occupation Cook. Private

11. Industry or business

FATHER
12. Name Henry Kappe
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Annie Johnson Potter
15. Birthplace Aurora, N. C.

16 (a) Informant Charles Keene.
(b) Address 401-N. Parrish St.

17 (a) Buried (b) Date thereof 10/20/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) OCT 20 1940 (b) Huntingtown Md.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16- 1940, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocarditis - (Fatty degeneration)	
Due to Chronic Vascular Nephritis	
Due to	
Other Conditions Generalized Atherosclerosis Hypertrophy & dilat. Endocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Moreau M.D.
Medical Examiner.
Date signed 10-17-40

VS 6

73779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-

F 73779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2555 Sidney Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-2
(e) Length of stay in Baltimore (yrs., mos., or days) 68-6-11

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town BALTO MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2555 SIDNEY AVE
(If rural give location) Morrell Park
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA.C.BESSLING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 6. 1872

8. AGE: Years 68 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace BALTO MD
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JACOB.H.SCHMINKE
13. Birthplace GERMANY

MOTHER
14. Maiden Name SUSANNA ORT
15. Birthplace GERMANY

16 (a) Informant VERNON BESSLING
(b) Address 1136 NANTICOKE ST 10/21/40

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location FREDAVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 5728 LYNHURST ST

19 (a) (b) Date received by Registrar OCT 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 17 1940 and that I last saw him alive on Oct 17 1940

Immediate cause of death Coronary Thrombosis — Duration Oct 15, 1940

Due to Arteriosclerosis

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Leimbach M. D.
Address 2201 Annapolis Rd Date signed Oct 17, 1940

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Please state age correctly. Information as to age is especially important.

F 73780

F 73780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mary (Mamie) L. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Thomas G.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 18-1889

8. AGE: Years	Months	Days	If less than one day
51	7	29	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER 12. Name John Hardy.

13. Birthplace Maryland

MOTHER 14. Maiden Name Rebecca Jackson

15. Birthplace Md

16. (a) Informant Thos. A. Jones

(b) Address 1812 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.

Location Anne Arundel Co.

18 (a) Funeral director C. O. Dodd

(b) Address 2101 McCulloh St

OCT 20 1940 (Date rec'd by registrar) Thurlow Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 — 1940, at 12-25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939 to Oct 17 1940 and that I last saw her alive on Oct-17 1940

Immediate cause of death	Duration
Apoplexy (Cerebral)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. E. Dougherty M.D. M. D.

Address 1602 Park Ave. Date signed 10/21/40

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not use ditto marks. In stating occupation, give the trade, profession, or particular kind of work done, as spinner, weaver, etc., and not general terms, as laborer, clerk, etc. In stating cause of death, write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

73781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73781
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S Franklintown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Weinberg

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 ? 1872

8. AGE: Years 68? | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Michael Carrick
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-22-40 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Church Cemetery
Location Keedysville, Md.

18 (a) Funeral director Milton Schilling
(b) Address 1122 E Monument St

OCT 20 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1940, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14-1940 to 10-19-1940, and that I last saw h-- alive on 10-19-1940.

Immediate cause of death Bronchopneumonia — Duration 1 wk

Due to Diabetes mellitus — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-19-40

correct age is especially important. Physicians: please write clearly, using ink.

VS 2

F 73782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 73782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 45 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
City or town Govans
(If outside city or town limits, write RURAL and give town)
(c) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael S. Andrews

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	School boy

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30-1930

8. AGE: Years	Months	Days	If less than one day
10	6	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation School boy
11. Industry or business —

FATHER
12. Name Francis S. Andrews
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Pauline Smith
15. Birthplace Hartford Co - Md.

16 (a) Informant J. Elvin
(b) Address Reisterstown Md

17 (a) Burial (b) Date thereof Oct. 23 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Charles
Location Balto Co.

18 (a) Funeral director J. F. Elvin & Sons
(b) Address Reisterstown Md

19 (a) OCT 20 1940 (b) Harry H. Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1940, at 9 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull
Due to
Due to
Other Conditions Fracture femur
Abrasions & Contusions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-19-40
(c) Where did injury occur? Butler Rd - Reisterstown Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? by automobile
(e) Means of injury Riding bicycle, probably struck
23. Signature J. Elvin Medical Examiner. M.D.
Date signed 10-20-40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 73783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A

F 73783 Registered No.

Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 170 S Collins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland or County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 170 S Collins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivy V Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife R. Herbert Russell
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 6-1-1898

8. AGE: Years 42 | Months 4 | Days 17 | If less than one day — hr. — min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Housewife at

11. Industry or business Home

FATHER 12. Name Ernest B Clark
13. Birthplace Washington D C

MOTHER 14. Maiden Name Mary F Ware
15. Birthplace Virginia

16 (a) Informant Mr. R. Herbert Russell
(b) Address 170 S Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore City

18 (a) Funeral director J B Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) Registrar Huntington Williams M.D. Registrar

OCT 20 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Oct 18 1940, and that I last saw her alive on Oct 18 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs

Due to Arterio-sclerosis — 4 yrs

Due to Hypertension — 5 yrs.

Other Conditions Chronic Nephritis — 4 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster M.D.

Address 2824 St Paul St Date signed 10/ /40

Dr. Foster

F 73784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 73784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Allendale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Allendale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Pentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary B. Pentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16-1853

8. AGE: Years	Months	Days	If less than one day
87	5	2	hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William H. Pentz

13. Birthplace Baltimore Maryland

MOTHER 14. Maiden Name Virginia Wilson

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Walter E. Eiting

(b) Address 701 Allendale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 21 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director J. B. Hippert & Son

(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Hunting for Virginia Md. (Cemetery)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940, at 12 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Oct. 18 1940 and that I last saw h alive on Oct. 18 1940.

Immediate cause of death: Chronic Nephritis — Duration: 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. S. Hayden

Address 3114 Harford Road Date signed 10/21/40

M. D.

Dr. B. S. Hayden

correct age is especially important. Physicians: please write the

OCT vs 20 1940

8

OC vs 2) 1940

F 73785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 73785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Earl Francis Ogden

3 (b) If veteran, name war

3 (c) Social Security Account No. 405-01-3660

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1915

8. AGE: Years 25 | Months - | Days 3 | If less than one day hr. min.

9. Birthplace Louisville, Ky. (Town, county, and state)

10. Usual Occupation Mechanical Engineer

11. Industry or business Calvert Distillery

FATHER
12. Name Earl G. Ogden
13. Birthplace Jeffersontown, Kentucky

MOTHER
14. Maiden Name Catherine Beaver
15. Birthplace Louisville, Ky.

16 (a) Informant Mrs. Earl G. Ogden
(b) Address 1068 Eastern Parkway, Louisville

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Louisville, Ky.

18 (a) Funeral director C. Miller Lamoreaux
(b) Address 1003 W. Baltimore St.

19 (a) 10/20/40 (b) (Date received by Registrar) Registrar

VS 6

PLEASE PRINT plainly with pen and ink. USE NO ABBREVIATIONS. Be sure to write the causes of death clearly and legibly. Please write correct age in years. Item 5 is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1940, at 1940 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fracture base of skull	
Cerebral Concussion	
Contusion Contusion, L. elbow	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/19/40
(c) Where did injury occur? Washington Blvd Howard Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Auto vs. pedestrian with auto truck

23. Signature W. B. Vandeleight M.D.
Medical Examiner.
Date signed 10/19/40

VS 6

F 73786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

P 73786 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: M. A. Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4425 Ashenley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd O. House

3 (b) If veteran, name war

3 (c) Social Security Account No. 190-03-9456

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth R. (nee Calibey)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1907

8. AGE: Years 33 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Pub. Eng. Co

FATHER
12. Name George A. House
13. Birthplace Ohio

MOTHER
14. Maiden Name Unknown
15. Birthplace Penna

16 (a) Informant Elizabeth R House (Wife)
(b) Address 4425 Ashenley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1940 (month) (day) (year)
(c) Cemetery or crematory Braddock
Location Braddock, Penna.

18 (a) Funeral director Harry A Wittle
(b) Address 4101 Hamilton Ave

19 (a) (b) Attending Physician Williams, M.D.

OCT 20 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1940, at 4 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandeventer M.D. Medical Examiner.
Date signed 10/19/40

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

VS 6

VS 6

F 73787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 73787
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf. 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolyn Barbara Holaman X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23/40

8. AGE: Years	Months	Days	If less than one day
	5	2/25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Charles W. Holyman

13. Birthplace Balto.

MOTHER 14. Maiden Name Mary E. Hill

15. Birthplace Balto.

16 (a) Informant Charles W. Holyman

(b) Address 2933 Eastern Ave

17 (a) Burial (b) Date thereof Oct 21 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Woodlawn Md

18 (a) Funeral director Henry H. Wetzke

(b) Address 4101 Edmondson Ave

19 (a) (Entered by Registrar) (b) Hunting for Illness 11/2

OCT 20 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1940, at 1.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 AM 11-30 AM, on 10/18 1940, and that I last saw he alive on Oct. 18 1940.

Immediate cause of death	Duration
Leukemia	2d.
Due to Bronco-pneumonia	2d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No additional findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. L. Reamann M.D.
M. D.

Address Church Home - Inf. Date signed 10/18/40

F 73787

F 73788

Bradburn

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 73788

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital 28

(d) Length of stay in hospital or inst. (yrs., mos., or days) Since

(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3113 Brightwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Catherine A. Bradburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Norman C Bradburn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27 1891

8. AGE: Years	Months	Days	If less than one day
49	-	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At home.

11. Industry or business

FATHER

12. Name Louis E Smith

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Catherine McGovern

15. Birthplace Baltimore Md.

16 (a) Informant Norman C Bradburn

(b) Address 3113 Brightwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem

Location

18 (a) Funeral director Harry E Limacost

(b) Address 4204 Edgewood Ave

19 (a) (b) Date received

OCT 20 1940

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1940, at 3:26 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1940, to Oct. 20 1940, and that I last saw h[illegible] alive on Oct. 20 1940.

Immediate cause of death Acute Cardiac Dilatation

Due to

Due to

Other Conditions Pneumonia, Bronchitis, Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sylvia P. Odek M. D.

Address Mercy Hospital Date signed 10/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3 — 8

F 73789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a ✓ Registered No. F 73789

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-1
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Christian Trunner
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William Trunner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11-1862

8. AGE: Years 78 | Months 2 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name Conrad Mertens
13. Birthplace Europe

MOTHER — 14. Maiden Name Caroline Ortman
15. Birthplace Europe

16 (a) Informant Mamie M. Smith
(b) Address 1642 Clinton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette Sts

OCT 20 1940 (Date rec'd by registrar) (b) Registrar

Funeral for Thursday

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1940, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Oct 19 1940, and that I last saw her alive on Oct. 19 1940.

Immediate cause of death	Duration
Coronary Thrombosis	15 min.
Due to Coronary Sclerosis	—
Due to	
Other Conditions Generalized Arteriosclerosis Cardiac Dilatation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Simmonds M.D.
Address Medical Arts Bldg Date signed 10/19/40

VS 3

F 73790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73790 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Port Tobacco (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Burch

3 (b) If veteran, name war: child
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	child

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1932

8. AGE: Years	Months	Days	If less than one day
8	?	?	hr. min.

9. Birthplace Port Tobacco, Charles Co. Md. (Town, county, and state)
10. Usual Occupation child - school boy.
11. Industry or business

FATHER
12. Name Raphael Burch
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Welch
15. Birthplace Md.

16 (a) Informant Mother - Ruth Burch
(b) Address Port Tobacco

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-40 (month) (day) (year)
(c) Cemetery or crematory
Location Waldorf Md

18 (a) Funeral director Hurd + Ryon
(b) Address Waldorf Md.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1940, at 12 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1940, to 10-20 1940, and that I last saw h~~im~~ alive on 10-20 1940.

Immediate cause of death	Duration
Cardio-vascular collapse	
Due to Diabetes mellitus severe acidosis and coma	
Due to	
Other Conditions Pharyngitis Rt & lower lobe pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Gore M. D.
Address Univ Hospital Date signed 10-20-40

VS 3

Oliver C Macey

F 73791

VS 3

F 73791

Olivery C Macey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 73791

93-9 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY 1605
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 8
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County ANNE ARUNDLE
(c) City or town ANNAPOLIS
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #2
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME [redacted] MACEY, OLIVER C.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of ~~husband or~~ wife MRS MARGUERITE MACEY

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) SEPT. 6, 1882

8. AGE: Years 58 | Months 1 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace ST. MARGARETS, MD.
(Town, county, and state)

10. Usual Occupation CONTRACTOR

11. Industry or business Self

FATHER
12. Name GEORGE MACEY
13. Birthplace ENGLAND

MOTHER
14. Maiden Name CHARLOTTE PERDUE
15. Birthplace ENGLAND

16 (a) Informant MRS. MARGARETE MACEY
(b) Address ANNAPOLIS, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1940 (month) (day) (year)
(c) Cemetery or crematory St. Margarets
Location St. Margarets Md.

18 (a) Funeral director C H Hopkins
(b) Address Annapolis Md.

19 (a) ..... (b) ..... Registrar

OCT 20 1940

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 20 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 13 1940, to OCT. 20 1940, and that I last saw HIM alive on OCT. 20 1940.

	Duration
Immediate cause of death MYOCARDIAL FAILURE	2
Due to Arteriosclerotic Heart Disease	?
Due to	
Other Conditions Old Myocardial Infarction (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Oldenburg M. D.
Address Church Home & Infirmary Date signed 10/20/40

VS 3

73792

386691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Wendover Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Capt George Thomas Phillips

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 220-05 2690

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife CLARA M ZANDER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-62

8. AGE: Years 78 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Golden Hill, Md (Town, county, and state)

10. Usual Occupation CANNER

11. Industry or business

FATHER
12. Name George W. Phillips
13. Birthplace Md

MOTHER
14. Maiden Name Eliz Leonard
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St Paul St.

19 (a) Date received by Registrar OCT 21 1940 (b) Hunting for Williams Myers Registrar

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1940, at 8.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Oct 19 1940. and that I last saw HIM alive on Oct 19 1940.

Immediate cause of death	Duration
Myocardial Failure	
Due to Chronic myocarditis	
Due to arteriosclerosis	
Other Conditions Ascites	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A Hellmann M.D.
Address Johns Hopkins Hosp Date signed 10/22/40

VS 3

F 73793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73793 Registered No. 124

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3521 Old York Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 Old York Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Mahr

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Edith M. Mahr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6th 1885

8. AGE: Years	Months	Days	If less than one day
55	0	12	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto City Fire Dept.

FATHER
12. Name Henry Mahr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Dietz
15. Birthplace Washington D.C.

16 (a) Informant Edith M. Mahr
(b) Address 3521 Old York Rd.

17 (a) Burial (b) Date thereof 10 22 40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) OCT 21 1940 (b) Emily H. Williams, Jr. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18th 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Oct 18 1940 and that I last saw him alive on Oct 18 1940.

Immediate cause of death Cirrhosis of Liver — Duration 2 yrs.
Due to — Duration yrs.
Due to — Duration own
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury

23. Signature William A. Mahr
Address 11 E. Chase St. Date signed M 10 D 19/40

VS 3

F 73794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73794 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Widomski (58962)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9424

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1888

8. AGE: Years 52 | Months 9 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name John (D) Widomski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary (D) Garbacz
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) OCT 21 1940 (Date received by Registrar) (b) ... Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6, 1940, to Oct. 17, 1940, and that I last saw h im alive on Oct. 17, 1940.

Immediate cause of death

Pulmonary Tuberculosis — Duration Known since Feb 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K Rathbun M. D.
Address Balto. City Hospitals Date signed 10-18-40

VS 3

F 73795

LH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 73795

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Comb Alley also Y ALLEY (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-8254

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1902

8. AGE: Years	Months	Days	If less than one day
38	2	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Mathew Green
13. Birthplace N. C.

MOTHER
14. Maiden Name Anna Holley
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location e.a.Co. Md.

18 (a) Funeral director Jannes a stayer
(b) Address 142 Wolfe St

19 (a) Oct 21 1940 (Entered in Register) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18- 1940, at 5 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14- 1940, to 10-18- 1940 and that I last saw h alive on 10-18- 1940.

Immediate cause of death	Duration
Uremia	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McCaghebbin M. D.
Address Balto City Hosp Date signed 10-18-40

VS 2

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 2

F 73796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 120 F 73796
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 E. Madison St.
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celeste De Courcey (Courcey)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife Columbus De Courcey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years | Months | Days | If less than one day hr. min.
About 75

9. Birthplace St. Mary's County Md.
(Town, county and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER
12. Name James Dalton
13. Birthplace St. Mary's County Md.

MOTHER
14. Maiden Name Elizabeth Madison
15. Birthplace St. Mary's County Md

16 (a) Informant Mary De Courcey (Married)
(b) Address 1526 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Thomas L. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1940, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Oct 17 1940, and that I last saw h[illegible] alive on Oct 16 1940.

Immediate cause of death Hypo. static pneumonia | Duration Completing

Due to

Due to

Other Conditions Chronic Colitis and Senile Debilitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1424 E. Monument St Date signed 10/19/40

June 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

73797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73797 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the return will be unacceptable. Use black ink only. Please write the cause of death clearly and legibly. correct age is especially important. Physicians: please write the cau

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. I. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Freemont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Lena Lee

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 8 - 1873

8. AGE: Years 67 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Structual Iron worker

11. Industry or business

FATHER 12. Name Thomas Lee

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Coffee

15. Birthplace Ireland

16 (a) Informant Frank Lee

(b) Address 1806 Freemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)

(c) Cemetery or crematory St Mary's (Hamden)

Location Baltimore

18 (a) Funeral director Frank H. Seitz

(b) Address 814 W 36 St

19 (a) — (b) Thomas J. Williams Registrar

OCT 21 1940 (Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1940, at 9 3/4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 10/19/40

VS 6

F 73798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73798 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure to answer all questions and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balt. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Stemmers Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. Howard Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edward Watson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) 6-6-31

8. AGE: Years	Months	Days	If less than one day
9	4	13	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Ernest Watson
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Elizabeth Snyder
15. Birthplace Maryland

16 (a) Informant Ernest H. Watson
(b) Address Howard Ave Stemmers Run

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2001 Orleans St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

OCT 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 10-19 1940, and that I last saw h[redacted] alive on 10-19 1940.

Immediate cause of death: Basillary dysentary — Duration: 13 days
Due to .....
Due to .....
Other Conditions: Staphylococcus Septicemia — 48 hrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Infarcts in Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature L. E. Blumenthal, M.D.
Address W. B. G. H. Date signed 10/19/40 M. D.

F 73800

F 73799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73799

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH Hospital for Women of Md. Registered No.

CITY OF BALTIMORE: (No. Lafayette & John St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Regina Wanner If U. S. Veteran specify WAR

(a) Residence: No. 243 N. Eugenia Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	216-01-5641

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 15 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Arthur Wanner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Courtney

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs A. B. Parks.

(Address) 2209 Harrison Boule

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 23, 1940

19. UNDERTAKER John Ulrich & Bro

(Address) Ellicott City

20. FILED ... 19...

OCT 21 1940

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1940, to Oct 20, 1940

I last saw her alive on Oct 20, 1940 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease — Date of onset

Subacute bacterial endocarditis

Cerebral embolus.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond D. Zinn, M. D.

(Address) Hospital for the Women of Md.

Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION is very important. See instructions on back of certificate.

F 73800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No.

F 73800

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Maryland General Hospital
(b) Street address — Madison & Linden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos. 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 E 32nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Mary Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1879

8. AGE: Years	Months	Days	If less than one day
61	23	27	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Mr. Andrew Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliz F Berry
15. Birthplace Maryland

16 (a) Informant Miss Edna E Miller
(b) Address 2039 E. 32nd St

17 (a) Burial (b) Date thereof Oct 23/19 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Rural. Govdawn Md

18 (a) Funeral director John Ulsh's
(b) Address 200 E Lexington St

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 24 1940 Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1940, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15, 1940, to Oct 20 1940, and that I last saw h-r alive on Oct. 20, 1940.

Immediate cause of death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of lung (right)

Of autopsy Cancer of right lung

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R M Hofmann

Address Md General Hosp. Date signed 10/20
M. D.

F 73801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73801 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2700 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L.Davidson

3 (b) If veteran, name war -----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Margaret V.Davidson
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb.2,1872

8. AGE: Years	Months	Days	If less than one day
68	8	18	hr. min.

9. Birthplace Laurel Md.
(Town, county, and state)
10. Usual Occupation Meat Cutter
11. Industry or business Grocery

FATHER
12. Name Richard Davidson
13. Birthplace Laurel Md.

MOTHER
14. Maiden Name Drusilla Ward
15. Birthplace Laurel Md.

16 (a) Informant Mrs.Margaret V.Davidson
(b) Address 2700 Edmondson Ave.

17 (a) Cremation (b) Date thereof Oct.22,1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

OCT 21 1940 (b) [illegible]
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Oct.20 1940 at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1940 to 10-20 1940 and that I last saw h. alive on 10-9 1940.

Immediate cause of death: Uraemia Nephritis — Duration

Due to Cardio-Vascular Renal Disease.

Due to

Other Conditions Arteriosclerosis Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin H. Cranmer M. D.
Address 429 Frederick Ave Date signed 10-21-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

73802

HEALTH DEPARTMENT—CITY OF BALTIMORE

73802

CERTIFICATE OF DEATH

V 92-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Laurens St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Spencer

(a) Residence: No. 1509 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Spencer

6. DATE OF BIRTH (month, day, year) ? 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jacob Watkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Tinsbroom

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert Spencer

(Address) 1509 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/21 19 40

19. UNDERTAKER Geo. L. Kelson

(Address) 1303 Pennsylvania Ave

OCT 21 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 19 40

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 19 40 to Oct 17 19 40

I last saw her alive on Oct 17 19 40 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Broken Compression	Aug 30/40

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. William Frey, M. D.

(Address) 1928 Penna Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10/31-P

F 73803

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 Ashburton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 Ashburton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Belle Schenkel

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Milton Schenkel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1868

8. AGE: Years 72 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Shaw
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Fauntz
15. Birthplace Maryland

16 (a) Informant Mrs. Irene DeRosa
(b) Address 945 Ashburton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18, 1940, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1936 to Oct. 18 1940, and that I last saw h. alive on 10.15.40 19

Immediate cause of death Myocarditis — Duration 1936

Due to Thyro-toxicosis — Duration 1936

Due to Cedric Teplitz

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dougal A. Knipp M. D.
Address 3a. 36. Edmondson Date signed 10-21-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73804

VS 3

F 73804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-11

F 73804
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Milford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora S. Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julian W. Thornton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 4, 1889

8. AGE: Years: 51 | Months: 0 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Hillsdale, Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Warren W. Parrish
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Agnes Bryan
15. Birthplace: Maryland

16 (a) Informant: Mr. Julian W. Thornton
(b) Address: 3806 Milford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olive
Location: Randallstown, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) (b) (Signature of Registrar) Registrar

OCT 21 1940
VS 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 12 10P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary edema
Due to: Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D. (Medical Examiner.)
Date signed 10/19/40

F 73805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73805 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Scott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Scott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora V. Tucker.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isaac N. Tucker
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 20. 1875

8. AGE: Years 64 | Months 65 | Days 9 | 28 | If less than one day hr. min.

9. Birthplace Deals Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Asbury Collins
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Rogers.
15. Birthplace Md

16 (a) Informant Isaac N. Tucker
(b) Address 614 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. John W. Pinfold & Son
(b) Address 801 W. Fayette St.

19 (a) (Date received by registrar) (b) Registrar, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 5. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1938, to Oct 18 1940, and that I last saw h[illegible] alive on Oct 18 1940.

	Duration
Immediate cause of death: Carcinoma of breast	2 years
Due to: Metastasis of lungs	3 Month
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1210 Cathedral St. Date signed Oct 19/40

F 73806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 73806 Registered No. [redacted]

VS :

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Woodside Hobbitzelle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Judith Browne
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 11/5/1864

8. AGE: Years	Months	Days	If less than one day
75	11	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation none for years
11. Industry or business " "

FATHER
12. Name Oliver Hobbitzell
13. Birthplace Penna.

MOTHER
14. Maiden Name Eliza Woodside
15. Birthplace Md.

16 (a) Informant Peter A. B. Hobbitzell
(b) Address 910 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Balto Co. Md

18 (a) Funeral director John Oellitzell & Son
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11 1940, to 10/20 1940, and that I last saw h(im) alive on 10/20 1940.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to Cerebral hemorrhage — 10 days
Due to Arteriosclerosis + hypertension — years
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp. Date signed 10/20/40

PLEASE WRITE PLAINLY, with ink or indelible pencil, and without abbreviations. Be sure to write the causes of death clearly, and legibly. Physicians: please write correct age is especially important.

OCT 21 1940

F 73807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1640 Registered No. F 73807

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 Charleston Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Charleston Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Mrs Augusta N. Baldwin) Augusta N. Baldwin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓ —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Reginald N. Baldwin
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1870

8. AGE: Years 69 | Months 9 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name J. Seth Hopkins
13. Birthplace Tuffin Md

MOTHER 14. Maiden Name Augusta A. Hopkins
15. Birthplace Baltimore Md.

16 (a) Informant Reginald Baldwin
(b) Address No. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21/40 (month) (day) (year)
(c) Cemetery or crematory Baldwin Memorial
Location Severn Run Roads, Anne Arundel Co.

18 (a) Funeral director John Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) OCT 21 1940 (Date rec'd by registrar) (b)

OCT 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1940, at 12 Noon

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquest find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head.	
Due to	
Due to	
Other Conditions Mental Depression	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-19-40
(c) Where did injury occur? 32 Charleston Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Self inflicted gunshot of head

23. Signature Howard F. Uhlenhuth M.D. Medical Examiner.
Date signed 10-19-40

OCT 21 1940

F 73808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312-Harford Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1312-Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Annie Curran

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 3/15/1889

8. AGE: Years 51 | Months 7 | Days 4 | If less than one day -- hr. --- min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Arthur E. Becker
(b) Address 1312-Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore, Maryland

18 (a) Funeral director George C. Ruth, Inc.
(b) Address 1735-Harford Ave.

OCT 21 1940 (a) (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 18 1940, and that I last saw her alive on Oct 18 1940.

Immediate cause of death: Hypertensive Heart Disease — Duration: 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith M. D.
Address 1213 E. North Ave. Date signed 10/19/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 73809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73809

Registered No. 83-3

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Give exact place of death and full name of deceased. If not in a hospital or institution, give residence instead of street and number. Fill in all items, and make as complete return as possible. Underline the cause to which death should be charged statistically. Do not use abbreviations. If the deceased was a married woman, write her husband's name in item 6 (b). Give the usual occupation even if retired. Please state the exact cause of death, whether disease or violence, in each case. Do not state the mode of dying, such as heart failure, asthenia, etc. Indicate the duration of each stated cause. Do not leave any space blank. If unknown, write "unknown." Please write in ink and sign your name as informant. Be sure that your answers are complete and correct. Age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 3

2. USUAL RESIDENCE OF DECEASED: Howard
(a) State MD. (b) County BALTIMORE
(c) City or town ELLICOTT CITY
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MRS. MARTHA REESE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband ~~or wife~~ Jacob Reese
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APRIL 25 1895

8. AGE: Years	Months	Days	If less than one day
45	6 5	24	..... hr. ..... min.

9. Birthplace TENNESSEE
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HENRY WINSTEAD
13. Birthplace TENNESSEE

MOTHER
14. Maiden Name NANCY HARRISON
15. Birthplace TENNESSEE

16 (a) Informant FRANK REESE
(b) Address ELLICOTT CITY, MD.

17 (a) Burial (b) Date thereof 10-21-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Johns
Location Ellicott City,

18 (a) Funeral director F.C. Higinbothom
(b) Address Ellicott City, Md.

OCT 21 1946 (b) Hunter H. Wilson, M.D. Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT., 19 1946, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 17 1946, to OCT. 19 1946, and that I last saw HER alive on OCT. 19 1946.

Immediate cause of death CEREBRAL ~~HEMORRHAGE~~ ACCIDENT — Duration 2 DAYS

Due to BRONCHIAL PNEUMONIA

Due to MYOCARDIAL FAILURE

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L.D. Greeley, M.D.
Address Church Home and Infirmary Date signed 10/19/46

F 73810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-A

F 73810
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town).
(d) Street No. 1726 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry R. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 9 1880

8. AGE: Years 60 Months Days 19 If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Retired 5 yrs

FATHER
12. Name Geo F. Thomas
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Rother
15. Birthplace Germany

16 (a) Informant Mrs Katherine Thomas
(b) Address 1726 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21/40 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Gryden Lane

18 (a) Funeral director J. Heemans Son
(b) Address 92 S. Broadway

19 (a) OCT 21 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18. 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3-1937 to 10-18-1940 and that I last saw h[illegible] alive on 10-18-1940.

Immediate cause of death

	Duration
Cardio-vasculo-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Rykert M. D.
Address 2803 Harford Rd. Date signed 10-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 73811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73811 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 300 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Constantine Clement (51181)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1872

8. AGE: Years 67 | Months 10 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Kelix
13. Birthplace Lithuania

MOTHER
14. Maiden Name Annie
15. Birthplace Lithuania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Jesus
Location Germans Hill Rd - Md.

18 (a) Funeral director John J. Feeley & Son
(b) Address 1318 Eutaw St.

19 (a) OCT 21 1940 (b) Registered by Hollyday Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16, 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1939, to Oct. 16, 1940, and that I last saw h im alive on Oct. 16, 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Rathbun M. D.
Address Balto. City Hospitals Date signed 10-16-40

VS 3

F 73812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

10/31-a

F 73812 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill every item. Give the causes of death clearly and legibly. Do not abbreviate. Give full name of street and number. Give correct age in years, months, days. If less than one day, hours or minutes. Do not leave any item unanswered. If none, write "None." Where information is not known, or is doubtful, write "Unknown" or "Probably." Do not omit any information because you think it unimportant. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the exact disease, accident, or other morbid condition which caused death. Do not use abbreviations or symbols. Be especially careful to state the contributory cause, if any, which may have induced the fatal termination. Please write plainly in ink. Do not use lead pencil. Do not write in margins. Do not fold. Use typewriter if possible. Be sure that the certificate is signed and dated. Please answer all questions. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Mc Culloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold L. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-5151

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bettie Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26-1916

8. AGE: Years 24 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Towns, Va (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Luke Davis
13. Birthplace Eastman Ga

MOTHER
14. Maiden Name Cora Smith
15. Birthplace Cuthbert. Ga.

16 (a) Informant Bettie Davis
(b) Address 2022 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-40 (month) (day) (year)
(c) Cemetery or crematory
Location Gloucester Va.

18 (a) Funeral director Mrs. Geo. D. Holland
(b) Address 1631 Druid Hill Ave

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1940, at 2:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1940 to 10-20 1940 and that I last saw h[illegible] alive on 10-20 1940.

Immediate cause of death Acute Myocardial Failure — Duration ?

Due to Hypertensive Cardio-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. P. Musgrave M. D.
Address Provident Hospital Date signed 10-20-40

F 73813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73813
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Bark Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Bark Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Texanna M. Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1858

8. AGE: Years 82 | Months — | Days 9 | If less than one day hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Lucy Moore
15. Birthplace Richmond, Va.

16 (a) Informant Mrs. Texanna M. Reed
(b) Address 1115 Bark Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1631 Druid Hill Ave.

OCT 21 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1940, at 5:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11 1940, to 10-19 1940, and that I last saw h-e alive on 10-18 1940.

Immediate cause of death: Cardio-Vascular Renal Disease — Duration: Several years

Due to

Due to

Other Conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Leighton M.D.

Address 825 N. Fremont Ave. Date signed 10/21/40

VS-3

F 73814 ✓ F 73814

F 73814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Madison
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Mary Dickerson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 14, 1920

8. AGE: Years 20 | Months 7 6 | Days 4 2 9 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alfred Dickerson
13. Birthplace Accomac, Va.

MOTHER
14. Maiden Name Mollie Holliday
15. Birthplace Sutherville, Md.

16 (a) Informant Mrs. Mollie Dickerson
(b) Address 2500 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Long Green Cem.
Location Long Green, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940 at 7:10 P M

21. I certify that death occurred on the date above stated that I attended deceased from June 1 1940, to Oct 17 1940 and that I last saw h — alive on Oct 17 1940

Immediate cause of death Acute Apoplexy — Duration 4 min.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis D. Jones M. D.

Address 2329 Penna Ave Date signed Oct 18 1940

F 73815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

F 73815 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Use typewriter if possible. Do not abbreviate. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Elia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	16 21	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Cooper
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 10-23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Christian's Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 1 E. Biddle St.

19 (a) OCT 21 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-40 1940, at 12 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/4 1940, to 10/19 1940, and that I last saw her alive on 10/18 1940.

Immediate cause of death: Carcinoma of larynx
metastases — Duration 14 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr.
Address Baltimore City Hosp. Date signed 10/19/40 M.D.

VS 8

F 73816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-B

F 73816 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Joseph Kemp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed.

6 (b) Name of husband or wife M. Lillian Kemp.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Police man.
11. Industry or business

FATHER
12. Name Joseph H. Kemp (d.)
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura E. Baldwin (d.)
15. Birthplace Baltimore Md,

16 (a) Informant Mrs. Anna M. Wingate.
(b) Address 141 N. Luzerne Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem. Inc.
Location Balto. Md.

18 (a) Funeral director Henry Sauter & Sons, Inc.
(b) Address North Ave & Broadway

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Burington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18, 1940, at 1.22 PM

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ on Oct. 18 1940, to 19..., and that I last saw h.i.m. alive on Oct. 18 1940.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerotic Heart	
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Hosp. Date signed 10/18/40

VS 8

F 73817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 73817 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: U. S. A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 741 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME John W. Hutchins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b). Name of husband or wife Maggie Hutchins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1868

8. AGE: Years	Months	Days	If less than one day
72	7	5	.....hr. .....min.

9. Birthplace Calvert Co Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John W. Hutchins Sr

FATHER 13. Birthplace Calvert Co. Maryland

MOTHER 14. Maiden Name Dgis Bowers

MOTHER 15. Birthplace Calvert Co Maryland

16 (a) Informant Flora Hutchins

(b) Address 741 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore city

18 (a) Funeral director Joseph A. Lively

(b) Address 408 N Mount Street

19 (a) Oct 21 1940 (Date received by registrar) (b) Hunter H. Wiss Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940 at 5-15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature [illegible] M.D. Medical Examiner.

Date signed 10/19/40

VS 6

F 73818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 73818

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 240 S. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 240 S Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Kiper
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Catharine Kiper
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874
8. AGE: Years 66 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Casimir Kiper
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Anna Bzezwicki
(b) Address 240 S. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Filing (Signature of Registrar)

OCT 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1937, to Oct 19 1940, and that I last saw h alive on Oct 18 1940.

Immediate cause of death: Uremic Poisoning, Acute Nephritis — Duration: 3 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Sauer M. D.
Address 801 Kenilworth Date signed 10/21/40

73819 F 73819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Millerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William Mitchell Douglas

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs Amelia Douglas.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1864

8. AGE: Years 75 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Washington D. C. (town, county, and state)

10. Usual Occupation Chicken Farmer

11. Industry or business Chicken Farming

FATHER 12. Name William A. Douglas
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Catherine Mitchell
15. Birthplace Pennsylvania

16 (a) Informant Mrs Amelia Douglas
(b) Address Millerstown Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Newport Pa.

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Orchard

19 (a) 1940 (Date filed by registrar) (b) Wm Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1940 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Oct 20 1940. and that I last saw him alive on Oct 20 1940.

Immediate cause of death Volvulous — Duration 5 days

Due to Amoebic Dysentery — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Volvulous

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. S. Crampton M. D.
Address Church Home & Inf. Date signed Oct 24 1940

F 73820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Edgewood R.F.D. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1891

8. AGE: Years 49 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Charles Willetter

13. Birthplace Germany

MOTHER 14. Maiden Name Babet Kram

15. Birthplace Germany

16 (a) Informant Frank Bauer

(b) Address Edgewood Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 24 1940 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location Joppa Md

18 (a) Funeral director Edward K McCleaf

(b) Address Aberdeen Md

OCT 19 (a) 21 1940 (Date rec'd by Registrar) (b) Registered

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1940, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20/1940, to 10/21/1940, and that I last saw h[illegible] alive on 10/20/1940.

Immediate cause of death, Circulatory failure — Duration 2 wks.

Due to Rheumatic cardiovascular disease —

Due to —

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller M. D.

Address University Hospital Date signed 10/21/40

F 73821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 73821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 236 N. Monroe St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Martha J. Morris.

3 (b) If veteran, name war None.
3 (c) Social Security Account No. None.

4. Sex Female. 5. Color or race White. 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Jacob Morris.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April-19-1864.

8. AGE: Years 76 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Tyrone - Pa. (Town, county, and state)
10. Usual Occupation House - Wife
11. Industry or business At home.

FATHER
12. Name Alexander Burns.
13. Birthplace Penny.

MOTHER
14. Maiden Name Rhoda A. Cubbison.
15. Birthplace Penny.

16 (a) Informant Mrs. S. B. McMullen.
(b) Address 236 N. Monroe St.

17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof Oct. 22/40. (month) (day) (year)
(c) Cemetery or crematory Logan Valley Cem.
Location Bellwood - Penna.

18 (a) Funeral director Charles F. Schmidt.
(b) Address 505 N. Monroe St.

19 (a) OCT 21 1940 Huntington Williams, M.D. Registrar
(Write the day and month)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20th 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 20 1940 and that I last saw h[illegible] alive on Oct 20 1940

Immediate cause of death Cerebral Hemorrhage 6 days — Duration

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature H. Williams
Address 946 N. Gaby St. Date signed 10/21/40 (M. D.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

Spec.—8-16-29—L. F. S.—100 Bks.

F 73822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73822

CERTIFICATE OF DEATH

151-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2265 S. Robinson ST., 1-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Schmidt Joseph

(a) RESIDENCE NO. 2265 S. Robinson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15-1940

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theodore G. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Biloxi Miss

12 MAIDEN NAME OF MOTHER Rose Niemczyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Rose Schmidt
(Address) 226 S Robinson st

15 OCT 21 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21-1940

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1940, to Oct. 21, 1940

that I last saw h... alive on Oct. 21, 1940

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Sepsis, Bufida
Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Clinton Tenkoomb, M. D.

, 19 (Address) 2579 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thomas Lons Cem	Oct 21, 19
20 UNDERTAKER	ADDRESS
Lease & Weber	705 S Ca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact statement of OCCUPATION is mation should be carefully supplied. AGE should be stated EXACTLY in years, months and days if under one year. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

F 73823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73823
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age in years, months, days, hours, and minutes, and the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 S. Ponca St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Smith John J. Schmidt 3rd

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-14-7050

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1923

8. AGE: Years 17 | Months 8 | Days 18 19 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Mch. helper

11. Industry or business: Hubbards Brass Co.

FATHER
12. Name: John J. Schmidt jr.
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Helen Riser
15. Birthplace: Martinsburg W. Va.

16 (a) Informant: Helen Schmidt
(b) Address: 1303 S. Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd.

18 (a) Funeral director: Clarence F. Hoffmann
(b) Address: 1639 N. Broadway.

OCT 21 1940
(a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-19-1940, at 3:20 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull
Due to: Laceration of brain
Other Conditions: Multiple contusions brush burns & abrasions of body
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 11-01
(b) Date of occurrence 10-19-40
(c) Where did injury occur? Boston & Ponca Sts. City. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury: Struck by Auto - crossing St.

23. Signature: Howard J. Moeden M.D. Medical Examiner.
Date signed 10-20-40

over

VS 6

F 73824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 73824 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 S. Conkling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 S. Conkling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

269

3 (a) FULL NAME Louisa Leisner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Adolph W. Leisner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1869

8. AGE: Years	Months	Days	If less than one day
71	1	13	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name Wolfgang Koehler
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Adolph W. Leisner
(b) Address 916 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23/40 (month) (day) (year)
(c) Cemetery or crematory MT. Carmel
Location Odonnell St.

18 (a) Funeral director Florence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

OCT 21 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1940 to 10/19 1940 and that I last saw h[illegible] alive on 10/19 1940.

Immediate cause of death Cerebral Vascular Accident — Duration 6 days

Due to Valvular heart disease

Due to

Other Conditions Carcinoma of [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Goekel

Address 607 S. Conkling St. Date signed 10/21/40 M. D.

F 73825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 73825

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2535 W. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2535 W. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Anna McGrail

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867.

8. AGE: Years	Months	Days	If less than one day
73 72			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hugh McGrail
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Brown
15. Birthplace Ireland

16 (a) Informant John J. McGrail
(b) Address 2535 W. Fairmount Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-22-1940. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahrenbruch
(b) Address 1827 W. North Ave. Baltimore, Md.

19 (a) Date received by Registrar OCT 21 1940 Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1940 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1940 to 10/19 1940 and that I last saw h alive on 10/18 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arterio Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Chas A Reha M. D.
Address 2145 W Balto St Date signed 10/21/40

VS 3

F 73826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 73826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo5da
(e) Length of stay in Baltimore (yrs., mos., or days) Difetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Cedley St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry HANN

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Francis Kaulfman

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 29, 1887

8. AGE: Years 53 | Months 43 | Days 4 | If less than one day: hr. 20 min.

9. Birthplace Middleville, New Jersey (Town, county, and state)

10. Usual Occupation Shoe Repairing

11. Industry or business -- Self

FATHER
12. Name John B. Hann
13. Birthplace New Jersey

MOTHER
14. Maiden Name Ellen E. Garrison
15. Birthplace New Jersey

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location

18 (a) Funeral director Mamie Cook Sykes
(b) Address 1600 W. North Ave.

19 (a) Date rec'd by Registrar OCT 21 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14 1940 to Oct. 19 1940, and that I last saw h im alive on Oct. 19, 1940.

Immediate cause of death	Duration
Pulmonary hemorrhage	4 hr.
Due to Tuberculosis, pulmonary, far advanced	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. M. H. Andrews M. D.
Address U.S.Marine Hospital, Baltimore, Md. Date signed 10:20:40

vs.

73827

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73827

CERTIFICATE OF DEATH

160a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

If U. S. Veteran, specify WAR

(a) Residence: No. 104 S. Rolling Rd., Catonsville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10:19:40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Emil Smith

14. BIRTHPLACE (city or town) (State or country) Philipine Island

MOTHER

15. MAIDEN NAME Lucille Brooks

16. BIRTHPLACE (city or town) (State or country) Kirksville, Mo.

17. INFORMANT Records

(Address) Bon Secours Hosp

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 10/21, 1940

19. UNDERTAKER Kelly & Mac Nabb

(Address) Catonsville Md.

20. FILED OCT 21 1940, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10:19:40, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 19 40, Oct. 19, 1940

I last saw her alive on Oct. 19, 19 40 Death is said to have occurred on the date stated above, at 12N a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemmorhage due to premature birth after about a six to seven month pregn.	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Callnan, M. D.

(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE is to be filled out by the undertaker, who should be careful to obtain all information required. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12162-TD

F 73828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yr. 8mo. 7das.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 York St. E (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Trego

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-54

8. AGE: Years	Months	Days	If less than one day
85	11	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unk.
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Susanna Lamb
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 21 1940

18 (a) Funeral director Commissioner of Health
(b) Address Dr. H. A. Moore

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar 5980

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13- 1940, at 7 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5- 1936, to 10-13- 1940, and that I last saw him alive on 10-13- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to	
O-S. Hx. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy O-S. Hx. Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kelsey M. D.
Address Balto City Hosp. Date signed 10-21-40

VS 3

73829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 73829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 608 Edgevale Rd. Roland Park

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 608 Edgevale Rd. Roland Pk (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry Albert Lengnick

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Helen Marston Lengnick

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	2	3		

9. Birthplace Charleston, S. C. (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business Wholesale Paper Co.

FATHER 12. Name Henry A. Lengnick

13. Birthplace Dresden, Germany

MOTHER 14. Maiden Name Not available

15. Birthplace Phila. Pa.

16 (a) Informant Mrs. Helen M. Lengnick

(b) Address 608 Edgvale Rd. Roland Pk.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Brandywood

Location Brandywood Ave.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN, SUC.) 100 W. NORTH AVENUE

19 (a) OCT 21 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19th 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15th 1940, to Oct 19th 1940, and that I last saw him alive on Oct 18th 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days

Due to Arteriosclerosis - Symptmas since 1937

Hypertension since 1934

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis P. Hamburger M. D.

Address 1207 Eutaw Pl Date signed Oct 21 40

VS 2

F 73830 Maryland

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180 ✓ Registered No. F 73830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 W. Pratt St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. George near 916 W. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard L. Faulk

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John H. Faulk
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary F. Nixon
15. Birthplace Unknown

16 (a) Informant George Faulk
(b) Address 707 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)
(c) Cemetery or crematory
Location Wilmington, N.C.

18 (a) Funeral director Frederick A. Cole
(b) Address 120 W. Lombard St. Wilmington, Williams, Inc.

19 (a) OCT 21 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20-1940, at 3:50 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration:
Due to: 2nd & 3rd Degree Burns
Due to:
Other Conditions: 50% of body involved
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-20-1940
(c) Where did injury occur? George near 916 W. Pratt St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Unknown; Conflagration

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10-20-40

VS 6

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 73831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Parkd Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ mo

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ New York (b) County
(c) City or town 105 Broad Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. New York City
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John D. Bouroughs

3 (b) If veteran, name war

3 (c) Social Security Account No. 535-03-3956

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1906

8. AGE: Years	Months	Days	If less than one day
34	2	20	hr. min.

9. Birthplace Somerville, Mass.
(Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business

FATHER
12. Name James Bouroughs
13. Birthplace Scotland

MOTHER
14. Maiden Name Christian Dow
15. Birthplace Scotland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pawtucket, R.I.
Location Pawtucket, R.I.

18 (a) Funeral director Frederick A. Pope
(b) Address 1200 W. Lombard St.

OCT 21 1940
(Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1940, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1940, to Oct. 20, 1940, and that I last saw him alive on Oct. 20, 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis far advanced;	3 years
Miliary Tuberculosis;	Unknown
~~Duxxx~~ Hodgkins disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Excision of axillary node, lt. axilla; Biopsy of axillary node
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. B. H. Anderson M. D.
Address U. S. Marine Hospital, Wyman Park Drive, Baltimore, Md. Date signed 10-21-40

VS 3(

Baltimore, Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73832 — 163F — Registered No. F 73832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Callington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHRISTOPHER J. DUNN

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 218-09-1865

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ira N. Dunn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1903

8. AGE: Years 37 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Glen Martin

FATHER 12. Name John Dunn

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Elizabeth Funk

15. Birthplace Balto Md

16 (a) Informant Ira N. Dunn

(b) Address 1706 Callington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore

18 (a) Funeral director C. Richard Eden

(b) Address 1400 N. Charles St

OCT 21 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1940, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Carbolic acid poisoning — Duration

Due to Suicide

Due to Mental despondency

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Oct 20, 1940
(c) Where did injury occur? 1706 Callington Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury swallowed carbolic acid

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 10-20-40

VS 6

VS 6

73833

Hock

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 73833

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St, Balto.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary C. Hock

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jacob P. Hock

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 28 - 1874

8. AGE: Years 66 | Months 2 | Days 22 23 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Brunnett
13. Birthplace France

MOTHER
14. Maiden Name Mary Behrns
15. Birthplace Germany

16 (a) Informant Jacob P Hock
(b) Address 1147 N. Milton a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester st

19 OCT 21 1940 Huntington Williams M.D. (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1940, at 8 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1940, to Oct 20 1940, and that I last saw h.e. alive on Oct. 20 1940.

Immediate cause of death Peripheral Circulatory Collapse — Duration 2 days

Due to Congestive Heart failure — 6 Mos

Due to Hypertension Cardiovascular Renal disease — unknown

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John A Wagner M. D.
Address Mercy Hospital Date signed 10/23/40

MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-NF 73834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 Ashburton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1021 Ashburton Street (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward A. Reisler Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dora B. Bocher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1870

8. AGE: Years 70 | Months | Days 5 | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Machinist--Retired

11. Industry or business

FATHER
12. Name: Unknown Reisler
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Paul Reisler
(b) Address: 1021 Ashburton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore, Maryland

18 (a) Funeral director: Harry H Withe
(b) Address 4101 Edmondson Ave

OCT 22 1940 (Date Received by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1940, at 10:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Myocarditis, degenerative — Duration

Due to: Acute Congestive Cardiac Failure

Due to:

Other Conditions: Fractured humerus, Fractured ribs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-25-40
(c) Where did injury occur? 1021 Ashburton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down cellar steps

23. Signature Howard J. Madden Medical Examiner. M.D.

Date signed 10-20-40

F 73835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 73835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Wilkens Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Veronica A. Browning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James F. Browning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1890

8. AGE: Years	Months	Days	If less than one day
50	5	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John M. Stine
13. Birthplace Indiana

MOTHER
14. Maiden Name Sophia Wortman
15. Birthplace Baltimore, Md

16 (a) Informant James F. Browning
(b) Address 1915 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Henry H. Withe
(b) Address 4101 Edmondson Ave

19 (a) Date received by registrar OCT 22 1940 (b) Burial permit issued by Wm. H. Anderson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1940, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 14 1940, to Oct 19 1940, and that I last saw h[illegible] alive on Oct 19 1940.

Immediate cause of death	Duration
Uremia following Endocarditis	
Due to Nephritis Chronic	
Due to Hypertension	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Mabel D Mitsch
Address 3151 Wilkens Ave Date signed 10/24/40 M. D.

VS 3

F 73836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 73836

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 E. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 E. Lanvale st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernon Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Mary J. Hall
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.): Feb 19th 1855
8. AGE: Years 85 | Months 8 | Days 1 | If less than one day hr. min.
9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Accountant

FATHER
12. Name: George W. M. Hall
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Ann E. Hurst
15. Birthplace: Balto. Co. Md.

16 (a) Informant: Mrs. Mary J. Hall
(b) Address: 207 E. Lanvale St
17 (a) Burial (b) Date thereof 10/22/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~: Loudon Park
Location: Balto. Md.
18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St
19 OCT 22 1940 [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20th 1940, at 2.40 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940, to Oct 20 1940, and that I last saw h[illegible] alive on Oct 20 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	5 yrs.
Due to: Hypertensive Renal	
Due to:	
Other Conditions: Cerebral Hemorrhage	8 days

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: Wilie M. Hyman M. D.
Address: 423 E. North Ave Date signed 10-21-40

VS 3

F 73837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 118

F 73837
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Linda Marcin

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex F
5. Color or race W
6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 12th 1940

8. AGE: Years | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Vincent Marcin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Jane Dodson
15. Birthplace Virginia

16 (a) Informant Lillian Kernan
(b) Address 107 S. Fulton Avenue

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10-23-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Wm Coyle
(b) Address 1217 St Paul St.

19 (a) OCT 22 1940 (Date received by Registrar) (b) Huntington Ave Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940 at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, postrate	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Vandellaft M.D.
Medical Examiner.
Date signed 10/24/40

VS 6

F 73838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 Ellamont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Ellamont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard W. Schindler

3 (b) If veteran, name war: World
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, widowed, or ~~divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Rosalina Schindler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 14 1894
8. AGE: Years 46 | Months 3 | Days 5 | If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Contractor Self
11. Industry or business Painting

FATHER
12. Name Wm G. Schindler
13. Birthplace Balto Md

MOTHER
14. Maiden Name Augusta Waltjen
15. Birthplace Balto Md.

16 (a) Informant Augusta V. Schindler
(b) Address 2217 Ellamont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) (Entered by registrar) (b) Registrar

OCT 22 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19th 1940; at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Oct 19 1940, and that I last saw him alive on Oct 19 1940.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Arterio-sclerosis	2
Due to:	
Other Conditions: Myocarditis	about 8 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter D. Willett, M. D.
Address 2220 Garrison Blvd Date signed Oct 20 40

F 73839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 73839
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 North Gay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City of Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 North Gay Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Laura A Coburn

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widowed

6 (b) Name of ~~husband~~ or wife George Coburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7-1864

8. AGE: Years	Months	Days	If less than one day
76	1	13	hr. min.

9. Birthplace Baltimor cnd (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Burns
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Duntee
15. Birthplace Maryland

16. (a) Informant Edith M. Palmer
(b) Address 1414 North Gay Street

17 (a) Burial (b) Date thereof Oct 23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Larkwood Cem
Location Taylor Ave Hamilton

18 (a) Funeral director Williams Boat
(b) Address 217 St Paul Street

19 (a) (b) Huntington Wilkinson M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20th 1940 at 1.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938 to Oct 20 1940, and that I last saw ~~her~~ alive on Oct 20 1940.

Immediate cause of death
Carcinoma of Rectum

Due to

Due to

Other Conditions Cachexia and Metastasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 Years.
3 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 8025 E Northern Pkwy Date signed 10/24/40

VS 3

F 73840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 73840 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 9da.
(e) Length of stay in Baltimore (yrs., mos., or days): 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 515 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: Elias L. Stokes

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 216-03-0786

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jenni Keys

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): March 5, 1892

8. AGE: Years: 48 | Months: 7 | Days: 15 | If less than one day: ..... hr. ..... min.

9. Birthplace: Brooklyn, N. Y. (Town, county, and state)

10. Usual Occupation: Mechanic

11. Industry or business: Glen L. Martin

FATHER
12. Name: John M. Stokes
13. Birthplace: New York

MOTHER
14. Maiden Name: Mary Jane Lynch
15. Birthplace: New York

16 (a) Informant: Records U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24 1940 (month) (day) (year)
(c) Cemetery or crematory: Evergreen Cem
Location: Brooklyn N.Y.

18 (a) Funeral director: Chas. Sinnott & Donovan
(b) Address: 345 W. Chestnut Ave.

19 (a) Oct 22 1940 (Date received by registrar) (b) Beatrice Tyson Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20, 1940, at 12:40 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 11, 1940 to Oct. 20, 1940 and that I last saw h Im alive on Oct. 20, 1940

Immediate cause of death: Coronary thrombosis — Duration: 11 dy.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: None

Of operations: None

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Raymond S. Kroll

Address: Wyman Park Drive and 31st Sts., Baltimore, Md. Date signed: Oct-21-40

73841

F 73841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3909 Orleans Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles C. Freiberg Sr.

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth Freiberg
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 29, 1869

8. AGE: Years	Months	Days	If less than one day
71	3	20	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired, Machinist
11. Industry or business S.K.Co. Balto. Md.

FATHER
12. Name Charles Freiberg
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hoffman
15. Birthplace Germany

16 (a) Informant Miss Katie Freiberg
(b) Address 3909 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Harry Long
(b) Address 2024 Orleans Street

19 (a) 10/22/40 (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19/40 19 ..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 19 40, to Oct 19 19 40, and that I last saw h. alive on Oct 19 19 40.

Immediate cause of death Chronic Nephritis — Duration about 1 yr
Due to Bronchial Asthma — Duration 7
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature John L. Valentine M. D.
Address 6 N. Broadway Date signed 10/21/40

73842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 83-a F 73842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E 33rd St.
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

17

3 (a) FULL NAME LOUIS BAST

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Louisa Bast
6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) July 15, 1862

8. AGE: Years	Months	Days	If less than one day
78	3	6	---- hr. ---- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Store-keeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Wm. D. Gerber
(b) Address 1557 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Chas. F. Equitable Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1940, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940, to Oct 21 1940, and that I last saw him alive on Oct 20 1940.

Immediate cause of death	Duration
Pulmonary Edema	7 days
Central Hemiplegia - Rt side	3 weeks 2 days
Due to Arterial Hypertension	
Senile Changes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Lyford M. D.
Address 432 S. Patterson Pk Date signed 10/22/40

VS 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

73843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B F 73843

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Elmley Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Hobine

If U. S. Veteran specify WAR ...

(a) Residence: No. 3337 Elmley Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hobine

6. DATE OF BIRTH (month, day, year) March 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5 6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William D. Hobine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nettie A. Hobine
(Address) 3337 Elmley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 23 1940

19. UNDERTAKER Charles E. Schimunek.
(Address) 2601-03 E. Madison St.

20. FILED Oct 22 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 to Oct 20 1940

I last saw h... alive on Oct 20 1940 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Myocarditis

Date of onset: Oct 17

Other contributory causes of importance:

Acute Cardiac Dilatation

Date of onset: 40

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Theo Rheinecker M. D.

(Address) 1111 Whitelock Road

F 73844

F 73844

F 73844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Odel Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Odel Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Hoffman
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Barbara Myers
(b) Address 1817 Odel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1940, at 8.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 1940 to OCT 18 1940 and that I last saw HIM alive on OCT 18 1940.

	Duration
Immediate cause of death PULMONARY EDEMA	36 HRS.
Due to CARDIAC ENLARGEMENT MYOCARDIAL DEGENERATION	5 YRS ?
Due to ARTERIOSCLEROSIS — GENERALIZED	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klimes M. D.
Address 2623 E. Monument Date signed 10/19/40

38675 F 73845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 73845
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Henry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Henson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-97

8. AGE: Years	Months	Days	If less than one day
43	8	7	hr. min.

9. Birthplace D.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jefferson Sinkey
13. Birthplace Wash

MOTHER
14. Maiden Name Susie Jones
15. Birthplace Wash.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct [illegible], 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Carolina St.

19 (a) Oct 22 1940 (Date received by registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940 at 9 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1940 to Oct 21 1940, and that I last saw h er alive on Oct 21 1940

Immediate cause of death	Duration
Bronchopneumonia	
Cardiac failure	
Due to Hypertens. C. V. disease	
Due to	
Other Conditions Axillary Thrombosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address Johns Hop. Hosp. Date signed 10-21

VS 2

F 73846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-E

F 73846
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Cora L. Turner Essex.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife George Essex.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1900

8. AGE: Years 40. | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Williamsport Md.
(Town, county, and state)

10. Usual Occupation Domestic.
11. Industry or business

FATHER 12. Name William Lee.
13. Birthplace Williamsport Md.

MOTHER 14. Maiden Name Isabella Kelley.
15. Birthplace Frederick Md.

16 (a) Informant Isabella Mooze Kinnard.
(b) Address 1210 McCulloh St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) OCT 22 1940 (Date rec'd by registrar) (b) Thurlington Tindall, jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1940, at 2.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Oct 18 1940 and that I last saw h[illegible] alive on Oct 17 1940.

Immediate cause of death Carcinoma of Cervix | Duration 4 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton R. Stern
Address 1601 N. Broadway Date signed M. D. 10/20/40

F 73847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117

F 73847 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (~~years~~ days) 37

(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 530 Oxford Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Harry C Fisher.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6-26-1900

8. AGE: Years 40 | Months 3 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Robert Fisher

13. Birthplace Md.

MOTHER 14. Maiden Name Ida Toole

15. Birthplace Md

16 (a) Informant Katie Blow

(b) Address 530 Oxford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10.24.40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Tashaya

(b) Address 916 Pennsylvania

19 (a) OCT 25 1940 (Date received by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20, 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17-1940, to 10-20-1940, and that I last saw him alive on 10-20-1940.

Immediate cause of death	Duration
Hepatic abscess	
Due to Pancreatitis	
Due to Suppurated gastric ulcer	
Other Conditions Pelvic abscess	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Exploration of stomach

Of autopsy Hepatic abscess

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Lester H. Coplan M. D.

Address University Hospital Date signed 10/21/40

VS 3

73848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73848 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7204 Woodrow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William Henry Imler

3 (b) If veteran, name war Yes.

3 (c) Social Security Account No. 213-01-0243

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia Imler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1904

8. AGE: Years 36 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Homestead Pa (Town, county, and state)

10. Usual Occupation Cheese

11. Industry or business

FATHER 12. Name Irvin Imler

13. Birthplace Bedford Pa

MOTHER 14. Maiden Name Edna Miller

15. Birthplace Bedford Pa

16 (a) Informant Virginia Imler

(b) Address 7204 Woodrow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Geo M Arnold Sons

(b) Address 811 N Howard St

19 (a) (Date received by registrar) OCT 22 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21 1940, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19 1940 to 10/21 1940 and that I last saw h[im] alive on 10/21 1940.

	Duration
Immediate cause of death: Uremia	17
Due to: Chronic Nephritis	15 mos.
Due to:	
Other Conditions: Terminal bronchio-pneumonia (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: Scarred tiny Kidneys	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert C. Abrams M.D.
Address Union Memor. Hosp Date signed 10/21/40

VS 8

73849
40/237-above

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73849
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 W. Clement St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W. Clement St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Pring

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ferdinand F. Pring
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) July 3, 1866

8. AGE: Years	Months	Days	If less than one day
74	3	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Cecil
15. Birthplace Md.

16 (a) Informant Ferdinand F. Pring
(b) Address 107 W. Clement St, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore County, Md.

18 (a) Funeral director J. Howard Evans
(b) Address 1426-28 N. Charles St.

19 (Date rec'd by registrar) Interstate Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940, at 4:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Oct 21 1940, and that I last saw h[illegible] alive on Oct 21 1940.

Immediate cause of death	Duration
Arterio-Sclerotic Heart Disease	
Due to	
Due to	
Other Conditions Cardiac Dilatation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M. Messina M.D.
Address 1403 S Charles St Date signed 10/21/40

F 73850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 73850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 N. Washington Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 N. Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY SHIPLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles H. Shipley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May , 1860

8. AGE: Years	Months	Days	If less than one day
80	5	?	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Horrigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Crotty
15. Birthplace Ireland

16 (a) Informant Mrs. Rose M. Kanmer
(b) Address 2852 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

OCT 22 1940 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1940 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1940 to Oct. 21 1940 and that I last saw her alive on Oct 21 1940

Immediate cause of death Carcinoma Tranverse Colon
Hypertension Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations C

Of autopsy C

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Humpcovich M. D.
Address 2519 Eastern Av. Date signed 10/22/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73851 — CERTIFICATE OF DEATH — 95-CF 73851

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4220 Evans Chapel Road (Street) (Ward) 24

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. Birthplace in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Sonia Payne

(a) Residence: No. 4220 Evans Chapel Road St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Payne

6. DATE OF BIRTH (month, day, year) Oct. 8, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min:
69	69		13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Burgess

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William M. Payne

(Address) 1410 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 10-23-40

19. UNDERTAKER Archibald A. Hadden

(Address) 2141 McCulloh St

20. FILED OCT 22 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1940, to Oct 20, 1940

I last saw her alive on Oct 20, 1940. Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	July 31

Other contributory causes of importance:

Was an operation performed? — Date of ____

For what disease or injury? ____

Name of operation ____ What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) R. Garland Churchill, M. D.

(Address) 1534 - Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

VS 6

F 73852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73852
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 Preestman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 Preestman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Mae Parham

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A.A.	Sin g Le

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10-1825

8. AGE: Years	Months	Days	If less than one day
14 14	10	9	hr. min.

9. Birthplace New York - New York (Town, county, and state)
10. Usual Occupation Student
11. Industry or business School # 130

FATHER
12. Name Fred Thomas Perham
13. Birthplace Oxford N. Carolina

MOTHER
14. Maiden Name Allie Mae Gilmore
15. Birthplace Greensbrough N. Carolina

16 (a) Informant Mrs. Allie Parham
(b) Address 1839 Preestman Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) Date received OCT 29 1940 (b) Registrar

correct age is especially important. Physicians, please answer

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1940, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1940, to 10/19 1940, and that I last saw h[illegible] alive on 10/19 1940.

Immediate cause of death
Peritonitis
Due to abortion
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 days ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Pennsylvania Date signed 10/20/40

over

F 73853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 73853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1366 Wheatcroft st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Mayo

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-38-6933

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1918

8. AGE: Years	Months	Days	If less than one day
22	6	25	hr. min.

9. Birthplace Florence S. Car. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Webb Parrott
13. Birthplace S. Car.

MOTHER
14. Maiden Name Emma King
15. Birthplace S. car.

16 (a) Informant Emma Williams
(b) Address 7337 Dargon st S. Car.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-22-40 (month) (day) (year)
(c) Cemetery or crematory Mexico
Location Florence S. Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill ave.

19 (a) (Signature of registrar) (b) Date received

OCT 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940 at 3:15 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab Wound of Aorta — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicid
(b) Date of occurrence 10/19/40
(c) Where did injury occur? In front (City or town) of 5179 N. Pace (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? no
(e) Means of injury Stab - knife

23. Signature W. B. Vandersall M.D. Medical Examiner.
Date signed 10/19/40

correct age is especially important. Physicians, please write the ca

VS 6

VS 6

F 73854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. F 73854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 N. Dallas St
(c) Hospital or institution:

8-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Edmund Taylor

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Buckingham Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Charles Allen
13. Birthplace Va

MOTHER
14. Maiden Name Martha Ann Chambers
15. Birthplace Va

16 (a) Informant Edmund Taylor
(b) Address 1521 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-40 (month) (day) (year)
(c) Cemetery or crematory Dillwyn Va
Location Buckingham Co Va

18 (a) Funeral director Robert E. Williams
(b) Address 1545 McElderry St

19 (a) Oct 22 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

correct age is especially important. physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1940, at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1940 to 10-21 1940 and that I last saw h.e.r alive on 10-20 1940.

Immediate cause of death	Duration
Carcinomatosis	
Due to carcinoma of cervix	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Rayner Browne M.D.
Address 1500 E. Madison St Date signed 10-22-40

VS 3

73855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 73855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Gelston Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Gelston Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie F. Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ late Lawrence L. Wright | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1866

8. AGE: Years	Months	Days	If less than one day
74	-	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Lewis
13. Birthplace U. S. A.

MOTHER
14. Maiden Name Anna Farrell
15. Birthplace Ireland

16 (a) Informant L. Lee Wright (Son)
(b) Address 3607 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry A. Wittke
(b) Address 1534 Edmondson Ave

OCT 22 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20, 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1940 to Oct 20 1940 and that I last saw h alive on Oct 20 1940

Immediate cause of death Cerebral Hemorrhage — Duration years

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Pearce M. D.
Address 1105 Charles Date signed Oct 22 /40

/40

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73856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59799

24-a

Registered No. F 73856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 White Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Hornung

3 (b) If veteran, name war

3 (c) Social Security Account No. 107-16-3937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-1897

8. AGE: Years	Months	Days	If less than one day
43	3	3	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Dock Hand
11. Industry or business Hercules Co

FATHER
12. Name George Hornung
13. Birthplace N.Y.

MOTHER
14. Maiden Name Elizabeth Richman
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 23/40 (month) (day) (year)
(c) Cemetery or crematory Loudlicom N.Y.
Location Sullivan Co N.Y.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 OCT 22 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21- 1940, at 9 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6- 1940, to 10-21-1940 and that I last saw h alive on 10-21-1940

Immediate cause of death Staphylococcus septicemia — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Multiple abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kelsey M. D.
Address Balto City Hosp Date signed 10-22-40

F 73857 758573 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B Registered No. F 73857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME John Horan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1863

8. AGE: Years	Months	Days	If less than one day
77	5	4	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name John (d)
13. Birthplace Canada

MOTHER
14. Maiden Name Margaret Godfrey (d)
15. Birthplace Canada

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Mount Cem.
Location Gunman Hill Rd Balto Co. Md.

18 (a) Funeral director John J. Tulay & Sons
(b) Address 631 Light St

19 OCT 22 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19- 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22- 1940, to 10-19- 1940, and that I last saw h alive on 10-19- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Intoxication	?
Due to Hypertension CVD	?
Due to Gen. A. S.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac failure, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Lahstein M. D.
Address Balto City Hosp. Date signed 10-22-40

VS 3

387 F 73858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73858 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 946 S Eutaw (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sarah Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Raymond

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2-14-01

8. AGE: Years 39 | Months 8 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Nona

11. Industry or business

FATHER — 12. Name Samuel Pettiford

13. Birthplace Va

MOTHER — 14. Maiden Name Louise Rich

15. Birthplace Va

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ct

Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery

OCT 23 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct- 20 1940, at 4:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-14 1940, to Oct 20 1940, and that I last saw her alive on Oct 20 1940.

Immediate cause of death Uremia — Duration .....

Due to Hypertensive C. V. disease

Due to Nephritis Glomerulo nephritic basis.

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature N. A. Tierney M. D.

Address J. H. H. Date signed 10/24/40

VS 3

F 73859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 73859
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) EISLEN ST.
(d) Street No. Rear 634 Dallas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. Single

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 1896

8. AGE: Years 44 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Parker
13. Birthplace Md

MOTHER
14. Maiden Name Jenny Wallace
15. Birthplace Md

16 (a) Informant Lovinia Mason
(b) Address 812 China Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

OCT 23 1940

VS 6

correct ago is especially important. Physicians, please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20-1940, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Myocardial degeneration - Fatty	
Due to	
Due to	
Other Conditions Auricular Fibrillation & Heart Arteriosclerosis: Fatty Liver & Vascular Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moeller M.D. Medical Examiner.
Date signed 10-21-40.

F 73860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-31-40

F 73860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 537 N. Brice St.
(c) Hospital or institution: - - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 N. Brice St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME PAUL ADAM REIER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Barbara Elizabeth
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 29. 1860

8. AGE: Years	Months	Days	If less than one day
80	0	22	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Watchman - United Rwys
11. Industry or business: Retired since 1924

FATHER
12. Name: ? Reier
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Barbara E. Reier (Wife)
(b) Address: 537 N. Brice St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25 1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

OCT 23 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22. 1940 19 , at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936 to 10-20- 1940, and that I last saw him alive on 10-21- 1940.

Immediate cause of death	Duration
Uremia	5 days
Arterio sclerosis	
Due to Cardio vascular renal disease	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edwin Fleming M.D. M. D.
Address 1904 W. Balto St. Date signed 10-22-40

VS 3

73861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73861
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Johnson → 214-14-1510

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1895

8. AGE: Years 45 | Months 5 | Days 2023 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, County, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Daniel Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Lillian Payne
15. Birthplace Md

16 (a) Informant Mrs Lillian Johnson
(b) Address 213 N. Carrollton Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 578 N. Biddle St.

19 (a) OCT 23 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Oct 21 1940, and that I last saw h alive on Oct 21 1940.

Immediate cause of death / Heart failure — Duration 5 mos

Due to Pulmonary congestion and Myocardial disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Mar 1 Throughout

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S Haile M.D.

Address University Hospital Date signed 10/25/40

73862

F 73862

VS 3

73862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-c

F 73862
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Haigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5 W

3. (a) FULL NAME Lewis Cleveland
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1872
8. AGE: Years 68 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edwin Cleveland
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Donaldson
15. Birthplace Maryland

16 (a) Informant Mrs. Evelyn Dubel
(b) Address 3713 Mondawmin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director J. C. Sturdivant
(b) Address 306 N. Eutaw Ave

19 (a) (Date rec'd by registrar) (b) Registered by J. H. Williams M.D. Registrar

OCT 25 1940

V S 3

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1940, at 6½ M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Laceration of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/19/40
(c) Where did injury occur? Fayette near Hanover (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by automobile
23. Signature W. R. Vandersall M.D. Medical Examiner
Date signed 10/22/40

OCT 23 1940

F 73863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No. F 73863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Brown Pitts.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Tom

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-04

8. AGE: Years 35 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Cornelius Pitts

13. Birthplace Md.

MOTHER 14. Maiden Name Carrie Marks

15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 24 40 (month) (day) (year)

(c) Cemetery or crematory Sharp Mem

Location Chase Md

18 (a) Funeral director Dayzer Sanders

(b) Address 1412 E. Preston St

Oct 24 40 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940 at 9 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940 to Oct 21 1940 and that I last saw alive on Oct 21 1940.

Immediate cause of death Evisceration

Due to Carcinoma of face and mediastinum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pearrell M. D.

Address 8. W. 14 Date signed 10.23.40

F 73864

VS 3

F 73864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 73864
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Simpson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-40

8. AGE: Years | Months: 5 | Days: 23 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name James Simpson
13. Birthplace Md—

MOTHER
14. Maiden Name Helen Toran
15. Birthplace Md—

16 (a) Informant Parents—
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40. (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address Lowe & Brantly Inc.

19 (a) Oct 23 1940 (Date rec'd by registrar) (b) Burial Permit No. Huntingtown Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1940 to Oct 20 1940 and that I last saw h[illegible] alive on Oct 20 1940.

Immediate cause of death: First & second degree burns. — Duration: 24 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-19-40
(c) Where did injury occur? 309 N. Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Burns due to explosion of oil stove

23. Signature Ethel Hatter M. D.
Address Baltimore Date signed 10/22/40
for Howard J. Andersen M.D.
Off. Md. B.of Vaccinations

VS 3

VS 2

F 73865

F 73865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Forsythe Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-0970

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1899

8. AGE 40 Years 33-40 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Charles Jackson
13. Birthplace Va

MOTHER 14. Maiden Name Mary E. Clabard
15. Birthplace Va

16 (a) Informant Mary Jackson
(b) Address Tapon Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Eutaw St

OCT 23 1940 (Date rec'd by registrar)

(b) Hunting for Williams Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Stab Wound Heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/18/40
(c) Where did injury occur? 408 Forsythe Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Tavern (Specify type of place) While at work? No
(e) Means of injury Stabbing - Knife Butcher

23. Signature J. B. Vandeventer M.D.
Medical Examiner.
Date signed 10/19/40

VS 6

correct age is especially important. Physicians, please write plainly.

VS 6

F 73866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 73866

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 E Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Schirmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1940

8. AGE: Years	Months	Days	If less than one day
			1 1/2 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles E. Schirmer
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Seibert
15. Birthplace Baltimore Md

16 (a) Informant Chas. E. Schirmer
(b) Address 3416 E. Baltimore St

17 (a) Burial (b) Date thereof Oct 23, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md

18 (a) Funeral director John Ulbrich
(b) Address 2002 Orleans St

19 (a) (b)
(Signature of registrar) (Address)

OCT 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22, 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940 to Oct 22 1940 and that I last saw him alive on Oct 22 1940 6 P.M.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions Maternal Placenta Praevia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C Baier M. D.
Address St. Josephs Hosp Date signed Oct 23, 1940

73867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-B

F 73867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 W. Lafayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Gilliam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Annie Gilliam
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1902

8. AGE: Years	Months	Days	If less than one day
37	9	25	hr. min.

9. Birthplace Newberry S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Bill Gilliam
13. Birthplace Newberry, S. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Annie Gilliam
(b) Address 1724 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-40 (month) (day) (year)
(c) Cemetery or crematory E. L.
Location Raleigh North Carolina

18 (a) Funeral director Jas. M. Stamper
(b) Address 627 N. Mount St

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20- 1940 at 8:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Emphysema -	
Due to Fibrinous pleurisy	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Mueller M.D.
Medical Examiner.
Date signed 10-21-1940

OCT 23 1940

correct age is especially important. Physicians: please write plainly, and report

OCT 23 1940

F 73868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 73868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Roundhill Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Roundhill Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Anna Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: E. P. Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3-1863

8. AGE: Years: 77 | Months: - | Days: 18 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Extend J. Dodson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary A. Frances
15. Birthplace Va.

16 (a) Informant Dr. Wm. G. Geyer
(b) Address 1200 Roundhill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) OCT 23 1940 (Date received by Registrar) (b) [illegible] Registrar, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April - 1934 to October 21 1940, and that I last saw her alive on Oct 21 - 1940

Immediate cause of death: Myocardial Insufficiency — Duration: 3 wks.
Due to Arteio Sclerotic Renal Disease.
Due to Cerebral Apoplexy or Hemiplegia Left
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. G. Geyer M.D.

Address 156 N. Milton Ave Date signed Oct. 22-40

VS 3

F 73869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10/31 aF 73869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 W. University Parkway
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. University Pky.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ....years

3 (a) FULL NAME Maude Hoffman Triplett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Clarence P. Triplett
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	9	....hr. ....min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Edmond M. Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Harriet E. Day
15. Birthplace Baltimore, Md.

16 (a) Informant Clarence P. Triplett
(b) Address 104 W. University Pky.

17 (a) Burial (b) Date thereof Oct. 23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore Md.

19 (a) OCT 23 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1940, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1940, to Oct. 21 1940 and that I last saw h[illegible] alive on Oct 21 1940.

Immediate cause of death	Duration
Hypertensive cardio-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Williams M. Triplett M. D.
Address 1326 W. Lombard St. Date signed

VS 3

VS 3

F 73870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 73870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Sulgrave ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give town)
(d) Street No. 2706 Sulgrave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willard a. Rhoads

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Rebecca Lippincott

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 9, 1862

8. AGE: Years 78 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Coal Miner Md

11. Industry or business "

FATHER 12. Name John R. Rhoads
13. Birthplace Balto Md

MOTHER 14. Maiden Name Virginia Poor
15. Birthplace Balto Md

16 (a) Informant Ethel R. Robbins
(b) Address 2812 Sulgrave Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director John Whitehall Lord
(b) Address 1900 Eutaw Place

19 (a) OCT 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

correct age is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22nd 1940, at 6¼ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to Oct 22 1940.
and that I last saw h[illegible] alive on Oct 12 1940.

Immediate cause of death Coronary occlusion — Duration Instant

Due to Auricular fibrillation — 10 years

Due to Arteriosclerotic heart disease — 1½ yrs

Other Conditions Chronic cystitis — 7 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None since prostatectomy 7-7-39.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? none
(e) Means of injury none

23. Signature A. S. Chapman M. D.
Address 6-210 York Road Date signed Oct 22 1940

VS 3

(Date rec'd by Registrar)

VS 8

Howard J. Anderson M.D. 1940

F 73871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 13-B

Registered No. F 73871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 147 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 N. Mount St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

154

3 (a) FULL NAME William Henry Thomas (45281) S.S. 212-72-1178 V

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1921

8. AGE: Years	Months	Days	If less than one day
19	9	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name William Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Nadine Anderson
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 10/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Pleasant St.

19 (a) 2 (b) Huntington Hill Registrar M.D.
(Date rec'd by registrar)

VS 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1939, to Oct. 21, 1940, and that I last saw him alive on Oct. 21, 1940

Immediate cause of death Tuberculous meningitis — Duration Oct 1-40

Due to

Due to own

Other Conditions Generalized tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Pattison M. D.

Address Balto. City Hospitals Date signed 10-21-40

3872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 73872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2144 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-5372

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rebecca Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1906

8. AGE: Years 34 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Northumberland, Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John W Johnson

13. Birthplace Northumberland, Va

MOTHER 14. Maiden Name Mary Burnett

15. Birthplace Northumberland, Va

16 (a) Informant Rebecca Johnson

(b) Address 2144 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location

18 (a) Funeral director George F. Nelson

(b) Address 1303 Presstman St Huntingtor Williams, Md.

19 (a) (Date) rec'd by registrar Registrar

OCT 23 1940

V8

correct age is especially important. Physicians: please write in

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940, at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Hus death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration 10 min

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Skipsey M.D. Medical Examiner

Date signed 10/20/40.

Howard S. Kiernan M.D.

vs

Stoundy Junction W-D.

73873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 154

F 73873
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 N Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Raymond Waddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Husband

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1940

8. AGE: Years | Months | Days | If less than one day: 3 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation New-Born

11. Industry or business

FATHER 12. Name Walter A. Waddy
13. Birthplace Lancaster Co. Pa.

MOTHER 14. Maiden Name Myrtle C. Dorsey
15. Birthplace Carpenter Co. Md

16 (a) Informant Walter A. Waddy
(b) Address 913 Arlington Ave

17 (a) Burial (b) Date thereof Oct 23-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director Wm Brooks
(b) Address 1437 N. Carey St.

19 (a) Oct 23 1940 (b) Huntington Williams Registrar
(Date received by registrar)

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 22 1940, and that I last saw h alive on Oct 2 1940

Immediate cause of death

Premature Birth — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J Waddy M. D.
Address 84 Harlem Ave Date signed 10-23-4

X F 73874

VS 3

385874 F 73874 BALTIMORE CITY HEALTH DEPARTMENT X F 73874

CERTIFICATE OF DEATH 54-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Elkins Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7911 Whitehead Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Ann Dickinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-22

8. AGE: Years	Months	Days	If less than one day
18	9	19	hr. min.

9. Birthplace Pa (City, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Bayard C. Dickinson

13. Birthplace Pa

MOTHER 14. Maiden Name Estelle Bush

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 23 1940 (month) (day) (year)

(c) Cemetery or Crematory Philadelphia Pa

Location

18 (a) Funeral director William J Hafner & Son

(b) Address North & Pennsylvania

19 (a) Date received OCT 23 1940 (month) (day) (year)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940 at 7½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1940 to 10-23 1940 and that I last saw h[illegible] alive on 10-23 1940.

Immediate cause of death Meningitis - staphylococcus albus — Duration

Due to

Due to

Other Conditions Abscess (subjacent) of cerebellum

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess of cerebellum

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.

Address Johns Hopkins Hospital Date signed 10-23

F 73875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 73875

SO-SECURITY #

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Pradbury Ak (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Israel Rehert

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 242-14-3736

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fottie Rehert

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 51 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Rag - Burlap dealer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16. (a) Informant Meyer Rehert
(b) Address 2405 E. Fayette Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phil., Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St

OCT 23 1940 (Date rec'd by registrar) (b) ... Registrar, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22-1940, at 4:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 10-23-40

Correct age is especially important. Physicians: please write the

F 73876

(Date rec'd by Registrar) Registrar Date signed 10-23-40

VS 6

F 73876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-W Registered No. F 73876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 Unetta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Unetta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry H. Stinefelt

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-6681

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife Sadie C (Cifford)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1889

8. AGE: Years 51 | Months 7 | Days 2019 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Crown Cork + Seal Co.

FATHER 12. Name Benjamin Stinefelt

13. Birthplace Penna

MOTHER 14. Maiden Name Florence Benson

15. Birthplace Md

16 (a) Informant Mrs Sadie C. Stinefelt

(b) Address 818 Unetta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave

18 (a) Funeral director Henry H Wilhelm

(b) Address 4101 Edmondson Ave

19 (c) Date rec'd by (Registrar) OCT 23 1940 (b) H. H. Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to Oct 20 1940 and that I last saw h alive on Sept 1940

Immediate cause of death Coronary infarction — Duration ~~mos~~ April 7 1940

Due to

Due to

Other Conditions Cerebral embolus — few mins

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.

Address 2030 Wilkens Ave Date signed 10/23/40

F 73877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-a

Registered No. F 73877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 W 33rd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Same~~ (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Eason

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Albert Eason
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 27 1881

8. AGE: Years 59 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Frederick Becker
13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Kock
15. Birthplace Germany

16 (a) Informant Albert Eason
(b) Address 815 W. 33rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1940 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave
18 (a) Funeral director Harry H. Wilhelm
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1940, at 12 ~~P.M.~~ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to October 19 40, and that I last saw h~~er~~ alive on October 15 1940.

Immediate cause of death: Generalized Carcinomatosis — Duration: May 1940

Due to Carcinoma - Cervix — Duration: Jan. 1939

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Kleeman M. D.
Address 1101 W. Fulton Ave Date signed 10/22/40

OCT 25 1940

73878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 73878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Bolton Ave.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S Eaton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Raymond Falkner

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife UNKOWN
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEB. 1st 1864

8. AGE: Years	Months	Days	If less than one day
76	8	11	..... hr. ..... min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation BOOK BINDER
11. Industry or business

FATHER
12. Name JOHN FALKNER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant ROSE FALKNER (DAUGHTER)
(b) Address 800 S. EATON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 25/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 25 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22, 1940, at 1.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 11 1940 to October 22 1940 and that I last saw h.i.m. alive on October 22, 1940.

Immediate cause of death Pulmonary Oedema — Duration 4hr.

Due to Cardiovascular Collapse

Due to .....

Other Conditions Contributing disease — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury .....

23. Signature C. U. Israel M. D.

Address ..... Date signed 10/27/40

VS 3

cOK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59806 F 73879
Registered No.

73879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Gaskins

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Louie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
(?) 80	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Oct. 23. 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lotts Run
Location Va

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St

19 (a) 120 (b) Hunting for Williams M.D.
(Date) (Address of city registrar)

OCT 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21 1940, at 8 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6 1940, to 10/21 1940, and that I last saw him alive on 10/21 1940.

Immediate cause of death	Duration
Terminal from bronchopneumonia	2 days
Due to Generalized arteriosclerosis	?
Due to Arteriosclerotic gangrene left foot	1 yr. ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Low thigh amputation 10-18-40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney P. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 10/22/40

OCT 23 1940

73880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 73880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: U. of M. South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2[illegible] (If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME James Riley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 65 yrs.			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Identified by police from fingerprints
(b) Address Court

17 (a)..... (Burial, cremation, or removal) (b) Date thereof..... (month) (day) (year)
(c) Cemetery or crematory.....
Location UNIVERSITY MEDICAL SCHOOL OCT 23 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 23 1940 (b) Huntington Williams, M.D.
(If not filed by registrar) Registrar 598

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 7 45 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to.....

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature H. M. Vandegrift M.D.
Medical Examiner.
Date signed 10-12-40

correct age is especially important. Physicians: please write the cause

VS 6

73881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 ✓ Registered No. F 73881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Shack in Westport Dump (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT MC COY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 23 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) OCT 23 1940 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar 5983

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940, at 4 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock, traumatic	
Due to: Fracture of skull	
Due to: blunt force	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Oct. 14, 1940
(c) Where did injury occur? Westport Dump (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury piece of iron pipe

23. Signature T. L. Wellemeier M.D. Medical Examiner.
Date signed 10-15-40

VS 6

Write the entries in this space only. Physicians: please write correct age is especially important.

VS 6

F 73882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83

F 73882 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Notre Dame School, Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Lucian Johnston (Johnston)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife ---
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	15	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Roman Catholic Priest
11. Industry or business ---

FATHER
12. Name Richard Malcolm Johnston
13. Birthplace Georgia

MOTHER
14. Maiden Name Frances Mansfield
15. Birthplace Georgia

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Govans
Location Govans, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) OCT 23 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21 1940 at 4.5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1935 to 10/21 1940, and that I last saw h[illegible] alive on 10/21 1940.

Immediate cause of death	Duration
Cerebro-Vascular Accident	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brady Smith, M. D.
Address St. Agnes Hosp. Date signed 10/21/40

F 23883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 23883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Erdman Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 85 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Erdman Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Johanna V. Creaghan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Matthew A. Creaghan
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 3, 1855

8. AGE: Years	Months	Days	If less than one day
85	6	18	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name John McCarthy
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Kelleher
15. Birthplace Ireland

16 (a) Informant Mrs. Mary C. Burns
(b) Address 2108 Erdman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) OCT 26 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21st 1940, at 4:20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 12th 1940, to October 21st 1940, and that I last saw her alive on October 21st 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide nr
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work? -
(e) Means of injury -

23. Signature F. M. Kelleher M.D.
Address 3000 St. Paul St Date signed Oct. 22, 1940

VS 3

73884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. F 73884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 W. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME John William Struven

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Johanna Wehr

6 (c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.) - - - - 7-19-79

8. AGE: Years: 61 | Months: 3 | Days: 3 | If less than one day: — hr. — min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: ------

FATHER
12. Name: Peter Struven
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Schram
15. Birthplace: Maryland

16 (a) Informant: Hosp. records
(b) Address: Union Mem. Hosp., Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) OCT 26 1940 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 11 1940, to October 22 1940, and that I last saw h[im] alive on October 22 1940.

Immediate cause of death: Cardiac failure — Duration

Due to: peritonitis & paralytic ileus

Due to: .....

Other Conditions: Ileostomy, diverticulitis

(Include pregnancy within 3 months of death)

Major findings:
Of operation: acute intestinal obstruction
Of autopsy: Diverticulitis, [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Douglas H. Stone M. D.
Address Union Memorial Hosp. Date signed 10/22/40

VS 3

VS 2

23885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. D 23885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5907 Arabia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5907 Arabia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie D. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife William A. Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7- 1871

8. AGE: Years	Months	Days	If less than one day
69	2	17	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Joseph W. Conrad
13. Birthplace Md

MOTHER 14. Maiden Name Mary J. Mansell
15. Birthplace Md

16 (a) Informant William J. Conrad
(b) Address 5907 Arabia Ave

17 (a) Burial (b) Date thereof 10-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Conrad J Funk

18 (a) Funeral director
(b) Address 5306 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21/40 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to 10/24 1940, and that I last saw her alive on 10/24 1940.

Immediate cause of death Hypertensive Cardio-Vascular Disease — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Upton Pollard M. D.
Address 5703 Harford Rd Date signed 10/22/40

V6 3

73886/C

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a F 73886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Christopher Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Henry J. Barber

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-8364

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Elizabeth C. Barber

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 24 1869

8. AGE: Years 71 | Months 6 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Baker

11. Industry or business Foster's Bakery

FATHER
12. Name —
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Mrs. Robert Young
(b) Address 2251 Riggs Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Grant
(b) Address 2005 Hanford Rd

19. (a) (Date rec'd by registrar) (b) Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1940, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1940 to 19..., and that I last saw h[im] alive on Oct. 22 1940

Immediate cause of death: Hypernephroma with Epitheal metastasis — Duration 2 yrs.
Due to tumor of lung and spine
Due to Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Extensive metastatic hypernephroma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Ralph Antes, M. D.
Address Church Home & Inf. Date signed 12/22/40

VS-40

F 73887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. F 73887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Street
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Caney
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hillsdale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Patricia Hohner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-22-40

8. AGE: Years	Months	Days	If less than one day
	1	29	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Carl Hohner
13. Birthplace Md

MOTHER
14. Maiden Name Goldie Pumpy
15. Birthplace Md

16 (a) Informant Carl Hohner
(b) Address Hillsdale Ave (Caney)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-4 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location .....

18 (a) Funeral director Leonard Hurst
(b) Address 1201 Hanford Rd

19 (a) 2 (Registered by registrar) (b) Huntington Williams M.D. Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1940, to 10/21 1940 and that I last saw h[illegible] alive on 10/21 1940.

Immediate cause of death	Duration
Intussusception	7 weeks
Due to Acute Enteritis	4 weeks
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Acute Enteritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature E Wilbur Martin M. D.
Address St Joseph Hospital Date signed 10/21/40

VS 340

F 73888

F 73888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 73888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 Mchenry Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Mchenry Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret L McKeown

3 (b) If veteran, name war –
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-1926

8. AGE: Years	Months	Days	If less than one day
14	4	23	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm L McKeown
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Dempsey
15. Birthplace Md

16 (a) Informant Wm L McKeown
(b) Address 303 Mchenry

17 (a) Burial (b) Date thereof 10/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard Ryan
(b) Address 5005 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Huntington Hillsborough

OCT 23 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940 to 10-22 1940, and that I last saw her alive on 10-22 1940

Immediate cause of death Chronic Arthritis — Duration 10 YRS.
Due to Scarlet fever. Onset 12 YRS.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony Petrosa M. D.
Address 521 Wyoke Rd. Date signed 10/23/40

F 73889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 W. Franklin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Franklin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Edward T. Sheil Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband ~~or wife~~ Genevieve L. Ryan
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 20, 1873

8. AGE: Years	Months	Days	If less than one day
67	4	1	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Asst. Supervisor Bureau
11. Industry or business of Receipts Balto. City

FATHER
12. Name Edward T. Sheil
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Horrigan
15. Birthplace Ireland

16 (a) Informant Mrs. Genevieve L. Sheil
(b) Address 1 W. Franklin Street

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Frederick Road & Augusta Ave.
18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street
19 OCT 23 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Oct 22 1940 and that I last saw h~~im~~ alive on Oct 20 1940.

Immediate cause of death: Coronary artery fibrosis

	Duration
Due to arterio sclerosis	10 yrs
Due to Generalized + Cerebral	? yrs
Due to Chr. Nephrosclerosis	years

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Geraghty M.D.
Address 10 E. Biddle St Date signed Oct 23/40

VS 3

F 73890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151-D

F 73890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N. Fulton Ave
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas Morrison Stanley Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife ~~~~

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-23-40

8. AGE: Years	Months	Days	If less than one day
	7	0	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Stanley
13. Birthplace Wilmington, N.C.

MOTHER
14. Maiden Name Lucy Sullivan
15. Birthplace Wilmington, N.C.

16 (a) Informant Lucy Stanley
(b) Address 705 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave + Fayette St

19 (a) OCT 24 1940 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23-1940, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22-1940, to 10-23-1940, and that I last saw him alive on 10-23-1940.

Immediate cause of death Right Heart Failure (some minutes) — Duration: some

Due to .....

Due to .....

Other Conditions Cerebral edema - Possible Brain Tumor
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Rt. Heart failure - Cerebral edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Mary E. Hayhurst M.D. M. D.
Address Union Memorial Hosp. Date signed 10-23-40

VS 3

VS 3

73891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

Registered No. F 73891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Dillon

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-4801.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Rebecca M. Dillon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	10	hr. min.

9. Birthplace Westmoreland Co. Pa.
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Electrical Bus.

FATHER
12. Name Jacob S. Dillon
13. Birthplace Westmoreland Co. Pa.

MOTHER
14. Maiden Name Catherine Johnson
15. Birthplace Unknown.

16 (a) Informant Howard Dillon
(b) Address 550 Nassawa Ave.

17 (a) Burial (b) Date thereof 10-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director Loring Dejere
(b) Address 2005 Pk Ave

OCT 23 1940
(Date rec'd by Registrar)

19 (a) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940 at 7:35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fractured Skull — Hemorrhage in Brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 10/20/40 Balto Co
(c) Where did injury occur? Smith Ave & Pimlico Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Highway While at work? no
(Specify type of place)
(e) Means of injury Pedestrian — struck by auto truck

23. Signature H. B. Williams M.D.
Medical Examiner.
Date signed 10/22/40

VS 6

VS 6

~~38-15-27~~
~~F 23892~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-0 Registered No. F 23892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 N. Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Rose Regen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-24-66

8. AGE: Years	Months	Days	If less than one day
73	11	29	..... hr. ..... min.

9. Birthplace Maryland
(town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Rode
13. Birthplace Germany

MOTHER
14. Maiden Name R. D. Hilmstetter
15. Birthplace Germany

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Oct-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave

18 (a) Funeral director Tilly & Tilly Inc
(b) Address 2438 E. Oliver St

19 OCT 23 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 11 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Oct 23 1940. and that I last saw h[illegible] alive on Oct 23 1940.

Immediate cause of death Acute cardiac failure — Duration .....
Due to Anaemia .....
Due to Aleukemic Leukemia .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature John Huetteker, jr. M. D.
Address Johns Hopkins Hospital Date signed 10/23/40

F 73893

39158--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓

Registered No. F 73893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 10mo. 6das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Webster St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James J. Foley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Bridget
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1863

8. AGE: Years	Months	Days	If less than one day
77	6		hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Dunn
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director Margaret B. Flynn.
(b) Address 1550 Light Street.

19 OCT 23 1940 (Date rec'd by registrar) per Huntington for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 22 - 1940, at 7¼ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 6 - 1937 to 10 - 22 - 1940, and that I last saw h[illegible] alive on 10 - 22 - 1940

Immediate cause of death	Duration
Coronary thrombosis	?
Due to Gen. A-S.	?
Pulm. emphysema	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-22-40

73894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 V

Registered No. F 73894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Menlo Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Menlo Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joshua O. griffith

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife agnes norton griffith (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20. 1860

8. AGE: Years	Months	Days	If less than one day
80	3	3	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sheet metal Worker

FATHER
12. Name Thomas H. griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Owens
15. Birthplace Md

16 (a) Informant Mrs. Edna Melvin
(b) Address 3308 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Margent G. Flynn
(b) Address 1422 Light St

19 (a) OCT 23 1940 (Date rec'd by registrar) (b) Huntington Hill Burial M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Oct 23 1940, and that I last saw h— alive on Oct 22 1940.

Immediate cause of death Leukemia — Duration 2 days
Due to Gen. Debility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Charles J Wells M. D.
Address 5776 Park Ave Date signed Oct 23 40

73895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 73895

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo7da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 653 Bartlett Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Richard Miller

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-05-2467

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1886

8. AGE: Years 54 | Months 3 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Postal Clerk

11. Industry or business

FATHER
12. Name Hartman Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Martha McGrath,
15. Birthplace Baltimore, Md.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Mary M. Shackelford
(b) Address 57 East 22nd St

19 (a) (Date received by registrar) (b) Huntington Ave. Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1940 19 , at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16, 1940, to Oct. 23, 1940, and that I last saw him alive on Oct. 23, 1940.

Immediate cause of death	Duration
Subacute peritonitis	6 weeks
Due to Ascites	1 year
Due to Chronic hepatitis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation paracentesis;
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 10/23/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73896 131-a ✓ Registered No. F 73896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Palmer Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Palmer Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Julius Gordon
3 (b) If veteran, name war
3 (c) Social Security Account No. 175-03-1040

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sara
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug 10-1897

8. AGE: Years 43 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Foreman
11. Industry or business

FATHER 12. Name Hershon Gordon
13. Birthplace Russia

MOTHER 14. Maiden Name Hortense Bellow
15. Birthplace Russia

16 (a) Informant Sara Gordon
(b) Address 1020 Palmer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt Rd & Hamilton Ave

18 (a) Funeral director Jack Young Inc
(b) Address 1427 E. Baltimore St.

19 (a) OCT 23 1940 (Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1939, to Oct. 23, 1940 and that I last saw h in alive on Oct. 22, 1940.

Immediate cause of death: Coronary Occlusion — Duration: 2 wks
Due to —
Due to
Other Conditions: Chron. Myocarditis with hypertension — Duration: ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Sugarman M. D.
Address 2340 Eutaw Place Date signed 10.23.1940

correct age is especially important. Physicians: please write the

F 73897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 73897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 Conway St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Conway St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Sauers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emma Sauers | 6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) March 28-1858.

8. AGE: Years 82 | Months 6 | Days 23 | If less than one day, hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Sauers
13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Roth
15. Birthplace Germany

16 (a) Informant Mrs Emma Sauers
(b) Address 542 Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Baltimore Md
Location

18 (a) Funeral director Jos Joerdens & Son
(b) Address 1927 Park Ave.

19 (a) OCT 23 1940 (Date rec'd by registrar) (b) Huntington Williamsport

VS 3

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1940, to Oct 21 1940, and that I last saw him alive on: Oct 21 1940.

Immediate cause of death	Duration
Chronic myocarditis	1 yr.
Due to Essential Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Wolf M. D.
Address 1331 S. Howard Ave. Date signed 10-23-40.

VS 3

F 73898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

Registered No. F 73898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Druid Park Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Druid Park Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

13 5

3 (a) FULL NAME Gustava Swartz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Russell Swartz | 6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1886

8. AGE: Years 54 | Months — | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Warren Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edward Cameron
13. Birthplace Virginia

MOTHER 14. Maiden Name Amanda Swartz
15. Birthplace Virginia

16 (a) Informant James R. Swartz
(b) Address 2101 Druid Ridge Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland Howard Co.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md.

19 (a) OCT 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1939, to 10-22 1940 and that I last saw her alive on 10-22 1940

Immediate cause of death Cerebral Hemorrhage. — Duration 10 dys-40 min.

Due to Hypertension & Cardiovascular Renal Disease. — Duration 2

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Laurence J. Simonds M. D.
Address 3711 Falls Rd Date signed 10-23-40

VS 3

VS 3

73899

ROSENAUER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 73899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Hull St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Hull St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME John Rosenauer
3 (b) If veteran, name war:
3 (c) Social Security Account No. 705-07-2960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna Rosenauer
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) 3-17-1877

8. AGE: Years	Months	Days	If less than one day
63	7	5	hr. min.

9. Birthplace Hungary (Town, county and state)
10. Usual Occupation Repair Shop
11. Industry or business B. & O. R. R.

FATHER
12. Name William Rosenauer
13. Birthplace Hungary

MOTHER
14. Maiden Name Catherine La Forte
15. Birthplace Hungary

16 (a) Informant Anna Rosenauer
(b) Address 1432 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Balto.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 OCT 23 1940 (b) Huntington Williams, M.D. Registrar
(Date received by)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1940 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1939 to Oct 22 1940 and that I last saw h alive on Oct 21 1940.

Immediate cause of death: Acute Lobar Pneumonia — Duration 4 days
Due to: Chronic Myocarditis — 1 year
Due to: Coronary Occlusion — 18 hrs
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. D. Marx M. D.
Address 176 Cathedral Date signed 10-23-40

F 73900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 73900

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Howard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Murphy

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1882

8. AGE: Years 58 | Months 11 | Days | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (Town, County, and state)
10. Usual Occupation Street Cleaner
11. Industry or business City of Baltimore

FATHER
12. Name Peggie Murphy
13. Birthplace St. Louis, Mo.

MOTHER
14. Maiden Name Ellen Whalen
15. Birthplace St. Louis, Mo.

16 (a) Informant Mrs. J. Erby
(b) Address St. Louis, Mo

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director W. C. Dould
(b) Address 2102 Dould

19 Date received by registrar OCT 23 1940 Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1940, at 9:12 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h.s death on the day stated above.

Immediate cause of death: Fracture of skull; Laceration of cerebral cortex — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/20/40
(c) Where did injury occur? Bentztown + Eastern Ave Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fist fight - head struck curb

23. Signature W. B. Anderson M.D. Medical Examiner.
Date signed 10/21/40

VS 6

Correct age is especially important. Physicians: please write clearly and legibly.

VS 6

F 73901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-A Registered No. F 73901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Vermont & Rutland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Chauncey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME spandauer
Bernard Spandauer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Irma
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 3 26 1866

8. AGE: Years	Months	Days	If less than one day
74	6	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Isaac Spandauer
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Hutzler
15. Birthplace Germany

16 (a) Informant Mrs. Irma M. Spandauer
(b) Address 903 Chauncey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Belair Ave

18 (a) Funeral director J. Thomas Gaston
(b) Address 2 E. Lexington St. Baltimore, Md.

OCT 23 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1940, to Oct 22 1940, and that I last saw h[illegible] alive on 10:35 P.M. 1940.

Immediate cause of death Cerebral Thrombosis — Duration 6 days
Due to Arterio-Sclerotic Heart Disease. — Duration 6 years
Due to — Duration
Other Conditions Diabetes — Duration 8 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostatic Hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Wilen M. D.
Address Sinai Hospital Date signed Oct 22 40

F 73902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73902
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Bayard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Bayard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie V Lehne

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George E Lehne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1864

8. AGE: Years 76 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Tyne Lewis
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs E Lehne
(b) Address 1109 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/46 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhoyte Co
(b) Address 1214 Lond St

OCT 24 1940 (b)
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1946, at 9.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1939 to 10/22 1946, and that I last saw h[illegible] alive on 10/22 1946.

Immediate cause of death	Duration
Pneumonia Terminal	2 days
Due to Cerebral Hemorrhage	6 Weeks
Due to Cardio Vascular Disease & Hypertension	4 Years

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot A Johnson M. D.
Address 3432 Druid Pk Date signed

F 73903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

58906 F 73903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-1879

8. AGE: Years 61 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Lizzie
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Adolphus Holstead

18 (a) Funeral director
(b) Address 98 Druid Hill Ave.

19 (a) (Date rec'd by registrar) OCT 24 1940 (b) Hunting to Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22 1940, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1940 to 10/22 1940 and that I last saw h[illegible] alive on 10/22 1940.

Immediate cause of death	Duration
Syphilis	?
Luetic cardio-vascular disease	?
Due to Cardiac failure	2 mo.
Due to Squamous cell carcinoma, Upper Leg & metastasis	1½ yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 10/2/40 - carcinoma Upper Leg
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Bethel Jr. M.D.
Address Baltimore City Hosp Date signed 10/25/40

OCT 24 1940

F 73904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 180

Registered No. F 73904

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Same, res 2916 W. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Genevieve Yowell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Otis Yowell

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1900

8. AGE: Years	Months	Days	If less than one day
40	4	19	hr. min.

9. Birthplace Madison Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Del Yowell
13. Birthplace Madison Co Va

MOTHER 14. Maiden Name Miss Deal
15. Birthplace Unknown

16 (a) Informant Minnie Yowell
(b) Address 1306 Hoffman

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 24. 40. (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Balto Co.

18 (a) Funeral director John R Kenny
(b) Address 1242 Lexington

19 (Date received by registrar) OCT 24 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940, at 3:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to 2nd. degree Burns	
Due to	
Other Conditions 75% of body involved	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-20-40
(c) Where did injury occur? Same, res 2916 W. Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Unknown; Conflagration

23. Signature Howard J. Mueller M.D. Medical Examiner
Date signed 10-20-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

3905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 73905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N. Milton (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome B. Duda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/25/66

8. AGE: Years	Months	Days	If less than one day
74	2	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Martin Duda
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Jerome Jr. & Edward J. Duda
(b) Address 146 N. Milton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 26 '40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Belair Road
(a) Funeral director Martin W. E. Dippel
(b) Address Leonard & Lynn Sts.

19 (a) OCT 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1940, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 10-23 1940, and that I last saw him alive on 10-23 1940, 1 P.M.

Immediate cause of death Cerebral vascular disease — Duration

Due to Etiology undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad L. Richter M. D.
Address St. Joseph's Hosp. Date signed 10/23/40

F 73906

OGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 15

59865 F 73906

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 Mullikin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-1683

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name James Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Scharlot Brown
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 40 (month) (day) (year)
(c) Cemetery or crematory [illegible] Cal...
Location Brookland [illegible] Wilson

18 (a) Funeral director [illegible]
(b) Address [illegible] Baltimore

19 (a) [illegible] (Signature of registrar)

OCT 24 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1940, at 3:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8- 1940, to 10-22-1940, and that I last saw h alive on 10-22-1940.

Immediate cause of death Tuberculous Laryngitis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balt City Hosp Date signed 10-23-40

F 73907 15792-FD Grank J. Harps. 193-D F 73907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14yr. 4mo 7das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank [redacted] J.) Harps

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1876

8. AGE: Years	Months	Days	If less than one day
64	5	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation orderly
11. Industry or business

FATHER
12. Name Frank H. Harps
13. Birthplace Md.

MOTHER
14. Maiden Name Minna A. Kuhn
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd

18 (a) Funeral director Geo. M. Fenwick & Son
(b) Address 811 N. Wolfe St

OCT 24 1940 (Date received) (Signature) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23-1940, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-1927 to 10-23-1940 and that I last saw h[redacted] alive on 10-23-1940.

Immediate cause of death: Cardiac failure — Duration ?
Due to: A-V. Mt. Dis. — ?
Due to: Pulm. emphysema — ?
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 05 Hr Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan M. D.
Address Balto City Hosp. Date signed 10-23-40

Lucinda Byron E 72908

VS 3

Lucinda Pryor

F 73908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73908

Registered No.

IH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Hanover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Pryor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct - 1873

8. AGE: Years	Months	Days	If less than one day
67 66?	-	.	hr. min.

9. Birthplace Frederickburg Va
(Town, county, and state)
10. Usual Occupation DAP
11. Industry or business

FATHER
12. Name ? William Dayon
13. Birthplace ? Va

MOTHER
14. Maiden Name ? Maria —
15. Birthplace ? Va

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (b) Date thereof 10-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cr
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 105 W Montgomery St

19. (a) OCT 24 1940 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21- 1940, at 1 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18- 1940 to 10-21- 1940, and that I last saw h-- alive on 10-21- 1940

Immediate cause of death Cerebral Thrombosis — Duration 7

Due to Hypertension CVD — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. McVay Hirshfield M. D.
Address Balto City Hosp Date signed 10-22-40

VS 3

F-73909

VS 3

887506 F 73909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F-73909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 4 Market Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Ruth

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Cecelia L. Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-[redacted]

8. AGE: Years [redacted]68 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Brick Layer
11. Industry or business Unemployed

FATHER: 12. Name Ruth Napoleon
13. Birthplace France

MOTHER: 14. Maiden Name Mary Aulbach
15. Birthplace Germany

16 (a) Informant Mrs. Charles Ruth
(b) Address 31[redacted] JOHNS HOPKINS HOSPITAL Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Ave

18 (a) Funeral director Howard M. Blight Jr.
(b) Address 4914 Belair Road

19 (a) [redacted] (b) Huntington Williams M.D. Registrar

OCT 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 12 46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Oct 23 1940, and that I last saw him alive on Oct 23 1940.

Immediate cause of death	Duration
(a) Pneumonia	
Due to (b) Hypertension	
Due to (c) Uremia Tract Infect	Unknown
Due to (d) BPH	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address C E Buckland M. D.
Date signed

F 73910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V51-B

Registered No. F 73910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address N. Broadway.
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 E. Charles St 2932 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Alexander Bartlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Eleanore M. Bartlett

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 14 1866

8. AGE: Years 74 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county and state) Japico

10. Usual Occupation ~~Telegraph dispatcher~~

11. Industry or business Retired

FATHER
12. Name J. J. Bartlett
13. Birthplace Maryland (Easton)

MOTHER
14. Maiden Name Laura V. ~~Evans~~ Graham
15. Birthplace Maryland (Eastern Shore)

16 (a) Informant Daughter (Mrs. F. Tolzmann)
(b) Address 1826 E. Charles St

17 (a) Removal (b) Date thereof 10 23 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory STEWART & MOWEN COMPANY
Location (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

18 (a) ~~Funeral director~~ Mt. Olivet Cem.
(b) Address Baltimore Md

OCT 24 1940
(Date received by registrar) Huntington Williams M.D.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1940, to 10-23 1940, and that I last saw him alive on 10-23 1940.

Immediate cause of death Terminal Bronchial Pneumonia — Duration 24 hrs.

Due to Prostatic Carcinoma — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Lehman Guyton M. D.
Address Church Home & Inf. Date signed 10 23 40.

VS 3

F 73911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a F 73911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Ramsay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21 ✓

3 (a) FULL NAME Mary Jane Reynolds ✓
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/40

8. AGE: Years	Months	Days	If less than one day
	2	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John J. Reynolds
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Dorothy M. Kenna
15. Birthplace Baltimore, Md.

16 (a) Informant Dorothy Reynolds
(b) Address 728 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Jesus
Location Balto. Md
18 (a) Funeral director Leonard D. Covington
(b) Address 21 W 25th St
19 (a) OCT 24 1940 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/23 1940 at 5 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1940 to 10/23 1940, and that I last saw her alive on 10/23 1940.

Immediate cause of death Infection Diarrhea — Duration 1 W 6 D
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph H Lautrates M. D.
Address 67 W Washington Blvd Date signed 10/23/40

Correct age in expressing ages under 1 year

VS 3

✓ F 73912

VS 3

F 73912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 73912
Registered No.

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Rudolph Maurer - Rudolph W. Maurer.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-12-1903

8. AGE: Years 37 | Months — | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Rudolph Maurer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Stark
15. Birthplace Germany

16 (a) Informant Mrs Anna Maurer
(b) Address 3606 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Pl

OCT 24 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22-40 19... at 7:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1940, to 10/22 19 40
and that I last saw h... alive on 10/22 19 40.

Immediate cause of death Diabetic Coma — Duration

Due to Malignant Diabetes

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Smith M. D.
Address St. Agnes Hospital Date signed 10/22/40

73913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ F 73913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: L. U. A. Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Huntington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H Hines

3 (b) If veteran, name war

3 (c) Social Security Account No. 202-01-2962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ida R (Harris)
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 2, 1881

8. AGE: Years	Months	Days	If less than one day
59	4	10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Bartlett & Hayward

FATHER
12. Name George W Hines
13. Birthplace Md

MOTHER
14. Maiden Name Annie E. Yungling
15. Birthplace Md

16 (a) Informant Ida R Hines
(b) Address 3931 Huntington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Md.

18 (a) Funeral director Ehrmentraut & Donovan
(b) Address 3615-17 Eberstuft Ave.

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

OCT. 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1940, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B Wandersleben M.D. Medical Examiner.
Date signed 10-22-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92B

F 73914
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W 8
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Evesham Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lizzetta Teale

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband ~~or wife~~ Charles E. Teale
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 9 1870
8. AGE: Years 70 | Months 8 | Days 11/12 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William Bruehe
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Kettmann
15. Birthplace Baltimore

16 (a) Informant Charles E. Teale
(b) Address 605 Evesham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East end North Ave

18 (a) Funeral director Henry N Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) OCT 24 1940 (Date rec'd by registrar) (b) Huntingtown Williams, Md Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940 at 6:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Mitral Insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. VanDeventer M.D.
Medical Examiner.
Date signed 10/22/40

Correct age is especially important. Physicians: please write the

Dr. Shannon 700 N. Fulton Ave ✓

F 73915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121 a

Registered No. ~~F 73915~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Stricker st
(c) Hospital or institution: 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Stricker st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Emma L. Schubkagel

3 (b) If veteran, name war No | 3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Harry Schubkagel | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19th 1879

8. AGE: Years	Months	Days	If less than one day
61	4	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles H. Riggs
13. Birthplace Md.

MOTHER
14. Maiden Name Emma L. Buckey
15. Birthplace Balto. Md.

16 (a) Informant Harry Schubkagel
(b) Address 111 N. Stricker st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 OCT 24 1940 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24th 1940, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Oct 24 1940, and that I last saw her alive on Oct 23 1940;

Immediate cause of death: Rt. Hemiplegia — Duration
Due to Chr. Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 700 N. Fulton Ave Date signed Oct 24 1940

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 73916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106D

F 73916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1241-Cliftview Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1241-Cliftview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Madeline S. Dersch

3 (b) If veteran, name war --

3 (c) Social Security Account No. 213-01-2214

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10/30/1907

8. AGE: Years	Months	Days	If less than one day
32	11	22 23	-- hr. -- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Cashier-Motion Picture
11. Industry or business Theatre

FATHER
12. Name John N. Dersch
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Madeline J. (Kaufman)
15. Birthplace Baltimore, Md.

16 (a) Informant John N. Dersch
(b) Address 124 -Cliftview Ave.

17 (a) Burial (b) Date thereof 10/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md. Geo. J. Ruth Inc.

18 (a) Funeral director
(b) Address 47[illegible]-Harford Ave.

19 (a) OCT 24 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 23 - 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1940, to Oct 9 1940, and that I last saw h[illegible] alive on Oct 9 1940.

Immediate cause of death Lung Abscess. — Duration over

Due to

Due to

Other Conditions Ch Bronchiectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Eutaw St Date signed 10/23/40

W.O. DEC

VS 3

VS 3

F 73917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

F 73917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: St. Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

15

3 (a) FULL NAME Henry E. Flaggs

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-07-7721

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma (Girstel)
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 6/3/1882

8. AGE: Years	Months	Days	If less than one day
58	4	19	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business U.S. Govt. - Edgewood.

FATHER
12. Name Chas. A. Flaggs.
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Minnie (Mosier)
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Emma Flaggs
(b) Address 1919-N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Geo. J. Pfeltz
(b) Address 330 Hanover St.

19 OCT 24 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1940, to 10/22 1940, and that I last saw him alive on 10/22 1940.

Immediate cause of death	Duration
Coronary Thrombosis	(a) 12
Due to Coronary Occlusion	(b)
Due to Coronary Sclerosis	(c)
Other Conditions	(d)

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. Bernstein M. D.
Address 20 Balto. Med. Soc. Date signed 10-24-40

VS 3

VS 3

F 73918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-F

F 73918
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Gombrill A.A. Co Md~~
(c) Hospital or institution: W. Balt. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sam Eulis
(If rural give location)
(e) If foreign born, how long in U. S. A.? ....years

3 (a) FULL NAME Mr. Julius. Bogdanowicz

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 577-10-0065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-13

8. AGE: Years	Months	Days	If less than one day
27	5	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Shoes Inspector

11. Industry or business

FATHER
12. Name Stanley Bogdanowicz
13. Birthplace Poland

MOTHER
14. Maiden Name [illegible]
15. Birthplace Poland

16 (a) Informant Mrs. Bogdanowicz
(b) Address Sam Eulis A.A. Co Md

17 (a) Burial (b) Date thereof Oct 26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

OCT 24 1940
(Date received by registrar) (b) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1940 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1940, to 10-23 1940, and that I last saw h[illegible] alive on 10-23 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration: 18 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheumatic Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. E. Blumenthal M. D.

Address N.B. 2.4. Date signed 10/25/40

VS 3

F 73819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-41 F 73819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 W. Lombard St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Late Andrew N. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1867

8. AGE: Years	Months	Days	If less than one day
72	9	23?2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Marsh
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Eva C. Gloss
15. Birthplace Germany

16 (a) Informant Mrs Lora C. Norman
(b) Address 1009 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director John J Cowgur & Son
(b) Address 901 Hollins Street

19 (a) OCT 26 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23rd, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1940, to 10/23, 1940, and that I last saw h[er] alive on Oct 23, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Chronic Hypertension	3 Mo.
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Norman M.D.
Address 888 N. Lombard Date signed 10/24/40

VS 3

VS 3

F 73920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 73920
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 Lloyd st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Lloyd st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Michael Fagan

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 10 KF

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or ~~divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Helen Fagan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7th 1859

8. AGE: Years: 81 | Months: 9 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Phila Pa
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business: ——

FATHER
12. Name: Unknown Fagan
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Helen Fagan
(b) Address: 25 Lloyd st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: St. Matthews
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

OCT 25 1940 (b) Hunting for Williams, Inc. Address 1447 E Balto st

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23rd 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1940, to Oct 23 1940, and that I last saw him alive on Oct 21 1940.

Immediate cause of death	Duration
Myocarditis Failure	
Due to Cardiac Arterio Sclerosis	over
Due to Arterio Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. C. Feldman M. D.
Address 1447 E Balto st Date signed 10/24/40

VS 3

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 73921

73921

CERTIFICATE OF DEATH

√160a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

45min

2. FULL NAME Baby Girl Buckingham

If U. S. Veteran specify WAR .....

(a) Residence: No. 318 S. Martingale Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10:24:40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. of 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME George Hale Buckingham

14. BIRTHPLACE (city or town) Merriottsville,
(State or country)

MOTHER

15. MAIDEN NAME Mabel Doris Jacob

16. BIRTHPLACE (city or town) Catonsville, Md.
(State or country)

17. INFORMANT Bon Secours Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date Oct 25 1940

19. UNDERTAKER George A. Farley
(Address) Eastlane & Fayette

Filed OCT 25 1940 19.. Registrar

Mount View Cemetery Sykesville Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10:24:40, 19..

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24. 40, 19.., to Oct. 24. 40, 19..

I last saw her alive on Oct. 24. 40, 19.. Death is said to have occurred on the date stated above, at 12:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Collins M. D.

(Address) 2025 W. Fayette St

DIRECTIONS: Physicians are requested to fill in plain terms, so that a person not a physician can understand the cause of death. Any cause peculiar to women, such as abortion, childbirth, etc., should be stated. Any cause dependent upon an occupation should be stated. See Instructions on back of certificate.

F 73922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 73922
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Patterson Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 E Chapel St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Ables

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Andrew J. Ables
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 22 1867
8. AGE: Years 72 | Months 10 | Days 2 | If less than one day: hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name George Pusey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Dausch
15. Birthplace Baltimore

16 (a) Informant Andrew J. Ables
(b) Address 406 E Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence E. Hoffman
(b) Address 1639 N Broadway

19 (a) (Date received by registrar) (b) Registrar

OCT 25 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/24 1940, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1940 to 10/24 1940 and that I last saw her alive on 10/24 1940.

Immediate cause of death Uremia Coma — Duration 1 day

Due to Uremia — Duration 1 month

Due to A-S — Duration ?

Other Conditions Diabetes V A-S gangrene

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy A-S nephritis, Cystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Cohen M. D.
Address Sinai Hosp. Date signed 10/24/40

Oct. 25 1940

F 73923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122-W

Registered No. F 73923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bord Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) x days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 E Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Harvey
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-2309

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Maude A. Harvey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 29 - 1893
8. AGE: Years 47 50 | Months 3 | Days 26 25 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Solicitor
11. Industry or business Auto Tool Supply Co

FATHER
12. Name James E. Harvey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Laura Ward
15. Birthplace Baltimore

16 (a) Informant Maude A. Harvey
(b) Address 512 E. Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd
18 (a) Funeral director C Clarence F Hoffman
(b) Address 1639 N Broadway
19 (a) OCT 25 1940 (Date received by Registrar) (b) H. Tyler Wilkinson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1940, at 5 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 24 1940 and that I last saw him alive on Oct 24 1940.

Immediate cause of death: Cardiac failure — Duration: 1 day

Due to

Due to

Other Conditions: Relat. Hernias

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Relat Hernias

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nelson D Rappelyea M.D.
Address 1413 Eutaw St Date signed Oct 24/40

F 73924

(Date received by registrar) OCT 25 1940 Registrar

VS 3

Address [illegible] Date signed [illegible]

F 73924

73924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-A Registered No. F 73924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5011 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 yrs., years

3 (a) FULL NAME Martin Puppe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Minnie Puppe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1880

8. AGE: Years 59 | Months 11 | Days 1110 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Himself

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Minnie Puppe
(b) Address 5011 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 26 40 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
Address 2024 Eden Ave

19 (a) OCT 25 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Oct 22 1940, and that I last saw him alive on Oct 22 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 3 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin R Freeman M. D.

Address 718 N. Eutaw St Date signed 10-27-40

Physicians: please write the causes of death clearly and legibly. Especially important. correct age

73925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 83-a F 73925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 E Randall 20
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E Randall
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Catherine Brooke Sheckels

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George Sheckels
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 2/71

8. AGE: Years 69 | Months 6 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Ireland
(Town, County, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Sievers
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Quinn
15. Birthplace Ireland

16 (a) Informant Mrs Ethel Powell
(b) Address 25 E. Randall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 St Paul St

19 (a) Received (Registrar) (b) Huntington, Md.

OCT 25 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1940 to Oct 23 1940
and that I last saw h[illegible] alive on Oct 23 1940

Immediate cause of death Apoplexy. — Duration 1 hr.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. Kaufman M.D.
Address 1 E Randall St Date signed Oct 25 1940

Correct age is especially important. If unknown, please write the best estimate possible.

F 73926

OCT 25 1940 (Registrar)
VS 3

73926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 8

F 73926
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Marion Everett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female | 5. Color or race black | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1935

8. AGE: Years 4 | Months 11 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Thurman Everett
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Mazie Boone
15. Birthplace N. Carolina

16 (a) Informant Mother
(b) Address 1222 Madison Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 10/25/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn Md.

18 (a) Funeral director Charles H. Alexander
(b) Address 1200 Mccullah St

19 (a) (Registrar) (b) [illegible]

OCT 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 6-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1940, to Oct 23 1940, and that I last saw her alive on Oct 23 1940.

Immediate cause of death Cardiac failure — Duration 1 day
Due to Glomerular Nephritis and hypertension
Due to .....
Other Conditions Scarlet fever convalescent
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Maynard Cohen
Address Sydenham Hospital Date signed Oct 23 1940

Correct age is especially important. Typewrite or print plainly in ink. Do not write in the margin. Do not fold. Use pen and ink only.

F 73927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63-a

F 73927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 W. Balto St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Abraham Naiman (ABRAHAM NAIMAN)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Dresser

11. Industry or business

FATHER 12. Name Fazer Naiman

13. Birthplace Russia

MOTHER 14. Maiden Name Anna

15. Birthplace Russia

16. (a) Informant Hospt. Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-40 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Belt Ridge Hamilton Ave and Leeds Ave

18 (a) Funeral director Joel Leeds Inc

(b) Address 1439 E. Balto St

19 (a) [illegible] (b) Date received OCT 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1940, to 10-24 1940 and that I last saw h[illegible] alive on 10-24 1940.

Immediate cause of death Respiratory failure — Duration

Due to Cerebral hemorrhage — 2 days

Due to Hypertension

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ramsey B Thomas M. D.

Address Lemmon Hosp. Date signed 10-24-40

F 73928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 73928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Wylie Ave and Durkeed St.
(c) Hospital or institution: W. Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Wylie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Mrs. Sophie Levy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Max Levy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Chaim Perlman
13. Birthplace Russia

MOTHER
14. Maiden Name Calia
15. Birthplace Russia

16 (a) Informant Mary Pearlman
(b) Address 3019 N. Fannale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-40 (month) (day) (year)
(c) Cemetery ~~crematory~~ Vaccar Corp.
Location Rosedale

18 (a) Funeral director Jack Levine
(b) Address 1439 E. Balto St

OCT 25 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/23 1940, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1940, to 10/23 1940, and that I last saw h[illegible] alive on 10/23 1940.

Immediate cause of death
Cerebral accident
Pneumonia (Broncho)
Due to Hypertension
Due to Unknown cause

Other Conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

Duration
3 days
2 days
Several Mos
Several Yrs
Several Mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. G. Blumenthal M. D.
Address West Balt. Gen. Hosp. Date signed 10/25/40

VS 3

F 73929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmund L. Windsor

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna Mae Windsor

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1869

8. AGE: Years 70 | Months 10 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Gloudy Windsor
13. Birthplace Md

MOTHER
14. Maiden Name Mary Todd
15. Birthplace Md

16 (a) Informant Mrs Anna Mae Windsor
(b) Address 3413 Liberty Heights Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10/26/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Hedgerick Ave

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Walbrook Street

19 (a) Date signed OCT 25 1940 (b) Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24th 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1940, to 10-24 1940, and that I last saw him alive on 10-24 1940.

Immediate cause of death	Duration
(a) Acute Pulmonary Edema	
Due to Cardiac Decomp	
Due to Arteriosclerotic Cardiovascular renal Dis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Shumaker M. D.
Address 3711 Falls Rd Date signed 10-25-40

Correct age in completely unknown cases. If unknown, please write

73930 HEALTH DEPARTMENT—CITY OF BALTIMORE 73930

Rathje

93-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No. Lafayette-John St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Rathje

If U. S. Veteran specify WAR

(a) Residence: No. 1518 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Rathje

6. DATE OF BIRTH (month, day, year) Aug 11 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ludwig Unger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Cohemyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edith Lewis

(Address) 2702 W. Lanvale Street

18. BURIAL, [redacted]

Place Woodlawn Date 10/26/40 19

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Pa. Avenues

20. FILED OCT 25 1940 19 Wilson Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1940, to Oct 23, 1940.

I last saw her alive on Oct 23, 1940. Death is said to have occurred on the date stated above, at 5.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	10 mos.
Chronic cardiac degeneration	10 mos.
Pulmonary edema	2 days

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geary Grier M. D.

(Address) Womens Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 73931

OCT 25 1940

F 73931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124-B

F 73931 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] Hoffman & Conkling
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [redacted]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Shelburne Road (If rural give location) Pikesville
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas J. Nolan

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-05-9628

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Nolan

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 14, 1880

8. AGE: Years: 60 | Months: 3 | Days: 10 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Retired Asst. Chief Instructor

11. Industry or business: Balto. Transit Co.

FATHER
12. Name: Patrick J. Nolan
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary McKew
15. Birthplace: Unknown

16 (a) Informant: A. M. McLaughlin
(b) Address: 3218 Shelburne Road - Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lebanon
Location: Balto. Md.

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Aves.

19 (a) OCT 25 1940 (Date received by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Oct 24 1940 and that I last saw h[illegible] alive on Oct 12 1940 1:35 PM

Immediate cause of death: Hypostatic pneumonia — Duration: DTW

Due to: Cirrhosis of the liver

Due to: Chronic Nephritis

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William Stupik M.D. M. D.
Address: St. Joseph's Hosp. Date signed 10/24/40

F 73932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39-B

F 73932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yr. 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. — (b) County
(c) City or town Home for Incurables
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Grace E. Dashiell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1868

8. AGE: Years	Months	Days	If less than one day
72	1	22	hr. min.

9. Birthplace Maryland - Balto
(Town, county, and state)

10. Usual Occupation — None

11. Industry or business

FATHER
12. Name G. Mitchell Dashiell
13. Birthplace St. Marys County

MOTHER
14. Maiden Name Mary A. Bason
15. Birthplace Balto - Md -

16 (a) Informant Mr. E. Lehanton
(b) Address Home for Incurables

17 (a) Burial (b) Date thereof 10/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (b)
(Date received by registrar)

OCT 25 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 8 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21/39 1939, to 10/23 1940, and that I last saw her alive on 10/23 1940.

Immediate cause of death	Duration
Arteriosclerosis (Hemorrhage)	2 years
Due to	
Due to	
Other Conditions Osteoarthritis	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Hersperger M. D.
Address 214 Medical Arts Bldg Date signed 10/24/40

correct age is especially important. Physicians: please write the

73983 60239 F.S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 73933
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:
4940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1154 N. Carey Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

160-b

3 (a) FULL NAME Baby Girl Spruill (Hazel)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10/20/40
8. AGE: Years | Months | Days | If less than one day: 20 hr. 32 min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name Lonnie
13. Birthplace North Carolina

MOTHER
14. Maiden Name Hazel Chester
15. Birthplace Unknown

16 (a) Informant Records - Baltimore City Hospitals
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 10-24-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location BCH

18 (a) Funeral director
(b) Address

OCT 25 1940 (Date filed by registrar) (b) Christine Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1940, at 1:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1940, to Oct. 21 1940, and that I last saw h[illegible] alive on Oct 21 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	20 hrs.
Due to Difficult delivery + prolonged	
Due to labor.	

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 10-21-40

3334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 73934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Eagle St
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Annapolis Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles H. Appell
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-18-0858

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Lida K Appell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 2 1870

8. AGE: Years	Months	Days	If less than one day
70 yrs.	1	21 2	..... hr. ..... min.

9. Birthplace Brooklyn Md (Town, county, and state)
10. Usual Occupation Store Room Man [redacted] Standard
11. Industry or business Wholesale Phos + Acid Works Co

FATHER
12. Name Phillipa Appell
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Altz
15. Birthplace Germany

16 (a) Informant Mrs Lida K Appell
(b) Address 1004 Ritchie Highway Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md
18 (a) Funeral director William M Mareck
(b) Address 715 Light St Huntingtown Williamsport, Md.

Oct 25 1940 (Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH, Oct 23 1940 at 10:40 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Oct 23 1940, and that I last saw him alive on Oct 23 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. H. Lewis M. D.
Address So. Bates. Sun. Hosp. Date signed 10-23-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 73935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: D. of H. South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W. Lee st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1875

8. AGE: Years	Months	Days	If less than one day
65	—	13	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Margaret J Thomas
(b) Address 111 West Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Chapel Cem.
Location Mt. Airy

18 (a) Funeral director William M Marsch
(b) Address 5 Light St

OCT 25 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 10:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said - (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Vandegrift M.D. (Medical Examiner)
Date signed 10/24/40

F correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 73936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ~ F 73936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dillwyn & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Gorsuch Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 yrs. years

3 (a) FULL NAME Dominic Maggio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Div.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1883

8. AGE: Years 57 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Barber
11. Industry or business Self.

FATHER
12. Name John Maggio
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Sutrono
15. Birthplace Italy

16 (a) Informant John Maggio
(b) Address 830 N. W. Rodington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipistone
(b) Address 2818 E. Belto. St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Oct 23 1940, and that I last saw him alive on Oct 23 1940.

Immediate cause of death	Duration
Heart failure	
Pulmonary edema	
Due to Coronary thrombosis	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Meade M. D.
Address Mercy Hosp. Date signed Oct 23, 40

Correct age is especially important. If uncertain, please write the estimated age.

94 ~ F 73937

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73937 — 46-E — Registered No. V+ F 73937

F 73937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14 days
(e) Length of stay in Baltimore (yrs., mos., or days): 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Frederick
(c) City or town: Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No.: 238 E. 7th St. (If rural give location)
(e) If foreign-born, how long in U. S. A.? ... years

3 (a) FULL NAME: Cavell, Wilhm

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1916

8. AGE: Years: 24 | Months: | Days: | If less than one day: hr. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Tree Trimmer

11. Industry or business:

FATHER
12. Name: William Cavell
13. Birthplace: Md.

MOTHER
14. Maiden Name: Anna Ball
15. Birthplace: Md.

16 (a) Informant: William Cavell
(b) Address: 238 E. 7th St. Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-28-40 (month) (day) (year)
(c) Cemetery or crematory: Frederick
Location: Frederick, Md.

18 (a) Funeral director: Edmonson Son
(b) Address: Frederick, Md.

19 [illegible] (b) (If made for by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 25, 1940, at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1940, to Oct. 25, 1940, and that I last saw him alive on Oct. 25, 1940.

Immediate cause of death: Generalized Purulent Peritonitis — Duration:

Due to: Post-Operative

Due to: Carcinoma Transverse Colon

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Carcinoma Transverse Colon (Colloid type). Intest. Obstruct.
Of autopsy: Gen. Purulent Peritonitis. Resection -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Peter A. Caplan, M. D.
Address: University Hospital Date signed: 10/25/40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

VS 3

73938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 W

F 73938 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 E. Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles W Ruby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Georgiana Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13 1864

8. AGE: Years	Months	Days	If less than one day
76	6	11	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation Retired B. O. Conductor
11. Industry or business

FATHER
12. Name Henry Ruby
13. Birthplace Md

MOTHER
14. Maiden Name Olevia Cost
15. Birthplace Md

16 (a) Informant Mrs Clarence E Ruby
(b) Address 104 E Montgomery st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

Oct 25 1940

19 (a) (Date received) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1940, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1940, to 10-23 1940 and that I last saw h[illegible] alive on 10-23 1940

Immediate cause of death Cardiac Insufficiency — Duration 2 days

Due to Arteriosclerotic Cardio Vascular Disease — since 9-30-40

Due to

Other Conditions Fracture of neck & trochanter right femur (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-30-40
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Yard at Home While at work? — (Specify type of place)
(e) Means of injury Stumbled + fell on yard

23. Signature John P. Ulrich Jr M.D.
Address Franklin Square Hospital Date signed 10-24-40

Edward L. Ulrich M.D. Chief Medical Examiner

VS 3

VS 3

F 73939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-C F 73939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N Vincent St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Violet Middleton

If U. S. Veteran specify WAR

(a) Residence: No. 523 N Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colrd	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgil Middleton

6. DATE OF BIRTH (month, day, year) Dec 12, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58 ✓9	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME Washington Reed

14. BIRTHPLACE (city or town) (State or country) Essex Co Va

MOTHER

15. MAIDEN NAME Adaline Jackson

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Virginia Walker

(Address) 523 N Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 25, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Lisburn St.

DATE OCT 25 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1940 to Oct 22 1940

I last saw h... alive on Oct 21, 1940. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic D. Heart	?
Other contributory causes of importance: Chronic Cystitis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Norwood M. D.

(Address) 939 W Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 73940

F 73940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 N

Registered No. F 73940

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Morrell Park Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Morrell Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 Y

3 (a) FULL NAME Antone A. Thiche

3 (b) If veteran, name war

3 (c) Social Security Account No 218-10-3306

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-1896

8. AGE: Years	Months	Days	If less than one day
43	10	9	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation C. H. Braun & Sons
11. Industry or business Laborer

FATHER
12. Name Julius F. Thiele
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Kind
15. Birthplace Germany

16 (a) Informant Mrs. Thiele
(b) Address 1612 Morrell Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Maryland

18 (a) Funeral director J. B. Wippert & Son
(b) Address C. Place Huntington Williamsport, Md.

19 (a) (b) (Local Registrar) Registrar

OCT 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1940, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940 to Oct 23 1940, and that I last saw him alive on Oct 18 1940.

Immediate cause of death Coronary Occlusion — Duration 10 DAYS

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Milan M.D.
Address 652 Washington Blvd Date signed 10/24/40

73941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73941

Registered No. 13-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 Scott Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Scott Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Floyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 10. 1910

8. AGE: Years 30 | Months 8 7 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Baltimore & Ohio R.R.

FATHER 12. Name William Floyd

13. Birthplace Kentucky

MOTHER 14. Maiden Name Alice V. Skinner

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Alice V. Floyd

(b) Address 211 Scott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Maryland

18 (a) Funeral director F. B. Wisner & Sons

(b) Address 1300 Eutaw Place

19 (a) ... (Date received by registrar) (b) Huntington Williams, M.D.

OCT 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1940, to 10/23 1940, and that I last saw him alive on 10/23 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis. —	2 yrs
Due to —	
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Theo. Norton, Jr. M.D.

Address 888 W. Lafayette St. Date signed 10-24-40

Correct age is especially important. Typewriting preferred; if not, please write plainly.

OCT 25 1940

Daniel K Goddard Jr.

F 73942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 73942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 William
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 William St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Riley Goddard, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-7612

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma J. Goddard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1919

8. AGE: Years 20 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Balto. Box Factory

11. Industry or business

FATHER
12. Name Daniel K. Goddard
13. Birthplace Casey, Ill.

MOTHER
14. Maiden Name Anna Sauers
15. Birthplace Magnolia, Harford Co., Md.

16 (a) Informant Mrs. Emma J. Goddard
(b) Address 1310 William St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, A.A.Co., Md.

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.,

OCT 25 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Kelpsick M.D.
Medical Examiner.
Date signed 10/23/40

Incorrect

VS 6

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 6

F 73943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B F 73943
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3714 Ferndale Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

28-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Ferndale Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily J. Luers

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August C. Luers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1860

8. AGE: Years	Months	Days	If less than one day
80	0	13	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation House-work at Home
11. Industry or business

FATHER
12. Name John Edmondston
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Elmer W. Thomas
(b) Address 3714 Ferndale Ave.,

17 (a) Burial (b) Date thereof Oct. 26, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Family
Location Harrisonville, Md.
18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,
19 Oct 28 1940 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1940, at 8.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21, 1940 to Oct. 23 1940, and that I last saw her alive on Oct 23 1940

Immediate cause of death	Duration
Carcinoma of Stomach	1 Yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 2257 W North Ave. Date signed

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT 46-B 72914

2. (Date received by registrar) Huntington Hospital, Md. | Address [illegible] | Date signed [illegible]

VS 3

F 73944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √163-PE-73944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Albert Kline

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-05-5312

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1906

8. AGE: Years 34 | Months 0 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore County (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Kline
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Lena Simms
15. Birthplace Maryland

16 (a) Informant Lena Simms
(b) Address 1533 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Tilhom Bros
(b) Address 1219 Dolphin St

19 (a) OCT 25 1940 (Date rec'd by registrar) (b) Huntington Hospital Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940 at 8:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [redacted] (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bichloride Mercury Poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Mercuric Chloride poisoning

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10/18/40
(c) Where did injury occur? 1433 Park ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Poison taken by mouth

23. Signature [illegible] M.D. Medical Examiner.

Date signed 10/24/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73945

VS 6

F 73945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 73945 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 E Hoffman st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 E. Hoffman st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catharine M. Albert

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 10th 1854

8. AGE: Years	Months	Days	If less than one day
86	0	13	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Adelbert Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Weko
15. Birthplace Germany

16 (a) Informant Sophia Plantholt
(b) Address 1608 E. Hoffmann st

17 (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) OCT 25 1940 (b) Huntington Williams, M.D.
(Signature of registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23rd 1940, at 11:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1940 to Oct 23 1940.
and that I last saw h[illegible] alive on Oct 23 1940.

Immediate cause of death — Duration
Coronary Thrombosis
Due to
Due to
Other Conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John G. Schwenck M.D.
Address 133 S. Chester st Date signed Oct 25/40

VS 3

73946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 73946

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Avondale Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Jones

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-40

8. AGE: Years	Months	Days	If less than one day
	1	10	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Howard M. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Redifer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address University Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date filed by registrar) (b) Huntington Hillsborough M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1940 to 10-24 1940, and that I last saw her alive on 10-23 1940.

Immediate cause of death Bronchopneumonia — Duration 18 hrs.

Due to

Due to

Other Conditions Prematurity birth
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Macmillan M. D.
Address University Hosp. Date signed 10-24-40

VS 3

VS 3

F 73947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 73947

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address, NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 HARFORD RD. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MARGARET STAMM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 27, 1876

8. AGE: Years	Months	Days	If less than one day
64	1	27	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name HENRY BAREHART
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name MATTIE VOSBERG
15. Birthplace BALTIMORE, MD.

16 (a) Informant MRS. MARIE CLARK
(b) Address 1819 N. BOND ST. BALTO. MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Preston

OCT 25 1940 (a) (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1940, at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1940, to Oct. 24 1940, and that I last saw HER alive on OCT. 24 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to RHEUMATIC HEART DISEASE	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Infirmary Date signed 10/24/40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 73948

CERTIFICATE OF DEATH

161-a F 73948

1. PLACE OF DEATH Hospital for Women of Md.

Registered No.....

CITY OF BALTIMORE: (No.....St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Baby Fourwalt

If U. S. Veteran specify WAR.....

(a) Residence: No. Women's Hospital St., 2113 Greenmount Ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/24/40

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Baltimore MD.

FATHER

13. NAME Herbert Charles Fourwalt.

14. BIRTHPLACE (city or town) (State or country) Intermediate Alabama

MOTHER

15. MAIDEN NAME Adele Mary Wise

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. H. C. Wise

(Address) 2113 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem.

Place Burial Date Oct 26, 1940

19. UNDERTAKER Mary M. Kiechlefel

(Address) 501 East 22nd St

20. FILED OCT 25 1940 Huntington Williams M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/24/40, 19..., to 10/25, 1940

I last saw her alive on 10/25/40, 19..... Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis of lungs.	Birth

Other contributory causes of importance:

Was an operation performed?.....Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?.....Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Huntington Williams M. D.

(Address) Women's Hosp.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73949 — 93-D — Registered No. F 73949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda E Beale

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1883

8. AGE: Years 57 | Months 9 | Days 2+27 | If less than one day hr. min.

9. Birthplace Harford Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name John T Smithson
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Virginia Smithson
15. Birthplace Harford Co Md

16 (a) Informant Kenneth T Beale
(b) Address 2573 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co Md

18 (a) Funeral director Williams Coat
(b) Address 1217 St Paul St

19 (a) Date received OCT 25 1940 (b) Huntington Wilson Registrar Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 8:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1939, to Oct 23 1940, and that I last saw her alive on Oct 23 1940

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: 2 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Collins M. D.

Address 1447 W. Mount Ave Date signed 10/24/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

73950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 73950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 237 S Gilmor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 S Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Matlin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Hattie (Borchert)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1894

8. AGE: Years	Months	Days	If less than one day
45	11	11	hr. min.

9. Birthplace Austria Hungary (Town, county, and state)
10. Usual Occupation Grocer.
11. Industry or business

FATHER 12. Name Ludwig Matlin
13. Birthplace Hungary

MOTHER 14. Maiden Name Katie Martin
15. Birthplace Austria Hungary

16 (a) Informant Mrs Hattie Matlin
(b) Address 237 S. Gilmor St

17 (a) Burial (b) Date thereof Oct 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London
Location 2801 Frederick Rd

18 (a) Funeral director Harry A Wilhelm
(b) Address 410 Edmondson Ave

19 OCT 25 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 22 1940, and that I last saw h[illegible] alive on Oct 22 1940.

Immediate cause of death	Duration
Coronary Occlusion	10/15/40
Due to Angina Pectoris	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Cohn M. D.
Address 2145 W Belvedere Date signed 10/22/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 2

73951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

Registered No. F 73951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 E. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 E. Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Floyd
3 (b) If veteran, name war
No Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Joseph E. Floyd
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9, 1866
8. AGE: Years 74 | Months 6 | Days 15 | If less than one day hr. min.
9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John McCambridge
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen McMahon
15. Birthplace Ireland

16 (a) Informant Henry McCambridge
(b) Address 1440 Patapsco St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28. 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.
18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St.
19 OCT 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/24 1940, at 7 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10/22 1940, to 10/24 1940, and that I last saw h[illegible] alive on 10/24 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other Conditions Hemiplegia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. S. Williams M. D.
Address 1279 Williams Date signed 10/25/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No. F 73952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So. Balto. Genl Hosp.
(c) Hospital or institution: 1213 Light St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Riverside Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy. Joyce.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: hr. 40 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis M. Joyce.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Ferguson
15. Birthplace Baltimore Md.

16 (a) Informant Catherine Joyce.
(b) Address 1403 Riverside ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto Md

18 (a) Funeral director Margaret D. Tatum
(b) Address 1422 [illegible] Baltimore Md.

19 (Date received) OCT 25 1940 Registrar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940 at 3.05 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 10-25 1940 and that I last saw h.m alive on 10-25 1940.

Immediate cause of death: Congenital Atelectasis — Duration:
Due to Enlarged Thymus
Due to -
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged Thymus Atelectasis of Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Irwin M. D.
Address So. Balto. Gen. Hosp. Date signed 10-25-40

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73953 / 94-W

Registered No. F 73953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 W 38th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 W 38th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME Alexander E. Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9379

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna J. Arthur

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1892

8. AGE: Years 48 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Carpenter

11. Industry or business Emerson Hotel

FATHER 12. Name Wm. Arthur

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Jackson

15. Birthplace Md.

16 (a) Informant Edna J. Arthur

(b) Address 904 W 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28, 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Chenoweth & Donahue

(b) Address 3615-17 Huntington Ave.

19 OCT 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24, 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Oct 24 1940, and that I last saw h[illegible] alive on 19.

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. A. McCready M. D.

Address 1800 N. Charles St. Date signed 10/24/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

Registered No. F 73954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3635 Elm Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3635 Elm Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Elda Gorsuch.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widow.

6 (b) Name of husband or wife Harry Gorsuch.
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1871

8. AGE: Years 69 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Edward Wilson.
13. Birthplace Delaware.

MOTHER
14. Maiden Name Lydia Holland
15. Birthplace Md.

16 (a) Informant Mrs. Amanda J. Bradford.
(b) Address 2036 N. West St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct 26 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's.
Location Hampden

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 361 5-17 Chestnut Ave.

19 (a) OCT 26 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24, 1940, at 6 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Oct 24 1940 and that I last saw h[illegible] alive on Oct 22 1940.

	Duration
Immediate cause of death Uremia	
Due to	over
Due to	
Other Conditions Paralysis due to cerebral softening	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. N. McFaul Jr. M. D.
Address 1800 N. Charles Date signed 10/24/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 73955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73955

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 N Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances E Reese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm. G. Reese

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1866

8. AGE: Years 73 | Months 10/1 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John W. Gibson
13. Birthplace Md

MOTHER
14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Mrs Blanche Mahl

(b) Address 10 Madeira Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 3400 Harford Ave

19 OCT 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1940, at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Oct 24 1940, and that I last saw h[e] alive on Oct 24 1940.

Immediate cause of death: Cerebral Thrombosis — Duration: 5 days

Due to: Chr. Cardio Vascular Disease — Duration: not known

Due to:

Other Conditions: Chronic Int. Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis J Ayd M. D.

Address 2005 E. Monument St Date signed Oct 26 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 3

F 73956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 23956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 E. 32nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George HENRY Albrecht

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-6401

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary C. Albrecht

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1880

8. AGE: Years	Months	Days	If less than one day
60	7	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Executive Work
11. Industry or business Gas & Elec. Co.

FATHER
12. Name Charles Albrecht
13. Birthplace Baltimore

MOTHER
14. Maiden Name Johanna Stahmer
15. Birthplace Baltimore

16 (a) Informant Ransom C. Albrecht
(b) Address 2028 E. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 08/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 8008 Belvedere Rd

19 (a) OCT 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Vanderzell M.D. Medical Examiner.
Date signed 10/25/40

VS 6

PRINTED WHITE PAPER, WITH UNIFORM RULING. Every question must be answered, with information entered as correctly supplied. Physicians: please write the correct age in years, months, days, and hours, and the causes of death clearly and legibly.

VS 6

F 73957

F 73957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 E Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 E Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Etta E. Prell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John G Prell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1871

8. AGE: Years	Months	Days	If less than one day
70	—	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Henry D Emmart

13. Birthplace Baltimore

MOTHER 14. Maiden Name Emma V. Cumberland

15. Birthplace Md

16 (a) Informant Mrs Emma Eberlein

(b) Address 3503 E Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore

18 (a) Funeral director John Leavitt

(b) Address 201 N Arlington Ave

19 (a) OCT 26 1940 (Date rec'd by registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Oct 25 1940, and that I last saw h... alive on Oct 24 1940.

Immediate cause of death	Duration
Coronary occlusion	5 hrs
Due to Arterio Sclerosis	
Due to Hypertension	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlington Williams M. D.

Address 718 N Patterson Park Ave Date signed

VS 3

F73958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-B

Registered No. F73958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 N. Hilton Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 N. Hilton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-5519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna Eichelberger Tucker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/69

8. AGE: Years	Months	Days	If less than one day
71	4	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Sec'ty-Treas. of Canton Co.
11. Industry or business

FATHER
12. Name Enock B. Tucker
13. Birthplace Wash., D. C.

MOTHER
14. Maiden Name Sue Davis
15. Birthplace Va.

16 (a) Informant Mrs. Ernest Tucker
(b) Address 1600 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1940 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto. MBM

19 (a) OCT 26 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1940, to Oct 23 1940, and that I last saw h im alive on Oct 23 1940.

	Duration
Immediate cause of death Primary Carcinoma of left lung	?
Due to Primary Carcinoma of left lung.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter L. Tucker M. D.
Address 2220 Garrison Blvd. Date signed 10/25/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 73959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 Callow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Linnie Bear

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Moses Bear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1866

8. AGE: Years	Months	Days	If less than one day
73	11	28	hr. min.

9. Birthplace Cleveland, Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gustav Eisenberg
13. Birthplace Hungary

MOTHER
14. Maiden Name Cattan
15. Birthplace Hungary

16 (a) Informant Mrs. M. Bear
(b) Address 2437 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/40 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Ward Sondheim & Levy
(b) Address 120 E. Huntington Ave. Place

OCT 26 1940 (Date rec'd by registrar)
(a) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1940, at 1.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Oct 25 1940, and that I last saw h.. alive on Oct 25 1940.

Immediate cause of death	Duration
Pneumonia	
Due to Hypertensive C-V disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Boidin M. D.
Address Sinai Hospital Date signed 10/25/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. F 73960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 643 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Arthur Miller

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-09-4655

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia V. Miller

6 (c) If alive, give age: 57? years

7. Birth date of deceased (mo., day, yr.): May 28 1881

8. AGE: Years 59 | Months 4 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: Motorman
11. Industry or business: B. & A. Railroad

FATHER
12. Name: Arthur Miller
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Frances Hamilton
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Virginia V. Miller (Wife)
(b) Address: 643 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26. 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC. per J. Hunter
(b) Address: North Ave. & Broadway.

19 (a) OCT 26 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23 1940 at 5-30 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Crushing injury of lower abdomen
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/23/40
(c) Where did injury occur? London Station Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury: Fell from platform in front of car

23. Signature: H. Blandford M.D.
Medical Examiner.
Date signed 10/23/40

VS 6

73961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24-B ✓

Registered No. F 73961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME J. Henri Weinreich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1878

8. AGE: Years 62 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Dir. of European Cons. of Music

FATHER
12. Name Franz F. A. Weinreich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Muesse
15. Birthplace Germany

16 (a) Informant Mr. William Chenoweth
(b) Address 905 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director H. Sander & Son Inc.
(b) Address North Ave. & Broadway

19 (a) OCT 26 1940 (Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1940, to 10/24 1940, and that I last saw h[illegible] alive on 10/24 1940.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to	
Due to	
Other Conditions Cirrhosis of liver	Chronic

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest V. Gaucher M. D.
Address 126 E. Eager St. Date signed 10/25/40

VS 3

PLEASE WRITE PLAINLY, with pen and ink. Do not use pencil. Do not fold. Use no abbreviations. Give full name of deceased. Fill in all items. Underlying causes of death must be stated. Indefinite terms, such as "heart failure," should be explained as to their cause. If deceased was a woman, whether single, married, widowed, or divorced, state also the name of her husband. If she was married, the name of her husband must be given in full, and her own maiden name also. If the deceased was a child, state whether legitimate or illegitimate. Be sure that your answer to each question is full and complete. Do not omit any item or statement if you can obtain the information. Ditto marks are not sufficient. Write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please

VS 3

F 73962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73962 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 N. Spring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claven Speller
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-12-6898

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER 12. Name Haywood Speller
13. Birthplace N.C

MOTHER 14. Maiden Name Sudie ?
15. Birthplace N. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
(a) Funeral director Adolph and Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date) (b) Registrar

OCT 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1940, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940, to 10-24 1940, and that I last saw h.m. alive on 10-24 1940.

Immediate cause of death Respiratory failure — Duration 8 hrs.

Due to increased intracranial pressure

Due to subarachnoid hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lautscher, M.D.
Address Johns Hopkins Hosp. Date signed 10/24/40

VS 3

F 73963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-8

Registered No. F 73963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N. Charles St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bidgely Paine

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-05-5155

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Thompson Paine

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1869

8. AGE: Years 71 70 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation President - Warner & Company

11. Industry or business Mens Furnishings

FATHER 12. Name John A. Paine

13. Birthplace Not Known

MOTHER 14. Maiden Name Mary Ann Curtis

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Mary T. Paine (Wife)

(b) Address 3333 N. Charles St

17 (a) Burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (month), (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

OCT 26 1940
(Date rec'd by registrar)

(b) Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1940, at 7.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Oct. 24 1940, and that I last saw him alive on Oct. 24, 1940

	Duration
Immediate cause of death: Pulmonary congestion + pleural effusion	4 days
Due to Metastatic carcinoma of lungs	6 mos.
Due to Primary carcinoma of prostate	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry T. Collenberg M. D.

Address 2 W. Read St. Date signed 10/25/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 73964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V

Registered No. F 73964

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 W. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Elsie Bell Hempel

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Dr. John F. Hempel
6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1868

8. AGE: Years	Months	Days	If less than one day
72	8	19	hr. min.

9. Birthplace Fredk. Co. - Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Samuel Warner
13. Birthplace Fredk. Co., Md.

MOTHER
14. Maiden Name Susan Morningstar
15. Birthplace Fredk. Co. Md.

16 (a) Informant Mrs. Adelaide K. Seabaud (daughter)
(b) Address 1219 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 28 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Date received OCT 26 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25-40 19 , at 1:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24-40 19 to 10-25-40 19 ; and that I last saw her alive on 10-25-40 19

		Duration
Immediate cause of death	Pneumonia, Lobar	3 hours
Due to	? Cerebral Accident (CVA)	30 hours
Due to	Diabetes Mellitus	15 years
	Gangrene, Rt. great toe	4 months
	Coronary Thrombosis (old)	1 week
Other Conditions	Arteriosclerotic Cardio-vascular Disease	?

(Include pregnancy within 3 months of death)

Major findings:
Of operation No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Callahan Jr. M. D.
Address University Hospital Date signed

I hereby certify that I attended the deceased from the date and to the date stated above, and that I last saw the deceased alive on the date stated above. The cause of death and the time of death are correctly stated to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Be sure to answer all questions. Be sure that the statement of the cause of death is complete and correct age is especially important.

F 73965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 73965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4610 Roland Ave
(c) Hospital or institution:

27-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4610 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carter Gibson Osburn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4) Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaretta Smith Osburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1851

8. AGE: Years 89 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Loudon Co. Virginia (Town, county, and state)
10. Usual Occupation Banker
11. Industry or business Retired 9 years

FATHER
12. Name Capt. Osburn
13. Birthplace Virginia

MOTHER
14. Maiden Name Emily Gibson
15. Birthplace Virginia

16 (a) Informant Carter G. Osburn Jr.
(b) Address 4610 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Horace G. Burgee
(b) Address 3231 Falls Road (Huntington Williams, M.D.)

OCT 26 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 8 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1940, to Oct 25 1940, and that I last saw him alive on Oct 25 1940.

Immediate cause of death	Duration
Broncho-Pneumonia	10 days
Due to Subclavicular abscess	4 weeks
Due to Senile Arterio Sclerosis	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 10/26/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 73966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 B Registered No. F 73966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 Hungate Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Hungate Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marvel Von Dreele

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dr. John H. Von Dreele
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6-1889

8. AGE: Years 51 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Scarff, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name William Scarff
13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Florence McCann
15. Birthplace Harford Co. Md.

16 (a) Informant Dr. John H. Von Dreele
(b) Address 423 Hungate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Gwynn Oak Ave.

19 OCT 26 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to Oct. 24 1940, and that I last saw her alive on October 22 1940

Immediate cause of death: Cardiac decompensation — Duration 1 yrs
Due to Mitral Stenosis — 10 yrs
Due to Scarlet fever
Other Conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.
Of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury.

23. Signature Thomas McBride M.D.
Address 2435 Maryland Ave Date signed 10/25/40

FORM WILL NOT BE ACCEPTED UNLESS all questions are answered. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 2

VS 3

73967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 73967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Sabina Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-15
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Sabina Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Ayers

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-3377

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nannie Ayers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8-1867

8. AGE: Years 73 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Md. Color Printing Co.

FATHER
12. Name John Ayers
13. Birthplace Maryland

MOTHER
14. Maiden Name Fannie Filmot
15. Birthplace Maryland

16 (a) Informant Mrs. Nannie Ayers
(b) Address 1203 Sabina Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) OCT 26 1940 (Date rec'd by Registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23- 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1933 to Oct 23 1940 and that I last saw h[illegible] alive on Oct 23 1940

Immediate cause of death	Duration
Arteria-Sclerosis and chronic nephritis	8 yr.
Due to Bronchopneumonia	4 days
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [signature] M.D.
Address 5 Elsew 36 Rd Date signed 10-27-40

VS 3

VS 3

73968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 73968
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital — 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 N. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John W. Miller
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 4/13/1893

8. AGE: Years	Months	Days	If less than one day
47	6	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Frantz
13. Birthplace Germany

MOTHER
14. Maiden Name Virginia ?
15. Birthplace Germany

16 (a) Informant John W. Miller
(b) Address 1617 N. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Dulaney

18 (a) Funeral director George J. Smith & Son
(b) Address 1735 Harlem Ave. City

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

OCT 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24-1940, at 7.02 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion - Acute	
Due to Hypertrophied Degeneration - Fatty	
Due to Generalized Arterio - Sclerosis	
Other Conditions Fatty Liver; Arteriosclerotic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-25-40

OCT 20 1940

VS 6

F 73969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

F 73969 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered, or information given, or the word "unknown" written. Physicians: please write the causes of death clearly and legibly. Underline the cause of which death is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A. Willis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgia Willis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1877

8. AGE: Years: 63 | Months: 4 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Charles County Md.
(Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: Margaret Thomas
15. Birthplace: Charles County Md.

16 (a) Informant: Georgia Willis
(b) Address: 1206 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvery Cemetery
Location: B. A. County Md.

18 (a) Funeral director: Mrs. R. A. Elliott-Haught
(b) Address: 1129 N. Carey St.

19 (a) OCT 26 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Octo 24 1940 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Octo 11 1940 to Octo 24 1940, and that I last saw h.. alive on Octo 24 1940.

Immediate cause of death: Chr. Interstitial Nephritis — Duration: 2 wks

Due to:

Due to:

Other Conditions: Toxemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: C. Wesley Wortland M. D.
Address: 8 E. Fayette St. Date signed: 10-26-40

F 73970

VS 3

F 73970

LB 60288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 73970

131 a Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Latrobe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-8999

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1882

8. AGE: Years	Months	Days	If less than one day
58	6	3	hr. min.

9. Birthplace Florida
(Town, county, and state)
10. Usual Occupation laborer W. P. A.
11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name Hessie ?
15. Birthplace Fla.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof Oct 28/14
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. R. Co

18 (a) Funeral director Baynes Sanders
(b) Address 1412 E Preston St

19 OCT 26 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25- 1940, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22- 1940, to 10-25- 1940, and that I last saw h alive on 10-25- 1940.

Immediate cause of death Uremia — Duration ?

Due to Arteriosclerosis nephrosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Whitacre M. D.
Address Balto City Hosp Date signed 10-26-40

59087

BALTIMORE CITY HEALTH DEPARTMENT

VS 3

73971 F.S. # 59087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

Registered No. # 73971

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1640 N. Goodyear Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME May Eliza Dare

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1908

8. AGE: Years	Months	Days	If less than one day
32	6	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Dare
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah
15. Birthplace Maryland

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/40 (month) (day) (year)
(c) Cemetery or crematory Calvert Co. Inc
Location Geo. H. Kelson

18 (a) Funeral director
(b) Address 1303 Eastman St
19 (a) OCT 26 1940 (Date rec'd by registrar) (b) Thurlington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1940 at 2:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10- 1940, to 10-24- 1940, and that I last saw h-r alive on 10-24-1940.

Immediate cause of death LUPUS ERYTHEMATOSUS — Duration
Acute Lupus erythematosus
Disseminata
Due to DISSEMINATED
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Clinical diagnosis Verified

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. H. Kelson M. D.
Address Baltimore City Hosp. Date signed 10-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 73972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. A. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Milford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morton T. French

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Henrietta French

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1890

8. AGE: Years	Months	Days	If less than one day
49	10	0	hr. min.

9. Birthplace Pawtucket, R. I. (Town, county, and state)

10. Usual Occupation Parking Lot Attendant

11. Industry or business Self

FATHER
12. Name Charles H. French
13. Birthplace Waterbury Conn.

MOTHER
14. Maiden Name Florence Wells
15. Birthplace Waterbury Conn.

16 (a) Informant Mrs. Henrietta French
(b) Address 3214 Milford Ave.

Burial ~~Removal~~ (a) ~~(Burial, cremation, removal)~~ (b) Date thereof Oct 28, 40 (month) (day) (year)

(c) Cemetery or crematory Swann Point, Location Providence R. I.

18 (a) Funeral director Wm J. Leckner & Sons
(b) Address North Pa. Ave.

19 OCT 26 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1940 at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D. Medical Examiner

Date signed 10/26/40

VS 6

B 8-26937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54-a

Registered No. 739973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks, 1/2
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County.....
(c) City or town Clayton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Oakwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Caro Glover Berkeley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harrison C Berkeley

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 7-28-89

8. AGE: Years 51 | Months 2 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Mo — (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Griff 9 Glover

13. Birthplace Mo

MOTHER 14. Maiden Name Marion Rhodes

15. Birthplace Mo

16 (a) Informant Friends

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 27 1940 (month) (day) (year)

(c) Cemetery or crematory Hollywood

Location Richmond Va.

18 (a) Funeral director Henry W Eukyns Sons

(b) Address McCulloh & Orchard Huntington Williamsville, Md

19 (a) Date received OCT 26 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940 at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940 to Oct 25 1940 and that I last saw h[er] alive on Oct 25 1940

Immediate cause of death: Brain tumor - malignant glioma — Duration

Due to.....

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Major findings:
Of operation Glioma

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Charles E. Ireland M. D.

Address Johns Hopkins Hospital Date signed 10-27-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73974 ✓61 Registered No. F 73974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where necessary. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E-33rd St.
(c) Hospital or institution: Union Memorial Hosp 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Russell Ewing ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie Ewing
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1865

8. AGE: Years 75 | Months 8 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation O

11. Industry or business O

FATHER
12. Name ?
13. Birthplace Missouri

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Russell Ewing
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28. 40 (month) (day) (year)
(c) Cemetery or crematory Rock Run
Location Room Hanover Bear Md

18 (a) Funeral director Dean & Foster
(b) Address Bel Air Md

OCT 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 26 1940 and that I last saw h[im] alive on Oct 26 1940

	Duration
Immediate cause of death: Pulmonary Embolism	3 minutes
Due to ? Phlebitis	?
Due to Pneumonia (lobar)	11 days
Other Conditions Diabetes Mellitus Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations O
Of autopsy O

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp Date signed M. 10 D. 26 1940

VS 3

F 73974 ✓61 F 73974

F 739744 ✓ F 739744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Boy Lachman — Birth # F 17933

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 day

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry Lachman

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Emma Richhelderfer

15. Birthplace Grandville, Penn.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) 10/27/40 (Date rec'd by registrar) (b) Hunting for Kilbourne (Registrar) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940, at 5 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Congenital Atelectasis — Duration: 6 hrs.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis B. Barnes M. D.

Address Maternity Hosp. Date signed 3-18-41

VS 3

VS 3

F 73975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-B

F 73975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 31
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: C. G.
(c) City or town: Cromwell (If outside city or town limits, write RURAL and give town)
(d) Street No.: (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harriet L. Bloomquist

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: "

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1924

8. AGE: Years 16 | Months | Days | If less than one day: hr. min.

9. Birthplace: D. C. (Town, county, and state)

10. Usual Occupation: School girl

11. Industry or business

FATHER
12. Name: Earl
13. Birthplace: Illinois

MOTHER
14. Maiden Name: Eleanor Hall
15. Birthplace: Illinois

16 (a) Informant: Father
(b) Address: Cromwell, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Washington, D. C.

18 (a) Funeral director: Wm. H. Sardo & Co.
(b) Address: 412-4th St. N.E. Wash. D. C.

19 (a) (Date rec'd by registrar) (b) Huntington Willenbrock, Registrar

OCT 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 26 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1940 to Oct. 26 1940, and that I last saw her alive on Oct. 26 1940.

Immediate cause of death	Duration
Respiratory failure	
Due to: Cachexia	
Due to: Giving Sarcoma of Sacrum	11 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Tumor mass of sacrum
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Henry Haase M. D.
Address: Univ. Hospital Date signed: 10-26-40

F 73976

OCT 27 1940

F 73976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2402 W. Lombard St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Maggie E. Bristow

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Nathan T. Bristow
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 25, 1867

8. AGE: Years: 73 | Months: 5 | Days: 1 | If less than one day: ..... hr. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: retired

FATHER
12. Name: Charles Craswell
13. Birthplace: England

MOTHER
14. Maiden Name: Sarah Estes
15. Birthplace: Va.

16 (a) Informant: Ethel Adams
(b) Address: 2402 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, '40 (month) (day) (year)
(c) Cemetery or crematory: Warner Cem.
Location: Warner, Virginia

18 (a) Funeral director: John A. Mitchell Sons
(b) Address: 1900 Eutaw Place, Baltimore

19 (a) OCT 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10-40 19..., to 10-26 1940 and that I last saw h alive on 10-24 1940.

Immediate cause of death	Duration
Arteriosclerosis Heart chronic with failure	2
Due to Hypertension	
Due to Unspecified Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J. Gimbel M. D.
Address 2703 Edmondson Ave. Date signed

F 73977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 73977 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 N Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Fine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Goldie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Louis Fine
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel ?
15. Birthplace Russia

16 (a) Informant Maurice Fox
(b) Address 521 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Signature of registrar) (b) Registrar

OCT 27 1940
VS 3

MEDICAL CERTIFICATION 3.15

20. DATE OF DEATH October 25 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1938, to Oct 25, 1940, and that I last saw h alive on Oct 25 1940.

Immediate cause of death: Chronic Myocarditis — Duration: 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B Wolfe

Address 1331 E North ave Date signed 10-25-40 M. D.

F 73978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 73978
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44z da. 13-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Lingan (47331)

3 (b) If veteran, name war W
3 (c) Social Security Account No. NHF

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1884

8. AGE: Years 56 | Months 10 | Days 13 | If less than one day hr. min.
55

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Duff
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Lingan
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 10/28/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

OCT 27 1940
(Date rec'd by registrar)
(a) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 1940, at 4:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1939 to Oct. 26 1940 and that I last saw her alive on Oct. 26, 1940

Immediate cause of death Cancer ca — Duration 2 wks

Due to Amyloid disease ? tubercu — Duration ?

Due to Pulmonary tbc — Duration about 20 mos

Other Conditions Mod. arteriosclerosis & hypertension heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospitals Date signed 10-26-40

F 73979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V46-B

F 73979
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH;
(a) Baltimore City, Maryland
(b) Street address 1422 N. Chester Street
(c) Hospital or institution:
U.S. Marine Hospital - Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 N. Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.) -- years

3 (a) FULL NAME
Peter John Nikol

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Nikol
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 27, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	27	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Silver Chaser
11. Industry or business

FATHER
12. Name John Nikol
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Schrufer
15. Birthplace Germany

16 (a) Informant Records- U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof Oct-28-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hoecker Sons Inc
(b) Address 1301 E. Eager St.

OCT 27 1940
(Date received by registrar) Hunting for Williams MD (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 20 1940, to October 24 1940, and that I last saw him alive on 10/24 1940.

Immediate cause of death	Duration
Compression of spinal cord	1 week
Due to Multiple metastases of carcinoma of stomach	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T.B.H. Anderson M. D.
Address USN Marine Hospital Baltimore, Md. Date signed 10/25/40

F 73980

VS 3

F 73980

F 73980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No.

DH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(c) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 Warden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27, 1894

8. AGE: Years 46 | Months 6 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Katie Rider
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Taylor Ave

18 (a) Funeral director Henry J. Broderick Sons Inc
(b) Address 1301 E. Eager St.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

OCT 27 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26- 1940, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-27- 1940, to 10-26- 1940 and that I last saw h-r alive on 10-26- 1940.

Immediate cause of death: Uremia
Cerebral Thrombosis — Duration ?

Due to: Arteriosclerosis, nephrosclerosis — Duration ?

Due to: — Duration

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Arteriosclerosis, nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-26-40

Please write plainly in ink; avoid abbreviations; give exact information in every item. Do not omit any item for which there is a correct answer. Physicians; please write the causes of death clearly and legibly. Every death is especially important.

(Date rec'd by registrar) OCT 27 1940 Registrar for Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 73981 — 94-a — Registered No. F 73981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 N Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 2
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Jacobson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Tillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59 58			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Painter Self

FATHER
12. Name Daniel Jacobson
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Nicholowitz
15. Birthplace Russia

16 (a) Informant Julia Jacobson
(b) Address 1525 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 40 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

(Date rec'd by registrar) OCT 27 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 19 , at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1940 to Aug 27 1940 and that I last saw h.. alive on Aug 26 1940

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Abraham Schapiro

Address 2028 Eutaw Pl. Date signed 10/27/40 M. D.

F 73382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 73982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6412 Sefton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6412 Sefton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna M. Warthen

3 (b) If veteran, name war: ---
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Married

6 (b) Name of husband or wife: Harry S. Warthen
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 5 1888

8. AGE: Years	Months	Days	If less than one day
52	6	20	..... hr. ..... min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: House-wife
11. Industry or business

FATHER
12. Name: Conrad Sheeler
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Fennie Rubenkonig
15. Birthplace: Balto. Md.

16 (a) Informant: Harry S. Warthen
(b) Address: 6412 Sefton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave.

18 (a) Funeral director: Robert S. Little
(b) Address: 2700 Edmondson Ave.

19 (a) OCT 27 1940 (Date received by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1940 19 2.35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1939 to Oct 25 1940 and that I last saw h.... alive on Oct 25 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	few hours
Due to	
Cardio-Nephritis Hypertension	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James E. White M. D.
Address 5214 Harford Rd Date signed Oct 26

F 73983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-V

F 73983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Eight St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Hiss

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Hiss
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 16 1875

8. AGE: Years 65 yrs. | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Secretary
11. Industry or business McComas Coal Co.

FATHER
12. Name George Hiss
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Deem
15. Birthplace Balto

16 (a) Informant Mrs. August Koch
(b) Address 1410 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd

18 (a) Funeral director J. J. McNally Mrcy
(b) Address 130 E. Fort Ave.

19 (a) 10-27-1940 (Date received by registrar) (b) Huntington Williams, M.D.

OK

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/24/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1940, to Oct 24 1940, and that I last saw him alive on Oct 24 1940.

Immediate cause of death	Duration
Hepatic Coma Occlusion Stokes-Adams Syndrome	
Due to Arteriosclerosis Hypertension Cardiac Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Hewins M. D.
Address 20 Balto. Gen. Hosp. Date signed 10-24-40

F 73984

F 73984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Gilmor Ave, 27-h Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Woerner

If U. S. Veteran specify WAR

(a) Residence: No. 2815 Gilmor Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27-1858

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Zehner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Woerner

(Address) 2815 Gilmor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10-28-40

19. UNDERTAKER Leonard J. Pugh

(Address) 5305 Harford Rd

FILED OCT 27 1940 Huntington Williams, M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—TYPEWRITING is preferred. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1940 to October 1940

I last saw him alive on Oct 23 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis -	

Other contributory causes of importance:

Generalized Arteriosclerosis - Hypertension - Chronic Chalecystitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Boyle M. D.

(Address) 5309 - Harford Road

F 73985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30 G F 73985 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 So Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Mc Neal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Walter Mc Neal
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) August 20 1912

8. AGE: Years	Months	Days	If less than one day
28	2	6	hr. min.

9. Birthplace Marianna Florida (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Robert Bowers
13. Birthplace Marianna Florida

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Walter Mc Neal
(b) Address 600 So Paca street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 28 1940 (month) (day) (year)
(c) Cemetery or crematory Jacksonville Florida
Location

18 (a) Funeral director Joseph A. Sivley
(b) Address 40 So Mount Street

(a) Date registrar (b) [illegible]

OCT 27 1940

VS 6

MEDICAL CERTIFICATION X 30

20. DATE OF DEATH October 26 1940 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Uremia following leaving treatment of syphilis
Due to (Disseminated)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Vandersloot M.D. Medical Examiner.
Date signed 10-26-40

VS 6

F 73986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 73986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospt.
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Whitelock St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Selma Suratky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years 15 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER 12. Name Albert Suratky
13. Birthplace Poland

MOTHER 14. Maiden Name Yetty Boturn
15. Birthplace New York

16 (a) Informant Supt. Parents
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Belmont St.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) Date received by registrar OCT 28 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 25 1940, and that I last saw her alive on Oct 24 1940

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic H. Dis.	10 yrs
subacute bac. endo	3 mos.
Due to Stuffy vexillous.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Russakoff
Address Sinai Hosp Date signed 10/28/40

VS 3

F 73987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 73987

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Bayview & Dividend

(c) Hospital or institution: W. Balt. Gen. Hosp. 16-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 648 N. Carey St (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Samuel Koren.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Russia.

8. AGE: Years 55 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Confectionery Store

11. Industry or business Self

FATHER 12. Name Mayer Koren

13. Birthplace Russia

MOTHER 14. Maiden Name Esther Geffs

15. Birthplace Russia

16 (a) Informant Hosp. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-40 (month) (day) (year)

(c) Cemetery or crematory Washington Blvd.

Location Washington Blvd

18 (a) Funeral director Jack Levine Inc.

(b) Address 1439 E. Baltimore St.

19 (a) ... (Deputy Registrar) (b) Huntington Williams, M.D. Registrar

OCT 27 1940

VS 3

MEDICAL CERTIFICATION

26

20. DATE OF DEATH Oct. 25th 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25/1940 to 10/25/1940 and that I last saw him alive on 10/25/1940.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. E. Blumenthal M. D.

Address Date signed

73988 8313--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 23988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.12das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Alt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-1875

8. AGE: Years	Months	Days	If less than one day
65	5	7	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Retired Plumber
11. Industry or business self

FATHER
12. Name John Alt
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Unknown
15. Birthplace Balto.

16 (a) Informant Margaret S. Alt
(b) Address 2928 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 10/28
(c) Cemetery or crematory Druid Hill Park
Location Fish Ave
18 (a) Funeral director Geo. H. Lembach
(b) Address 425 N. Appleton St

OCT 27 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1940, to 10-25 1940, and that I last saw h. alive on 10-25 1940.

Immediate cause of death Carcinoma of Stomach — Duration 1 yr.
Due to Gastric Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto. City Hosp. Date signed 10-26-40

73989

F 73989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Carroll St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Carroll St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Lillian M. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wilson Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 1875

8. AGE: Years	Months	Days	If less than one day
64	10	21	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Meeking
13. Birthplace Unknown

MOTHER
14. Maiden Name Bloom
15. Birthplace Unknown

16 (a) Informant Ruth E. Wright
(b) Address 1421 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28. 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mr. Nat. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) Oct 24 1940 (Date received by Registrar) Huntington Phillips M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1940, at 6.9. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Oct 26 1940, and that I last saw h.e. alive on Oct 26 1940.

Immediate cause of death apoplexy
Mitral Stenosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days
4 yrs
10 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mary Stone

Address 729 North Bend Date signed Oct 26/40

VS 8

F 73990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 73990

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N Eden
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Alexander Martin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carrie Martin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 25, 1874
8. AGE: Years 65 | Months 10 | Days | If less than one day ... hr. ... min.
9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or Business

FATHER
12. Name Alexander Martin Sr.
13. Birthplace Balto md.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Carrie Martin (wife)
(b) Address 700 N Eden St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-40 (month) (day) (year)
(c) Cemetery or crematory Antioch Evergreen Cem
Location Balto, Md
18 (a) Funeral director Mrs Ida Bailey
(b) Address 1821 Jefferson St
19 (a) [illegible] Registrar Huntington Williams MD Registrar

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/25 1940 at 12:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1940 to 10/25 1940, and that I last saw h[illegible] alive on 10/24 1940
Immediate cause of death Perforated Gastric ulcer
Due to Peptic ulcer acute & chronic
Due to
Other Conditions Senile debilitation
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R F Young
Address 1424 E Monument St Date signed 10/27/40

OCT 27 1940

F 73991

73991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Notre Dame Convent

CITY OF BALTIMORE: (No. 901 Aisquith Street St., 10-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sr. M. Euphronia Zihala

(a) Residence: No. Motherhouse of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1894

7. AGE 46 Years	Months 4	Days 2	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

FATHER

13. NAME John Zihala

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Helen Vackie

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Sister of Notre Dame

(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff, Privat Date Oct. 29th 1940

19. UNDERTAKER Geo. M. Fink Son

(Address) 811 N. Wolfe St.

OCT 27 1940 19 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1940 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to Oct. 26, 1940

I last saw her alive on Oct. 24, 1940 Death is said to have occurred on the date stated above, at 5.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma	
Extension to Lung - Breast	
Metastases to Bone	

Other contributory causes of importance:

pleurisy & Cough

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Kirby M. D.

(Address) 1106 North Ave.

F 73992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 73992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) About 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles + Read Sts LATROBE APTS. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME FRANCIS KENNEDY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Ser.

6 (b) Name of husband or wife Ravida Ells

6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr. ----------

8. AGE: Years	Months	Days	If less than one day
About 47	—	—	— hr. — min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation MANUFACTURER

11. Industry or business Vice President Kennedy Balto. Iron

FATHER
12. Name PATRICK KENNEDY
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARY FLYNN
15. Birthplace PHILADELPHIA, PA.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director M. D. Mears, Inc.
(b) Address 605 N. Calvert Street

19 (a) ------- (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

OCT 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25, 1940; at 10.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ Oct 25, 1940, to ---- 19--, and that I last saw h.um alive on Oct. 25 1940

Immediate cause of death: DIABETIC ACIDOSIS

Due to DIABETES MELLITUS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Richard H. Pembroke M.D.
Address Union Memorial Hosp. Date signed 10/25/40

OCT 27 1940

F 73993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 73993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 E. LOMBARD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 E. LOMBARD ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME EDWIN F. KNOCKEY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: MARY E. KNOCKEY

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JAN. 25 1869

8. AGE: Years 71 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RETIRED SCHOOL FIREMAN

11. Industry or business PUBLIC SCHOOLS.

FATHER
12. Name AUGUST KNOKEY
13. Birthplace GERMANY

MOTHER
14. Maiden Name SOPHIA DRUCKEMILLER
15. Birthplace PENNA.

16 (a) Informant ANNA SLATER (DAUGHTER)
(b) Address 2104 E. LOMBARD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 28/40 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Leider Inc.
(b) Address 405 S. WOLFE ST.

19 (a) ..... (Date received by registrar) (b) ..... Registrar

OCT 27 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 24 19 40 12/3 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 40, to Oct 24 1940, and that I last saw h[illegible] alive on Oct. 24 19 40.

Immediate cause of death: Endocarditis

Due to Arterio-Sclerosis

Due to .....

Other Conditions Pulmonary Edema Acute Cardiac Dilatation

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature John G. Ormen M. D.
Address 26 E. Preston St. Date signed

VS 3

F 73994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No.

F 73994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address RAYNER & DUKELAND AVES.
(c) Hospital or institution:
WEST BALTIMORE GENERAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 DAS. 26 5
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 E. PRATT ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME mr. John W Zang
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY ZANG.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) OCT. 5 1870

8. AGE: Years	Months	Days	If less than one day
70	0 10	20	..... hr. ..... min.

9. Birthplace MARYSVILLE PENNA.
(Town, county, and state)
10. Usual Occupation MACHINST SPARROWS PT.
11. Industry or business STEEL MILL

FATHER
12. Name JACOB ZANG
13. Birthplace GERMANY

MOTHER
14. Maiden Name SUSIAN UNKOWN
15. Birthplace PENNA.

16 (a) Informant MARY ZANG (WIFE)
(b) Address 3604 E. PRATT ST.

17 (a) BURIAL (b) Date thereof OCT. 29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location EASTERN AVE. EXT.
18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.
19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

OCT 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940 to 10-25 1940 and that I last saw h[illegible] alive on 10-25 1940

Immediate cause of death Coronary occlusion — Duration 45 min.
Due to Hypertensive Arteriosclerotic Heart — not determined
Due to Disease — over
Other Conditions Prostatic Hypertrophic 2 yrs
Emphysema
(Include pregnancy within 3 months of death)
Major findings:
Of operations Prostatic hypertrophia 10-12-40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. E. Blumenthal 1940 M. D.
Address WEST BALTO. GEN. Date signed OCT. 25

OCT 27.1940

B 73995

BALTIMORE CITY HEALTH DEPARTMENT

DH

CERTIFICATE OF DEATH

124a

F 73995
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 26-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Schuck Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Edward Thomas Sullivan

3 (b) If veteran, name war: Worlds War
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Sullivan
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1893

8. AGE: Years 46 47 | Months 11 | Days - | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired Navy Man
11. Industry or business Naval

FATHER
12. Name John Sullivan
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Brown
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30/40 (month) (day) (year)
(c) Cemetery or crematory US. NATIONAL
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Leiter INC.
(b) Address 403 S. WOLFE ST.

OCT 27 1940
(Date filed by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26-1940, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6-1940, to 10-26-1940, and that I last saw h[illegible] alive on 10-26-1940.

	Duration
Immediate cause of death: Uremia	7
Due to: Cirrhosis of Liver (Alcoholic) ?	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Cirrhosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 10-26-40

VS 3

F 73996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 73996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Frederick ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-D
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Frederick ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard H. SCALLAN

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex MALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Virginia SCALLAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 11-1871

8. AGE: Years 69 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace ANNAPOLIS MD (Town, county, and state)

10. Usual Occupation RETIRED FOREMAN

11. Industry or business GAS & ELECTRIC CO

FATHER 12. Name JAMES M. SCALLAN
13. Birthplace ENGLAND

MOTHER 14. Maiden Name EMMAC. GATES
15. Birthplace PENNA

16 (a) Informant Mildred V. Schwartz
(b) Address 3001 FREDERICK AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 28-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location BALTIMORE MD

18 (a) Funeral director Pratt C. B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) Date received OCT 29 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26-40 19 , at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1938 to 10-26 19 40, and that I last saw h[illegible] alive on 10-23 1940.

Immediate cause of death Occlusion Coronary Thrombosis Arterio-Sclerotic Heart — Duration Immediate Death

Due to — Duration 3 yrs

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. V. Teagarden M. D.
Address 562 Lex Bldg Date signed 10-26-40

OCT 29 1940

VS 3

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73997 Registered No.

73997 Also born at

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Ash Burton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas C Renoweth (Birth 17471) X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1940

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Walter C Renoweth
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Katherine C Barron
15. Birthplace Balto. Md.

16 (a) Informant Walter C Renoweth
(b) Address 19 Ash Burton St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location

18 (a) Funeral director W H Mansfield
(b) Address 3539 Falls Rd

(Local registrar) (Deputy registrar)

OCT 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1940 to Oct. 26 1940 and that I last saw him alive on Oct. 26, 1940

Immediate cause of death: Epidemic Diarrhoea — Duration: 1 week

Due to

Due to

Other Conditions: Broncho-Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Malnutrition, Dehydration
Of autopsy Broncho Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammer, Jr. M.D.
Address Mercy Hospital Date signed 10/27/40

F 73998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 a

F 73998

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mitchell Johnson Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Widower

6 (b) Name of husband or wife Vida Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace King William Co. Va.
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Private Home

FATHER
12. Name Lucas Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Lena Butler
15. Birthplace Va.

16 (a) Informant Mack Johnson
(b) Address 923 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location C. & Co.

18 (a) Funeral director Saml. F. Chase & Son
(b) Address 638 N. Belnord St.

19 (a) OCT 28 1940 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940, to 10-25 1940 and that I last saw h/e alive on 10-25 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musgrave M. D.
Address Provident Hospital Date signed 10-27-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 73999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 73999
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADELAIDE M. GARDNER

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles W. Gardner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1864

8. AGE: Years 76 | Months 4 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation: retired

11. Industry or business: no

FATHER
12. Name: don8t know
13. Birthplace:

MOTHER
14. Maiden Name: Sarah Richardson
15. Birthplace: Va.

16 (a) Informant: Mrs. Adelaide G. Shapiro
(b) Address: 211 Quackenboss St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28. 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: E. North Ave. Balto Md.

18 (a) Funeral director: Lowondes Funeral Home
(b) Address: 1900 Eutaw Place

19 (a) ..... (Date rec'd by registrar) (b) Registrar

OCT 28 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26. 1940, at 12.02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Oct 26 1940, and that I last saw her alive on Oct 26 1940.

Immediate cause of death: Pulmonary hemorrhage

Due to: Arteriosclerosis & hypertension

Due to: Diabetes

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury
23. Signature: C. H. Edwards M. D.

Address 3926 Green Mount Ave. Date signed 10/27/40

Komisarow

F 74000

OCT 28 1940 Huntington Williams, M.D.

Komisarow

F 74000

74000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-2 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Fort Wayne (If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 S Wayne St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Stomisarow
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Mary Schefman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 4, 1883
8. AGE: Years 57 | Months 3 | Days 23 | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Itinerant
11. Industry or business Fruit Peddler
FATHER 12. Name Ralph Komisarow
13. Birthplace Russia
MOTHER 14. Maiden Name Sarah
15. Birthplace Russia
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29/40 (month) (day) (year)
(c) Cemetery or crematory Fort Wayne Ind
Location
18 (a) Funeral director John Mitchell & Son
(b) Address 1900 Eutaw Place
19 OCT 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940 at 3.46 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1940 to Oct 27 1940, and that I last saw h alive on Oct 27 1940.

Immediate cause of death Brain Tumor type unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Incised wound forearm
Of autopsy not done

Duration: 2 mos +

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury OTENASAKI
23. Signature Frank Ottenad 3853 M. D.
Address J. H. H. Date signed 10-27-40

Fant

F 74001

BALTIMORE CITY HEALTH DEPARTMENT

(Date rec'd by registrar)

VS 3

Fant

F 74001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74001 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Augusta Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Florence L Fant

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr 20 1866

8. AGE: Years	Months	Days	If less than one day
74	6	6	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Thomas Newsom
13. Birthplace Balto.

MOTHER
14. Maiden Name Sarah Elizabeth Plummer
15. Birthplace Balto.

16 (a) Informant Harry T Fant (Son)
(b) Address Same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 (a) ..... (b) ..... (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Oct 27 1940, and that I last saw her alive on Oct 27 1940.

Immediate cause of death: Generalized Carcinomatosis

Due to: Carcinoma Cervix

Due to: .....

Other Conditions: .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Fuller B Whitworth M.D.
Address Md. Gen. Hosp. Date signed 10-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

(Date rec'd by registrar)

VS 3

F 74002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

Registered No. F 74002

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. I. Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin E. Asendorf

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9941

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Blanche L. Asendorf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1888

8. AGE: Years	Months	Days	If less than one day
52	3		hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Own Shane Contractor

FATHER
12. Name Asendorf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Blanche L. Asendorf
(b) Address 1532 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry F. Nitzke
(b) Address 4101 Edmondson Ave

(c) Oct 28 1940 (Date received by registrar) (b) Huntington Williams Hosp

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1940 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Atherosclerosis with Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner.)

Date signed 10/25/40

VS 6

74003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 74003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 N. Arlington ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Johnson

3 (b) If veteran, name war. 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lottie S. Johnson
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 22, 1885

8. AGE: Years 55 | Months 4 | Days 4 | If less than one day: hr. min.

9. Birthplace Gloucester County Va.
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business Union Memorial Hospital

FATHER
12. Name William Johnson
13. Birthplace Yorktown va.

MOTHER
14. Maiden Name Lucy Baker
15. Birthplace Gloucester va.

16 (a) Informant Mrs. Lottie S. Johnson
(b) Address 624 N. Arlington ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 29 1940 (month) (day) (year)
(c) Cemetery or crematory Poplar Cemetery
Location Gloucester County Va.

18 (a) Funeral director J. J. P. Jenkins
(b) Address 549 mason st.

19 (c) Filed 28 1940 (Registrar) Hampton Williams M.D.
VS 3 Nelson Cortile. Gloucester Co. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26-1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24/40 to 10/26/40 and that I last saw h[illegible] alive on 10/26/40

Immediate cause of death: Apoplexy — Duration (3) Days
Due to: Cerebral Hemorrhage
Due to: Hypertension
Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Buckingham
Address 526 N. Carey Date signed 10/28/40

74004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-B F 74004 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 W. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Eleanor Snowden

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Negro	Infant

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 7 1939

8. AGE: Years	Months	Days	If less than one day
1	6	18	____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation ____
11. Industry or business ____

FATHER
12. Name Thomas L. Snowden
13. Birthplace Md.

MOTHER
14. Maiden Name Jeannette Williams
15. Birthplace Pa.

16 (a) Informant Father - Thomas Snowden
(b) Address 215 W. Riddle St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director Guy Tippanier & Kennedy
(b) Address 338 W. Biddle St.

19 (a) OCT 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27 1940, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1940 to 10-27 1940, and that I last saw her alive on 10-27 1940.

	Duration
Immediate cause of death Cardio-resp. failure	
Due to: Influenzal meningitis	7 days
Due to	
Other Conditions Bilateral otitis media, pharyngitis. (Include pregnancy within 3 months of death)	7 to 30 days

Major findings:
Of operations ____
Of autopsy Influenzal meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature Robert Brenner M. D.
Address Univ. Hospital Date signed 10-27-40

F 74005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 74005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or "unknown" written. Be sure to correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 Mt. Royal Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Mt. Royal Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARISSA MARTENET MABBETT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Female	White	Divorced

6 (b) Name of husband or wife Edwin J. Mabbett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1863

8. AGE: Years	Months	Days	If less than one day
77	8	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Simon J. Martenet
13. Birthplace Baltimore

MOTHER
14. Maiden Name Philina Fussell
15. Birthplace Baltimore

16 (a) Informant Mr. Royden K. Mabbett
(b) Address 2022 Mt. Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) OCT 28 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1938, to 10-26-1940, and that I last saw h[illegible] alive on 10-25-1940.

Immediate cause of death: Cardio Vascular disease - Hypertension — Duration: 2 yrs. -
Due to Cardiac dilatation + failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Warren M. D.
Address 2604 Garrison Blvd Date signed 10-26-40

F 74005

VS 3

F 74006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1923

F 74006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; or if none, so state. Do not use ditto marks. Be sure to give the correct age in each case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 E. 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 E. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James D. Gahagan
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 4 1876
8. AGE: Years 64 Months — Days 23 If less than one day ..... hr. ..... min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Freight Handler
11. Industry or business
FATHER 12. Name John J. Gahagan Sr.
13. Birthplace Ireland
MOTHER 14. Maiden Name Bridget Gortland
15. Birthplace Ireland
16 (a) Informant John J. Gahagan Jr.
(b) Address 428 E 20th St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 30 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location
18 (a) Funeral director Chas. T. Rawlings Sons Inc
(b) Address 118 W. Mt. Royal Ave
19 (a) OCT 28 1940 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1940 to Oct 27 1940 and that I last saw h— alive on Oct 27 1940.

	Duration
Immediate cause of death Acute Cardiac dilatation	
Due to Mitral regurgitation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jack J. Singer M. D.
Address 506 E. North Ave Date signed 10 29 40 (M. D.)

VS 3

F 74007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

F 74007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fawcett & 40th Sts

(c) Hospital or institution: Md. Casualty Co. Dispensary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 912-W-38th St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph S. L. B. James

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-10-3021

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred S. James

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan. 14-1879

8. AGE: Years 61 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual Occupation Information Clerk

11. Industry or business Md. Casualty Co. - Md.

FATHER

12. Name Richard James

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Mary V. McFaul

15. Birthplace Balto., Md.

16 (a) Informant Mrs. Mildred S. James (wife)

(b) Address 912-W-38th St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (month) 30 (day) 40 (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave. City

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) OCT 28 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Oct 25 1940, and that I last saw him alive on Oct 4 1940.

Immediate cause of death: Coronary thrombosis

Due to:

Due to:

Other Conditions: Hypertensive-cardio vascular-renal disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. N. McFaul Jr. M. D.

Address 1800 N. Charles St Date signed 10/26/40

F 74008

F 74008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950

F 74008

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Callow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Callow Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME HATTIE ROSE.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1453

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 9, 1883

8. AGE: Years	Months	Days	If less than one day
57	9	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business

FATHER
12. Name Charles Rose.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lizzie Greenbaum.
15. Birthplace Balto. Md.

16 (a) Informant Mr. Emanuel Rose.
(b) Address 2442 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cem.
Location Balto. Md.

18 (a) Funeral director Harold Sandstrom & Son.
(b) Address 1902 Eutaw Place.

19 (a) OCT 28 1940 (Date received by Registrar) (b) Filed by Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27th. 1940 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to Oct 27 1940
and that I last saw her alive on Oct 26 1940

Immediate cause of death: General Carcinoma — Duration June 10/40

Due to: Primary Carcinoma of breast

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold Trubliff M. D.
Address 2220 Garrison Blv. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 74009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 E. Preston St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

94

3 (a) FULL NAME Francis L. Eiser

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-10-0445

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Florence Eiser

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov. 9. 1881

8. AGE: Years 58 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Shoe Mfg.

FATHER
12. Name Michael Eiser
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schriner
15. Birthplace Germany

16 (a) Informant Mrs. Lilian M. Dalton
(b) Address 511 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30. 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave & Longwood St

18 (a) Funeral director Ehmke W. Coughlin & Son
(b) Address 624 E Eager st

19 (a) OCT 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27th. 1940. at 10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to Oct 27 1940, and that I last saw h[illegible] alive on Oct 27 1940.

Immediate cause of death Coronary Thrombosis — Duration 15 Min

Due to arteriosclerosis of coronary arteries — 1 Mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Egbert H. Mortimer M.D.
Address 2760 St Paul St Date signed 10/28/40

V8 3

VS 3

F 74010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1151 North Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1151 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRIETT MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Robert Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1886

8. AGE: Years 53 | Months 54 | Days 10 | If less than one day 2324 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Housework

FATHER
12. Name Edward Snell
13. Birthplace Maryland

MOTHER
14. Maiden Name Isabel Johnson
15. Birthplace Maryland

16 (a) Informant Robert Miller-husband
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Presstman St

OCT 28 1940 (Date rec'd by registrar)

(b) Hunting Ave Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1940, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 10-27-40

VS 6

VS 6

F 74011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940 Registered No. F 74011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 N. Howard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude Baugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1902

8. AGE: Years 38 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Laura Henson (Foster)
15. Birthplace Baltimore, Md

16 (a) Informant Laura Henson
(b) Address 1919 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. G. Kelsay
(b) Address 1303 Pulaski

19 (a) (Signature of local registrar) (b) Registered Oct 28 1940 Harrington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1940 at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrington Williams M.D. Medical Examiner.
Date signed Oct 26/40

386086F 74012 BALTIMORE CITY HEALTH DEPARTMENT 93-D F 74012
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Fraing

3 (b) If veteran, name war: no | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Fraing
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 8-23-83

8. AGE: Years	Months	Days	If less than one day
57	2	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Hucksters
11. Industry or business Silk

FATHER
12. Name Charles Fraing
13. Birthplace Germany

MOTHER
14. Maiden Name Catts Simons
15. Birthplace Germany

16 (a) Informant Funeral
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1210 E. Lanvale St.

19 (a) OCT 28 1940 (Date rec'd by registrar) (b) Huntington Mitchell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1940 to Oct 27 1940, and that I last saw him alive on Oct 27 1940.

Immediate cause of death Cardiac failure — Duration 2 yrs.
Due to Hypertensive Heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell H. Miller
Address J. H. H. Date signed 10/31/40

VS 3

F 74013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D F 74013 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Pearl St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Michael Hughes

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: 213-16-5332

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife: Mina F. Leach
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) October 2, 1899

8. AGE: Years 41 | Months 0 | Days 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Musician

11. Industry or business

FATHER
12. Name: Michael Hughes
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Anna Riley
15. Birthplace: England

16 (a) Informant: Records, U.S. Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30th/1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: City.

18 (a) Funeral director: Charles F. Duff.
(b) Address: 1561 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Give the causes of death clearly and legibly. Ages should be stated in years, months, days, hours, or minutes, as the case may be. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940 at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 12 1940 to Oct. 26 1940 and that I last saw him alive on Oct. 26 1940.

Immediate cause of death	Duration
Hypertrophy & dilatation of heart	Unknown
Due to Luetic aortitis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. F. H. Anderson M.D.
Address U.S. Marine Hospital Date signed 10-28-40

VS 3

VS 3

F 74014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-3V

Registered No. F 74014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lorraine Dolphin
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3801 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME James E. French EDWARD FRENCH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-10-0735

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: George Lee French
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired B. T. Co.
11. Industry or business Baltimore Transit Company

FATHER
12. Name Benjamin C. French
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Waddell
15. Birthplace Unknown

16 (a) Informant Mrs. James E. French
(b) Address 3801 Greenmount Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery or crematory Providence Methodist
Location Providence, Balto Co., Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) OCT 28 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/1940, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20 1940 to 10-27 1940 and that I last saw h. alive on 10-27 1940.

Immediate cause of death: Bronchopneumonia, primary — Duration: 1 week

Due to: Staphylococcus aureus hemolytic toxin

Due to:

Other Conditions: Chronic nephritis with uremia. — 10 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Mallon M. D.
Address St. Joseph's Hospital Date signed 10/27/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 24015

4015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 E. Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 E. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucinda Parker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1940 at 11:05 M

4. Sex: female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or ~~wife~~: Joseph Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1891

8. AGE: Years 48 | Months 3 mo | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William Chase

13. Birthplace Baltimore md

MOTHER 14. Maiden Name Lucy Chase

15. Birthplace Baltimore md

16 (a) Informant Rosa Roberts

(b) Address 122 E monument St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 29 1940 (month) (day) (year)

(c) Cemetery or crematory Laurel Cemetery

Location Balto

18 (a) Funeral director Lottie Gross

(b) Address 1402 Ashland Ave

19 (a) OCT 25 1940 (Date rec'd by registrar) (b) Hunterson Williams, M.D. Registrar

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 5 min

Due to

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsch M.D.
Medical Examiner.

Date signed 10/25/40

VS 4

VS 4

F 74016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 74016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W
(b) Street address 402 23rd st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 - 23rd st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Louisa Buchman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Buchman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-1878

8. AGE: Years 62 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Conrad Hoffman
13. Birthplace

MOTHER
14. Maiden Name Emma McCann
15. Birthplace Balto. Md.

16 (a) Informant William Buchman
(b) Address 402 - 23rd st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-30-40 (month) (day) (year)
(c) Cemetery or crematory New Catholic
Location

18 (a) Funeral director Leonard J. Rust
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Registered Huntington Williams M.D.

OCT 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27-40 19, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 40 to Oct 27 1940 and that I last saw h[illegible] alive on Oct 26 1940

Immediate cause of death: Coronary Thrombosis — Duration 10 min.
Due to Arteriosclerosis — Duration ? yrs.
Due to
Other Conditions Diabetes Mellitus — Duration ? yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Draughty M. D.
Address 10 E Biddle St Date signed 10/28/40

74017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 74017 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Heldon Ave.
(c) Hospital or institution: 13 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Heldon Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson G. Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10-1868

8. AGE: Years 72 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Car Inspector

11. Industry or business Pennsylvania Railroad

FATHER — 12. Name Absolm Baker
13. Birthplace Maryland

MOTHER — 14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mrs. Lillie Baker
(b) Address 1207 Heldon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-1940 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. (Registrar)

OCT 29 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26- 1940, at 11.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Oct 26 1940, and that I last saw h[illegible] alive on Oct 26 1940.

Immediate cause of death Myocarditis — Duration 4 months

Due to Arteriosclerosis — 2 years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J Davies M. D.
Address 800 W 33rd Date signed 10-27-40

F 74018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 74018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 W Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 W. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES H. HARMON

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex m | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catterson Kromer

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1870

8. AGE: Years 69 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Water Dept. City

FATHER
12. Name Patrick Harmon
13. Birthplace Ireland

MOTHER
14. Maiden Name Lennia
15. Birthplace Ireland

16 (a) Informant son Charles E Harmon
(b) Address 1518 W Pratt St

17 (a) burial (b) Date thereof 10/29/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 90 Hollins Street

19 (Date rec'd by registrar) OCT 28 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to ..... death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration .....
Due to .....
Due to .....
Other Conditions nil
(Include pregnancy within 3 months of death)
Major findings:
Of operations nil
Of autopsy nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-26-40

VS 6

F 74019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-B

F 74019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Westgate Rd.
(c) Hospital or institution:

28-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Westgate Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine C. E. Brandt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ late Charles T. Brandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1868

8. AGE: Years 72 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name [illegible] Crane
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Catherine R. Brandt
(b) Address 513 Westgate Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry W Weithe
(b) Address 4101 Edmondson Ave

19 (a) OCT 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940, to Sept 20 1940, and that I last saw h[illegible] alive on Sept 20 1940.

Immediate cause of death Angina Pectoris — Duration 1/2 hour
Antecedent cause Last 6 mos
Due to Arteriosclerosis — 2 yrs
Enlargement of Liver
Due to Last 2 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Bueter M. D.
Address 1st Washington Date signed 10-28-40

VS 3

F 74020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-C

F 74020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Oak Hill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3015 Oak Hill Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME JAMES P. COONEY

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-05-6076

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1883

8. AGE: Years	Months	Days	If less than one day
56	10	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Supt. of Bldg.
11. Industry or business Savings Bank of Balto.

FATHER
12. Name John A. Cooney
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie M. Higgins
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret G. Cramer
(b) Address 3015 Oak Hill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) OCT 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5th 1939 to Oct. 25 1940, and that I last saw h alive on 19.

Immediate cause of death	Duration
Parotid tumor	
Squamous cell carcinoma with metastases.	2 to 3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Parotid tumor -
Of operations Squamous cell carcinoma with metastases.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eugene Covington M.D.
Address 3301 N. Charles St. Baltimore, Md. Date signed 10-28-40

F 74021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B Registered No. F 74021

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 465 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Wooten (47611)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1908

8. AGE: Years 31 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation Porter & Waiter

11. Industry or business

FATHER
12. Name Ed. Thomas Wooten
13. Birthplace N. Car.

MOTHER
14. Maiden Name Hattie DuPree
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct. 28/40 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location North Carolina

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 3120 W. Lexington St.

19 (a) (Date rec'd by registrar) OCT 28 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1940, at 11:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19, 1939 to Oct. 27 1940, and that I last saw him alive on Oct. 27, 1940

	Duration
Immediate cause of death: Tuberculosis of lungs	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence McSeven M. D.
Address Balto. City Hospital Date signed 10-28-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Report the causes of death clearly and legibly. Omit terms of mode or manner. Indefinite or unusual terms of disease, and the correct age is especially important. Physicians: please write the cause of death in terms which can be understood by the laity.

VS 3

74022

HEALTH DEPARTMENT—CITY OF BALTIMORE

74022

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1808 WEST MOSHER STREET 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ELIZABETH NOPPENBERGER.

If U. S. Veteran specify WAR ...

(a) Residence: No. 1808 MOSHER STREET. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl John Noppenberger

6. DATE OF BIRTH (month, day, year) 4/30-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Brandmuller

14. BIRTHPLACE (city or town) (State or country) ger

MOTHER

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT [illegible] Noppenberger
(Address) 1808 Mosher St

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date 10/30/40

19. UNDERTAKER E. A. Blum
(Address) 2924 Edmondson Ave

20. FILED ... 19 ... Registrar Huntington Williams M.D.

OCT 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 27 1940.

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 26 1939. to OCT 27 1940. 19...
I last saw her alive on OCT 27 1940 Death is said to have occurred on the date stated above, at 9.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	AUG 26 1939.
CHRONIC INTERSTITAL NEPTHRITIS	1939

Other contributory causes of importance:

MITRAL REGURTATION	1937.
ARTERIOR SCLEROSIS	1937.

Was an operation performed? NO Date of NONE.
For what disease or injury? NONE
Name of operation NONE
What test confirmed diagnosis? CLINICAL Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Chas. F. Chantier M. D.

(Address) OCT 27 1940 3013 SAINT PAUL STREET.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

74023 LB 60274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 74023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ? yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME: Martin Sobolewicz (Crossfiled with Sabalvic)

3 (b) If veteran, name war: —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. ? Single

6 (b) Name of husband or wife ?
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 1889

8. AGE: Years 51 | Months ? | Days ? | If less than one day — hr. — min.

9. Birthplace ? (Serbia)
(Town, county, and state)

10. Usual Occupation ? (Laborer)

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director George J. Duffy Inc.
(b) Address 1735 Harford Ave. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27- 1940 at 6 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22-1940 to 10-27-1940 and that I last saw h[illegible] alive on 10-27-1940.

Immediate cause of death: Embolism and Hemorrhage — Duration: ?

Due to: Hypertension CVD — ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mervyn Sobolewicz M. D.
Address City Hosp. Date signed 10-28-40

F 74024

74024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61

Registered No. F 74024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Unknown
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) POA
(e) Length of stay in Baltimore (yrs., mos., or days) 26 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Foster St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Reverend ANTONIO ABIZAID

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Mt. Sabonon (Town, county and state)

10. Usual Occupation Priest

11. Industry or business

FATHER
12. Name George Abizaid
13. Birthplace Mt Sabonon Lebanon

MOTHER
14. Maiden Name Mary Gabamy
15. Birthplace Mt Sabonon

16 (a) Informant Agnes Abizaid
(b) Address 50 Washington St Mass

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31-40 (month) (day) (year)
(c) Cemetery or crematory Attelboro - Mass
Location Massachusetts

18 (a) Funeral director George A. Farley
(b) Address Fulton Court Fayette St

19 (a) Date received by registrar OCT 29 1940 (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 10 45 A.M.

21. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 10-27-40

VS 6

over

F 74025

VS 6

over

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61

F 74025

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E 33rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ? Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs. Frances Lydia Hoffacker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife John Wesley

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1860

8. AGE: Years 80 | Months 8 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation O

11. Industry or business O

FATHER
12. Name George Burns
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Ross Blacher
(b) Address Manchester Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Manchester Md

18 (a) Funeral director Jacob Winks Sons
(b) Address Manchester Md

19 (a) Date received by registrar OCT 29 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1940, at 4.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1940 to 10/28 1940 and that I last saw h[illegible] alive on 10/28 1940

Immediate cause of death Acidosis due to diabetes mellitus — Duration 1 week

Due to — Duration years

Due to —

Other Conditions General change of old age.
(Include pregnancy within 3 months of death)

Major findings:
Of operations O
Of autopsy O

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams M. D.
Address Union Memorial Hosp Date signed 10-29-40

VS 8

VS 2

F 74026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

115-c Registered No. F 74026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. - South Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Norway (b) ~~County~~
(c) City or town Karmoy Karmoy
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Ferkingstadt Karl Martinsen Ferkingstad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1917

8. AGE: Years	Months	Days	If less than one day
22	10	5	hr. min.

9. Birthplace Karmoy Norway
(Town, county, and state)

10. Usual Occupation Dockboy Motorships

11. Industry or business Gunderson, Reynbird at Oslo, Norway

FATHER
12. Name Mr. Ferkingstad
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records Norwegian Consulate
(b) Address 19 South St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 E. Baltimore St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

OCT 29 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Obstruction of throat and Larynx (Pneumococcus)	
Due to Asphyxia from edema of Larynx	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 10/28/40

F 74027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Menlo Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Menlo Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21 20

3 (a) FULL NAME Ada Kaplan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78	7		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Yuda Laib
13. Birthplace Russia

MOTHER
14. Maiden Name Ada Bagonofsky
15. Birthplace Russia

16 (a) Informant Hyman Kaplan
(b) Address 3604 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct., 29, 40 (month) (day) (year)
(c) Cemetery or crematory New York City
Location New York

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1126 1126 W. North Ave

19 (a) (Date rec'd by registrar) (b)

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1940, at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1940, to 10/28 1940, and that I last saw h[illegible] alive on 10/28 1940.

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to
Due to
Other Conditions Chr. Cholecystitis, Arterio sclerosis — 1 1/2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3703 Guilford Ave Date signed 10/28/40

OCT 28 1940 VS 3

74028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 74028

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. Physicians: please write the causes of death clearly and legibly. Every item is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Englewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Englewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

217

3 (a) FULL NAME Edward L Barker

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 214-18 0143

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth A Barker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1871

8. AGE: Years 69 | Months 4 | Days 29 | If less than one day: hr. min.

9. Birthplace Lancaster Pa (Town, county, and state)

10. Usual Occupation: Brick Layer

11. Industry or business

FATHER
12. Name Leonard Barker
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Norris
15. Birthplace Pa.

16 (a) Informant Elizabeth A Barker
(b) Address 2904 Englewood Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)

(c) Cemetery or crematory Glen Cathedral
Location Baltimore Co Md

18 (a) Funeral director Fallon & Co
(b) Address 1317 E Fort Ave

OCT 29 1940 (Date rec'd by registrar) (b) Registrar

Huntington Hollins, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940, to Oct 28 1940, and that I last saw h[im] alive on Oct 28 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3½ mo.
Due to: Arteriosclerotic cardio vascular renal disease	5 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S A Alexander, M.D.
Address 6217 Harford Rd Date signed 10/28/40

VS 3

F 74029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 74029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6211 Ennis Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6211 Ennis Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie V Hoysman

3 (b) If veteran, name war No | 3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Catherine Hoysman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1861

8. AGE: Years 79 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph T Legg

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth A Parker

15. Birthplace Md

16 (a) Informant Anne L Watson

(b) Address 1602 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Mathews Colby

(b) Address 1217 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

OCT VS 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940, at 9 40 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 7 1940 to Oct 27 1940 and that I last saw her alive on Oct 27 1940.

Immediate cause of death	Duration
Cerebral embolism	3 days
Due to Myocarditis	4 yrs
Due to	
Other Conditions Bronchopneumonia	
2 days (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances L Legg
Address 6077 Harford Rd Date signed 10/28/40

OCT 29 1940

F 74030

F 74030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 Boulton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 N. Boulton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

14

3 (a) FULL NAME Louise M. Rae

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William J
6 (c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.) May 4, 1860

8. AGE: Years 80 | Months 5 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Charles F. Bruckmeyer
13. Birthplace Hanover Germany

MOTHER
14. Maiden Name Louise Von Hatzfeld
15. Birthplace Germany

16 (a) Informant Annie Sellers
(b) Address 1821 Boulton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) ..... (Date received by registrar) (b) Certificate by William H.R.

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1940, to Oct 27 1940, and that I last saw h-r alive on Oct 26 1940.

Immediate cause of death: Cardiac Fibrillation — Duration .....
Due to: ..... — Duration .....
Due to: ..... — Duration .....
Other Conditions: Arteriosclerosis — Duration .....
(Include pregnancy within 3 months of death) — Duration .....

Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Bernard L. Smith M. D.
Address 7379 Arcadia Date signed 10-28-40

F 74031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 11-7a

F 74031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be accurate, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel R. Booth

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-09-9547

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 31st 1900

8. AGE: Years 40 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Roanoke Va. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business S. Jenkinson & Son

FATHER 12. Name Edward Booth
13. Birthplace Unknown

MOTHER 14. Maiden Name Ellen Boggs
15. Birthplace "

16 (a) Informant Jas. T. Hepp
(b) Address Md Club Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) (Registrar)

OCT 29 1940

SS. 213-09-9547

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1940, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26/1940 to 10/28/1940, and that I last saw her alive on 10/28/1940.

Immediate cause of death Ruptured Gastric Ulcer with generalized peritonitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured gastric ulcer with peritonitis
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.

Address Franklin Square Hosp. Date signed 10/28/40

OCT 29 1940 Reg. 213-09-4597

F 74032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74032 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts
(c) Hospital or institution: University Hospital, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Ashburton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Theodore F. H. Wienert

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bertha Wienert
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1874

8. AGE: Years 65 | Months 10 | Days 6 | If less than one day ____ hr, ____ min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired Brewmaster
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Thuman
15. Birthplace Germany

16 (a) Informant Bertha Wienert
(b) Address 1718 Ashburton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30. 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Wm. Miss. J. W. Penfil & Son
(b) Address 801 W. Fayette St

19 (a) ____ (Date received by registrar) (b) Huntington Williams M.D. Registrar

OCT 29 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28-40 19 , at 9:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18-40 19 to 10-28-40 19, and that I last saw h.m. alive on 10-28-40 19.

Immediate cause of death	Duration
? Coronary Thrombosis	15 min.
Due to (Hematemesis, origin undetermined	10 days
Due to Secondary Anemia, Severe	10 days
Other Conditions cerebral vascular accident with residual weakness of left side	7 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Callahan Jr. M. D.
Address Univ. Hosp Date signed 10/28/40

F 74033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Hoffman Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore M Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 27 1882

8. AGE: Years 58 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace Martinsburg W Va (Town, county, and state)

10. Usual Occupation Piano Tuner

11. Industry or business Self.

FATHER
12. Name William K Cook
13. Birthplace Md

MOTHER
14. Maiden Name Mary Shanks
15. Birthplace W. Va

16 (a) Informant Sarah E Francis
(b) Address 3530 6th st Brooklyn md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by registrar) (b) [illegible] William M Mareck

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 12-13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940, to Oct 26 1940, and that I last saw h[illegible] alive on Oct 26 1940.

Immediate cause of death	Duration
Acute Pulmonary Congestion	12
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Catalpa Funl Home Date signed 10-29-40

F 74034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-N F 74034
Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Mollie Redman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife David Redman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. Bessie Redman
(b) Address 1718 E. Chase St.

17 (a) Burial (b) Date thereof 10-29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sinai Memorial Park
Location Wash. Blvd.

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) [illegible] Registrar

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28-40 19 .... at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1934, to Oct. 28 1940, and that I last saw h.. alive on Oct 28 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Chronic nephritis	
Due to Arteriosclerosis	
Cerebral Hemiplegia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature N. E. Mook M. D.
Address 7314 W. North Ave Date signed 10/29/40

74035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Extra F 74035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything must be answered or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 Jack St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Jack St., Brooklyn
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Brown Collison

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella A. Collison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1886

8. AGE: Years	Months	Days	If less than one day
55 54	4	1211	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Wesley Collison
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Ella A. Collison
(b) Address 306 Jack St., Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) Oct. 29 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1940 at 1.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1940 to 10-24 1940 and that I last saw h[illegible] alive on 10-22 1940.

Immediate cause of death

	Duration
Coronary Thrombosis	12 days.
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence W. Lewis M. D.
Address 104 W. MADISON ST Date signed 10/31/40

F 74036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

115-D F 74036
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "none," "unknown," or the words of the person answering, if there is no reply. Do not abbreviate. Give the causes of death clearly and legibly. Physicians: please write the cause of death in such terms that a correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1324 Eutaw Place
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fanny vanBuren Sellman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1845

8. AGE: Years	Months	Days	If less than one day
94	11	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name
15. Birthplace "

16 (a) Informant Grace A. Bosley
(b) Address 1324 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Greenmount & North Aves., Balto.

18 (a) Funeral director John O. Mitchell & Sons Inc. per Wm.
(b) Address 1000 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1915 to Oct 27 1940 and that I last saw h Er alive on Oct 26 1940.

	Duration
Immediate cause of death Acute Parotitis	2 days
Due to Arterio Sclerosis	? years
Due to Infirmities of Age	24 years
Other Conditions Debility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Chas W. Lamed M. D.
Address 1327 Park Avenue Date signed Oct 28 1940

74037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 a F 74037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. Montford Ave.
(c) Hospital or institution: - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) - -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME JAMES THOMAS DORMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Dorman
6 (c) If alive, give age 42? years

7. Birth date of deceased (mo., day, yr.) July 19, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffer -retired 8yrs
11. Industry or business Ship Chandler Co.

FATHER
12. Name James T. Dorman Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore

16 (a) Informant Mrs. Anna Dorman (Wife)
(b) Address 304 S. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30 1940 (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical Ce
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 OCT 29 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26. 1940 19 8 at 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20- 1940 to 10-26 1940 and that I last saw h[illegible] alive on 10-26 1940

Immediate cause of death	Duration
Cirhosis of liver, atrophic	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 147 N. East ave. Date signed 10-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

VS 3

F 74038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 93-7F 74038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Presstman Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Presstman Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH ELIZABETH RIGBY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Lee Rigby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1, 1855

8. AGE: Years 85 | Months - | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James W. Geddes
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah Hulse
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Daisy Muller
(b) Address 1716 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (c) OCT 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1940, at 3:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 4 1936 to Oct 26 1940 and that I last saw h[e] alive on Oct 26 1940.

Immediate cause of death: Chronic cerebrovascular disease — Duration: 4 yrs
Due to
Due to
Other Conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest H. Rahn M.D.
Address 735 Pop. Gr. St Date signed 10/28/40

F 74039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-13 X

F 74039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (Woodlawn) (If outside city or town limits, write RURAL and give town)
(d) Street No. Gilmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-6

3 (a) FULL NAME Maryus Vernon Medinger

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 215-10 9766

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Eleanora C. Loeffler
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 2, 1892

8. AGE: Years	Months	Days	If less than one day
48	6	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Cornelius L. Medinger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Theodosia E. Williams
15. Birthplace Virginia

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) OCT 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1940, at 7 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1940 to Oct. 27 1940, and that I last saw him alive on Oct. 27 1940.

Immediate cause of death	Duration
Peritonitis, generalized	2 weeks
Due to Carcinoma, recurrent, of stomach	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S. Marine Hospital Date signed 10-28-40

VS 3

F 74040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 74040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4921 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4921 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME PIETRA BELLISTRI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~XXXX~~ Dominic Bellistri
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1879

8. AGE: Years	Months	Days	If less than one day
61	-	23	hr. min.

9. Birthplace Calascibetta Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gaetano Lucchesi
13. Birthplace Calascibetta Italy

MOTHER
14. Maiden Name Josephine Viliano
15. Birthplace Calascibetta Italy

16 (a) Informant Dominic Bellistri (Husband)
(b) Address 4921 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley ST.

19 OCT 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 4.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1940, to Oct 27 1940, and that I last saw h-d alive on Oct 27 1940.

Immediate cause of death	Duration
1. Cerebral Hemorrhage	
Due to 1. Hypertension	
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles L. Nerstedt M. D.
Address 1730 Linden Ave Date signed Oct. 28/40

H L Wollenweber, M.D. Asst Med. Exam

VS 8

VS 8 H L Wollenmeber, M D Asst Med. Ex.

F 74041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170

F 74041 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 Robb St (If rural give location) 91
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT L. DELASHMUTT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 14, 1896

8. AGE: Years	Months	Days	If less than one day
44	5	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business Navy yard

FATHER
12. Name Van De Lashmutt
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Rumbler
15. Birthplace Md

16 (a) Informant Wife Mrs May De Lashmutt
(b) Address 2534 Robb St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26th 1940 (month) (day) (year)
(c) Cemetery or crematory Morelands Park
Location Taylor Ave

18 (a) Funeral director Lee D Brooks
(b) Address 1707-03 N. Patterson Park Ave

(c) Filed OCT 29 1940 (Date filed by Registrar) (b) Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subdural hematoma
suspected

Due to

Due to

Other Conditions and

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above.
Of autopsy as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 28, 1940
(c) Where did injury occur? Washington Blvd Savage Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury Passenger in car which collided with another car

23. Signature H. L. Wollenmeber M.D. Asst Medical Examiner.
Date signed 10-29-40

VS 6

F 74042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 74042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all blanks. Be sure to state the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1459 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1459 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	b	Divorced

6 (b) Name of husband or wife Arthur J. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886 12 10

8. AGE: Years	Months	Days	If less than one day
53	10	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Steven Jackson
13. Birthplace Trinidad, West Indies

MOTHER
14. Maiden Name Ellen Bowley
15. Birthplace Balto Md

16 (a) Informant Mrs Ethel Lorter
(b) Address 1459 N. Carey St

17 (a) Burial (b) Date thereof Oct 29 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Baltimore Maryland

18 (a) Funeral director Mrs Ida R. Bailey
(b) Address 142 Pulaski Highway

19 (a) OCT 29 1940 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Oct 26 1940 and that I last saw h.. alive on Oct 25 1940.

Immediate cause of death

	Duration
Cardio Renal Hypertension	?
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Harris
Address 1207 N Carlton St Date signed 10/29/40 M. D.

VS 3

387378F 74043 BALTIMORE CITY HEALTH DEPARTMENT × F ✓ 74043
CERTIFICATE OF DEATH 131-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert M Crutchley
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-5716
4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-7-13
8. AGE: Years 27 | Months - | Days 21 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business
FATHER 12. Name Robt Crutchley
13. Birthplace Md
MOTHER 14. Maiden Name Daisy Thomas
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location Annapolis Md
18 (a) Funeral director W L Hopkins
(b) Address Annapolis Md
Date received OCT 29 1940 (Registrar) Huntington Williams

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct 28 1940, at 7:00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1940, to Oct 28 1940, and that I last saw h.i.M alive on Oct 28 1940.
Immediate cause of death Chronic glomerulonephritis with terminal Uremia — Duration 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John Lincoln J. M. D.
Address Johns Hopkins Hosp. Date signed 10/28/40

VS 3

VS 3

F 74044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74044

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 St. Barnabas st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 St. Barnabas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Jack Turner

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Phoebe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-15-1886

8. AGE: Years 54 | Months 2 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name unknown.
13. Birthplace unknown.

MOTHER
14. Maiden Name unknown.
15. Birthplace unknown.

16 (a) Informant Lurena Cutlaw
(b) Address 909 St Barnabas St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 10 29 40 (month) (day) (year)
(c) Cemetery or crematory New Glasgow Cem
Location Amherst, Virginia

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave Huntington Williams, W. Va.

19 (a) OCT 29 1940 (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940. at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Oct 27 1940.
and that I last saw him alive on Oct 27 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to ...

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature W. H. Goose M. D.
Address 709 Doage Date signed 10/29/40

F 74045

VS 3

F 74045

BALTIMORE CITY HEALTH DEPARTMENT F 74045

CERTIFICATE OF DEATH

Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN J. DAILEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-6434

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie E. Dailey

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Sept 24 1896

8. AGE: Years 44 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Chicken

11. Industry or business Free State Brewery

FATHER 12. Name John J. Dailey

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret McGee

15. Birthplace Baltimore Md

16 (a) Informant Minnie E. Dailey

(b) Address 308 S. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Frederick A. Code

(b) Address 1200 W Lombard St.

19 OCT 29 1940 (Date rec'd by registrar) OCT 29 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 7.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 1 h

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Willemuller M.D.
Asst Medical Examiner.
Date signed 10-26-40

74046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-L

Registered No. F 74046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1-M 3501 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMELIA. A. HELMRICH

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Henry A. Helmrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1872

8. AGE: Years	Months	Days	If less than one day
68	8	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Runk
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Henry A. Helmrich
(b) Address 5801 Warren Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Kavanaugh & Donovan
(b) Address 3615-17 Eastern Ave

OCT 29 1940 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of 5th cervical vertebrae — Duration
Due to
Due to
Other Conditions Laceration of trachea
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 26, 1940
(c) Where did injury occur? Park Heights Ave near Dale Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? (Specify type of place)
(e) Means of injury passenger in car which Auto collided head-on with other car
23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 10-26-40

74047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-L

Registered No. F 74047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1-M 3501 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY. A. HELMRICH

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Amelia A. Helmrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1872

8. AGE: Years	Months	Days	If less than one day
68	8	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name John Runk
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Amelia A. Helmrich
(b) Address 5801 Warren Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Kavanaugh & Donovan
(b) Address 3615-17 Eastern Ave

OCT 31 1940 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to
Due to
Other Conditions Fracture of 5th cervical vertebrae
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 10-30-40

(Date rec'd by registrar) Registrar Date signed 10-26-40

VS 6

collided head-on with other car

F 74047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-3 F 74047 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Gorsuch Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. ISABELLA L. SCHAFFER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elmer

6 (c) If alive, give age 70 + years

7. Birth date of deceased (mo., day, yr.) June 25, 1867

8. AGE: Years 73 | Months 4 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation O

11. Industry or business O

FATHER 12. Name Angus Latham
13. Birthplace Scotland

MOTHER 14. Maiden Name Isabella ?
15. Birthplace Scotland

16 (a) Informant Elmer Shaffer
(b) Address 718 Gorsuch ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 (month) (day) (year)
(c) Cemetery or crematory East Cedar Hill
Location Phila. Pa

18 (a) Funeral director John Quitchell Sons
(b) Address 1900 Eutaw Place

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

OCT 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28/40 1940, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1940, to 10/28 1940, and that I last saw her alive on 10/28 1940.

Immediate cause of death Pre-renal azotemia — Duration 3 days —
Due to Cirrhosis of Liver Months
Due to ____ over
Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cirrhosis (Peritoneoscopy)
Of autopsy O

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Abrams M. D.
Address Union Memorial Hosp Date signed 10/29/40

OCT 29 1940

74048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 74048 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give exact place of death and write the causes of death clearly and legibly. If not certified within 24 hours, report immediately by telephone to Registrar. Do not conceal any death. Do not bury or remove body until you have a permit. Do not write in the space below. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 E. Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma V. Harty

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert Harty
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 6-20-90
8. AGE: Years 50 | Months 4 | Days 7 | If less than one day ... hr. ... min.
9. Birthplace Hanover Penna (Town, county, and state) Maryland
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Mr. William A Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Miss Martha Steffe
15. Birthplace Pennsylvania

16. (a) Informant Mr. Robert Harty
(b) Address 1809 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30. 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Joppa Rd
(a) Funeral director Kendall E Humphreys
(b) Address 1501 N. Broadway

19 (a) Oct 29 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1940, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Oct 27 1940 and that I last saw her alive on Oct 26 1940

Immediate cause of death: Cardiac decompensation — Duration:
Due to: Mitral & tricuspid Rheumatic Heart Lesion
Due to: Rheumatic fever
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Valvular lesions partial & recent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O B Pearson M. D.
Address Oct. 27, 1940 Date signed

VS 8

F 74049
387511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 74049
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Perkins Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-19-40

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Johnie Davis
13. Birthplace Va -

MOTHER
14. Maiden Name Nancy Wormley
15. Birthplace Va -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL OCT 29 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, W. Va.

19 (a) OCT 29 1940 (b)
(Date rec'd by registrar) Registrar

5990

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1940 at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Oct 21 1940. and that I last saw h alive on Oct 21 1940

Immediate cause of death Prematurity — Duration 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Weeks
Address Baltimore Date signed 10/21/40

VS 3

F 74050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M Registered No. F 74050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations. Where no entry is required, write the word "None" so as to show that the item has not been overlooked. Physicians: please write the causes of death clearly and legibly. Please state exact place of death and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: A A.
(c) City or town: Brooklyn Md. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 807 Hummelsine Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Baby Girl Hutzley

3 (b) If veteran, name war: ____ | 3 (c) Social Security Account No.: ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	white	

6 (b) Name of husband or wife: ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 10 24 40

8. AGE: Years	Months	Days	If less than one day
		3	____ hr. ____ min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: ____
11. Industry or business: ____

FATHER
12. Name: Fredrick Grant Hutzley
13. Birthplace: Pittsburg, Pa.

MOTHER
14. Maiden Name: Retter Ford
15. Birthplace: Baltimore, Md.

16 (a) Informant: ____
(b) Address: ____

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory: ____
Location: ____

18 (a) F[illegible] UNIVERSITY MEDICAL SCHOOL OCT 29 1940 Commissioner of Health
(b) Address: ____

19 (a) OCT 29 1940 (Date rec'd by Registrar) Huntington H. A. Moore Registrar

VS 3 5989

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-27 1940 at 10 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940 to 10-27 1940 and that I last saw her alive on 10-27 1940.

Immediate cause of death: Atresia of Duodenum — Duration: ____
Due to: ____
Due to: ____
Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature: A B Daugherty M. D.
Address: Franklin Sq Hosp Date signed: 10-29-40

VS 2 — 5989

F 74051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 74051 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 W. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Freeman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Filed [illegible] UNIVERSITY MEDICAL SCHOOL OCT 29 1940
(b) Address Commissioner of Health
OCT 29 1940 Huntington Williams M.D.
(Date rec'd by registrar) 5988 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11- 1940, at 2 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Sclerosis — Duration

Due to Generalized Atherosclerosis

Due to

Other Conditions Bronchopneumonia
Fractured Tibia - Fibula
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide ? Coroners
(b) Date of occurrence 9-21-40.
(c) Where did injury occur? W. Balto. St. near Elliott
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Running down by automobile

23. Signature Howard J. Sheeder M.D.
Medical Examiner.
Date signed 10-11-40

(over)

VS 6 (over)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74052 — 83-a — Registered No. F 74052

F 74052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 Whitridge ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (if outside city or town limits, write RURAL and give town)
(d) Street No. 440 Whitridge ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry B. Emmert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) UNIVERSITY MEDICAL SCHOOL OCT 29 1940
(b) Address Commissioner of Health
19 (a) OCT 29 1940 (Date rec'd by registrar) (b) 5987 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24-1940, at 11 45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy - inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy - inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage -	
Due to Sportaneous	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 10-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

VS 6

F 74053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c ✓ Registered No. F 74053

Every item of information should be carefully supplied. Use write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Ever correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 144 N. East ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Herold Sr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-09-6925

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mairan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21 1875

8. AGE: Years 65 | Months 9 10 | Days 07 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Packing Room

11. Industry or business Md biscuit Co

FATHER
12. Name John A. Herold
13. Birthplace Bosto

MOTHER
14. Maiden Name Anna Presser
15. Birthplace Germany

16 (a) Informant Anna Johnson
(b) Address 144 N. East ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 31 40 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Holy Redeemer
Location Belair Rd

18 (a) Funeral director Martin W. E. Dippel
(b) Address 7110 Belair Rd

19 (a) (Entered by register) OCT 29 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28- 1940, at 4 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection of organs thereon and from the evidence obtained by said (Autopsy or Inquiry) Inspection of organs (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock	
Due to: Extra abdominal hemorrhage	
Due to: Fractured Pelvis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct. 20 - 1940
(c) Where did injury occur? Harford Rd & Fodman Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto: Crossing street

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 10-29-40

BALTIMORE CITY HEALTH DEPARTMENT

F 74054 ✓

19 (a) Date rec'd by registrar OCT 29 1940 VS 6 — Registrar

Date signed 10-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 74054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 E Pleasant St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Mc Quay

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Daisy O.

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 27, 1882

8. AGE: Years 58 | Months 7 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business Unemployed

FATHER
12. Name Robert H. McQuay
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine James
15. Birthplace Maryland

16 (a) Informant Roland McQuay
(b) Address 703 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) OCT 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 2:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration —

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Fisher M.D. Medical Examiner.

Date signed 10/30/40

VS 6

74055 HEALTH DEPARTMENT—CITY OF BALTIMORE 74055

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Vol of America Hosp St. 25 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME BABY TAYLOR

If U. S. Veteran specify WAR

(a) Residence: No. 4321 Old Frederick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

VOLUNTEERS OF AMERICA Hosp.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

FATHER

13. NAME WYSE TAYLOR

14. BIRTHPLACE (city or town) — (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME ELIZABETH SPENCE

16. BIRTHPLACE (city or town) CATONSVILLE (State or country) MARYLAND

17. INFORMANT ELIZABETH TAYLOR

(Address) CATONSVILLE MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 10/24/40 19

19. UNDERTAKER UNIVERSITY MEDICAL SCHOOL OCT 29 1940

(Address) Commissioner of Health

20. FILED OCT 29 1940 Per M. A. Moore Registrar.

5995

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 23/40 19 to Oct 28/40 19

I last saw him alive on 10/28/40 19 Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Cong. Atelectasis	
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lurland Applefeld M. D.

(Address) 418 W Lanvale St

74056 ✓ E 74056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of Amer. Hosp. St. 1325 Ward.)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos. 25 ds. How long in U. S. If of foreign birth?...yrs...mos...ds.

2. FULL NAME GEORGE SAMUEL DITMAR

If U. S. Veteran specify WAR.....

(a) Residence: No. Volunteers of America Hosp. St., 304 E. Lanvale St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND

FATHER

13. NAME SAMUEL DITMAR

14. BIRTHPLACE (city or town).....
(State or country) PENNSYLVANIA

MOTHER

15. MAIDEN NAME DORA RONRMAN

16. BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND

17. INFORMANT DORA DITTMAR
(Address) 304 E. LANVALE ST.

18. BURIAL, CREMATION, OR REMOVAL
Place..... Date Oct. 29, 1940

19. UNDERTAKER UNIVERSITY MEDICAL SCHOOL OCT 29 1940 Commissioner of Health
(Address) Per W.A. Moore

20. FILED OCT 29 1940 Huntington Williams M.D.

5986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1940, to Oct. 28, 1940

I last saw him alive on Oct. 28, 1940. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	

Other contributory causes of importance:

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19...

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Leonard Gaspe, M. D.

(Address) 418 W. Lexington St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 74057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 74057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Susan Might

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James F. Might

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1870

8. AGE: Years 70 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Ohio (State, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name ? McNelly

13. Birthplace Ohio

MOTHER 14. Maiden Name Adelina Weaver

15. Birthplace Ohio

16 (a) Informant Mrs. T. J. Henderson

(b) Address 1719 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk.

Location Baltimore Md.

18 (a) Funeral director Howard D. Covington

(b) Address 21 W. 25th St.

19 (a) Date rec'd by registrar Oct 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940 to Oct 28 1940, and that I last saw her alive on Oct 27 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 yr.

Due to: Arterio Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wheaton M. D.

Address 4309 York Rd Date signed 10/30/40

F 74058

F 74058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 74058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1910

8. AGE: Years: 30 | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace Keysville Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Phillip Mitchell
13. Birthplace N.C.

MOTHER
14. Maiden Name Annie Scott
15. Birthplace Va.

16 (a) Informant Annie Mitchell
(b) Address 935 Baltic Ave. Atlantic City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Baltimore County

18 (a) Funeral director Mrs. R.G. Elliott Naughton
(b) Address 1129 N. Caroline St.

19 (a) OCT 29 1940 (Date rec'd by registrar) Huntington Williams Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1940, to Oct 26 1940, and that I last saw h e alive on Oct 26 1940.

	Duration
Immediate cause of death: Acute Dilatation of Heart	
Due to: Pulmonary Tuberculosis	1 year
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert R. Lefevre

Address 512 N. Bond St Date signed 10/29/40

F 74059

F 74059

F 74059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Do not abbreviate. Write out the full name and address. Do not use ditto marks. Answer each question. If none, write none. If unknown or if the question does not apply, write unknown. Be sure that the cause of death is stated so that it can be understood. Do not state the mode of dying, such as heart failure, asphyxia, etc., but the cause of death which produced it. Do not give symptoms or complications only. Indicate the principal cause of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Richmond Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Richmond (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Howard.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1879

8. AGE: Years	Months	Days	If less than one day
60	11	18	hr. min.

9. Birthplace Boston Mass. (Town, county, and state)
10. Usual Occupation Comedian
11. Industry or business Self

FATHER
12. Name Charles D. Howard
13. Birthplace

MOTHER
14. Maiden Name Catherine F. Emmett
15. Birthplace Baltimore.

16 (a) Informant Mrs Anna B. Howard
(b) Address 3301 Richmond Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1940 (month) (day) (year)
(c) Cemetery Baltimore
Location East end Forty Ave

18 (a) Funeral director Harry A Wiltsie
(b) Address 460 Edmondson Ave

19 OCT 29 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4/28 1939, to 10/29/- 1940, and that I last saw him alive on 10/29/- 1940

Immediate cause of death Coronary Embolism

Due to Arteriosclerosis

Due to

Other Conditions Pleuro pericardial adhesions

(Include pregnancy within 3 months of death)

Major findings: Ekg - coronary disease

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick S. Tallerson

Address Vet. Admin., Fort McHenry, Balto., Md. Date signed 10/29/40

F 74060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 74060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Edgar R. Layman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura R. Layman | 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1871

8. AGE: Years 69 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore City (Town, county and state)

10. Usual Occupation Clerk in Court

11. Industry or business

FATHER
12. Name James E. Layman
13. Birthplace Balto.

MOTHER
14. Maiden Name Susan McDonald.
15. Birthplace Balto.

16 (a) Informant Mrs. Laura R. Layman
(b) Address 123 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry A. Kuttler
(b) Address 401 Edmondson Ave

19 (Date received by Registrar) OCT 29 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Oct 28 1940, and that I last saw h i M. alive on Oct 28 1940.

	Duration
Immediate cause of death: Peripheral vascular collapse	1/2 day.
Due to: Rupture of lung abscess & bronchopneumonia.	2 days
Due to: Carcinoma of esophagus	- ?
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Chronic gall bladder
Of autopsy: Carcinoma esophagus & lung abscess

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Meade

Address Mercy Hosp. Date signed 10/28/40 M. D.

PHYSICIAN

Underline the cause to which death should be charged statistically.

74061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert St.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 LAKE AVENUE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. Jennie ~~CLARK~~ MAY CLARK

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: HERBERT D. CLARK(d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 24, 1867

8. AGE: Years: 73 | Months: 2 | Days: 4 | If less than one day: hr. min.

9. Birthplace WISCONSIN (Town, county, and state)
10. Usual Occupation HOME Housework
11. Industry or business At Home

FATHER
12. Name WALLACE SPENCER
13. Birthplace ~~Unk~~ NEW YORK

MOTHER
14. Maiden Name JANE PERRY
15. Birthplace INDIANA

16 (a) Informant CLIFFORD A. CLARK
(b) Address 1116 OVERBROOK RD. OLENYLDE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory JESSOPS METH. CEM.
Location COCKEYSVILLE, MD.

18 (a) Funeral director John Burns & Son
(b) Address Towson, Md.

19 (a) (Date) Filed by registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 28 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1940 to Oct 28, 1940, and that I last saw h.e.r alive on Oct 28 1940.

Immediate cause of death — Duration

HEART FAILURE

Due to CORONARY THROMBOSIS

Due to ARTERIOSCLEROTIS

Other Conditions HEART DIS.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert P. Abrams M. D.
Address Union Memorial Hosp Date signed 10 28 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 74062 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be typewritten. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Elmtree St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Elmtree St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

25 53

3 (a) FULL NAME Centonie Zapotocky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph Zapotocky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1875

8. AGE: Years 65 | Months | Days 12 | If less than one day hr. min.

9. Birthplace Zeleznice Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Voparcka

13. Birthplace Bohemia

MOTHER 14. Maiden Name Maria Zelenska

15. Birthplace Bohemia

16 (a) Informant Frances Zapotocky

(b) Address 1513 Elmtree St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31/40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Balto. Co. Md.

18 (a) Funeral director Frank Leach & Son

(b) Address 900 N. Chester St.

19 Oct 29 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1939 to 10/28 1940, and that I last saw h alive on 10-28 1940.

Immediate cause of death	Duration
Carcinomatosis	18 mos.
Due to Uterine carcinoma —	unknown
Due to —	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of uterus - operated upon April 1939
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence M. Lenz M. D.

Address 104 W. Madison St Date signed 10-29-40

VS 3

74063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 74063
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Patterson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Patterson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. McLaurn

3 (b) If veteran, name war none
3 (c) Social Security Account No. none.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James S. McLaurn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 11, 1855

8. AGE: Years 85 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name James Smith
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Delaney.
15. Birthplace Ireland

16 (a) Informant James J. McLaurn
(b) Address 4212 Patterson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory St. Johns.
Location Ypsilanti. Mich

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) (b)

OCT 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-40 19 , at 8 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1940, to 10-29 1940, and that I last saw her alive on 10-28 1940.

Immediate cause of death Cerebral Hemorrhage | Interval between onset and death
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward C. Thaler M.D. M. D.
Address 6420 Reisterstown Rd Date signed 10-29-40
Balt. Md.

F 74064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Baltimore Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Stevenson, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Hillside Road, Mpn (If rural give location)
(e) If foreign born, how long in U. S. A.? 98 years.

3 (a) FULL NAME Justice George Ritter.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Sarah Hopkins, Dec'd
6 (c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1842

8. AGE: Years 98 | Months 9 | Days 728 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Co. Md. (Town, county and state)
10. Usual Occupation Retired Stone mason
11. Industry or business Foundation work.

FATHER
12. Name Joseph Ritter
13. Birthplace dont Know

MOTHER
14. Maiden Name dont Know
15. Birthplace dont Know

16 (a) Informant Mrs Margaret Wicker
(b) Address Stevenson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) ——— (b) Huntington Mills, Registrar

OCT 30 1940 (registrar)
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1940 to Oct 29 1940, and that I last saw him alive on Oct 26 1940.

Immediate cause of death	Duration
Chronic Myocarditis	20 yrs
Due to Arterio Sclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Hooton M. D.
Address 4309 York Rd Date signed 10/29/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

74065

CERTIFICATE OF DEATH 122-a

F 74065

1. PLACE OF DEATH West Balto Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 13 Wards)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Parr

If U. S. Veteran specify WAR .....

(a) Residence: No. 2407 Reisterstown Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Parr

6. DATE OF BIRTH (month, day, year) April 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Eberenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schilling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Eva E. Parr

(Address) 2407 Reisterstown Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Holy Redeemer Date 10/31/40

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Pa. Avenues

OCT 30 1940

Huntington Williams, M.D.
Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1940, to 10/29, 1940

I last saw her alive on 10/29, 1940 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated Ventral Hernia	10/29
Mecanical Obstruction Large Intestine	
Gangrene of Caecum with Perforation	
Fecal Peritonitis	

Other contributory causes of importance:

Was an operation performed? yes Date of 10/29/40

For what disease or injury? Fecal obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) I Wallenstein M. D.

(Address) 1 W Bgt

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74066 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 N. Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 N. Charles Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AVIS SHAWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James H. Shawn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1853

8. AGE: Years	Months	Days	If less than one day
87	9	19	hr. min.

9. Birthplace Philadelphia, Penna.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Offley Smith
13. Birthplace Delaware

MOTHER
14. Maiden Name Julia Gouldey
15. Birthplace Pennsylvania

16 (a) Informant Mr. Edw. G. Shawn
(b) Address Woodlawn, Maryland

17 (a) Burial (b) Date thereof 10/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) OCT 30 1940 (b) Huntington Williams M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1940, at 11:10PM

21. I certify that death occurred on the date above stated; that I attended deceased from ? 193? to Oct 28 1940, and that I last saw h alive on Oct 25 1940.

Immediate cause of death arterio-sclerotic cardio-vascular renal disease — Duration several years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 290 [illegible] Edmondson Date signed Oct 29

VS 3

F 74067

F 74067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. 256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Charles Street (North)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 North Charles Street. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA W. WITTENBROCK

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife George Wittenbrock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1861

8. AGE: Years 78 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Brooklyn New York. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Paul Weilbacker
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Seeger
15. Birthplace Baltimore

16 (a) Informant Miss carrie Weilbacker
(b) Address 2618 North Charles Street

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tuckerton Sons
(b) Address North & Pa Ave.

19 (a) (Date received by registrar) (b) Registrar

OCT 30 1940

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1925, to 10-24 1940, and that I last saw h[illegible] alive on 10-24 1940

Immediate cause of death: Angina - Pectoris - | Duration: 5 weeks.
Due to: Cardiac dilatation with failure | 3 days.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 2404 Garrison Blvd. Date signed 10-30-40

VS 3

F 74068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64-a

Registered No. F 74068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Steigerwald

3 (b) If veteran, name war

3 (c) Social Security Account No 212-07-5240

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Theresa Steigerwald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1885

8. AGE: Years 55 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation ~~Bkf~~ Patternmaker

11. Industry or business

FATHER
12. Name John Steigerwald
13. Birthplace Md

MOTHER
14. Maiden Name Nancy Harris
15. Birthplace Md

16 (a) Informant Mrs Frank Clark (Daughter)
(b) Address 1234 W. 37th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 40 (month) (day) (year)
(c) Cemetery or crematory St Marys Hanaplace
Location Baltimore Md

18 (a) Funeral director Albert W Gerwig
(b) Address 440 E. North Ave

19 (a) Huntington Williams, M.D. Registrar
(b) Date rec'd by registrar OCT 30 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH. October 28 1940, at 11:35 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. DeWitt Graff M.D.
Medical Examiner.

Date signed 10/29/40

VS 6

F 74063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 74063
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. U. H. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2448 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Mickens

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 12, 1914
8. AGE: Years 26 Months 2 Days 16 If less than one day hr. min.
9. Birthplace Ashland, Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Mickens
13. Birthplace Ashland, Va.

MOTHER
14. Maiden Name Emma Williams
15. Birthplace Ashland Va

16 (a) Informant Emma Green (sister)
(b) Address 2448 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

Date received by Registrar OCT 30 1940 (b) [illegible] Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1940, at 1.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Bullet Wound of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10/28/40
(c) Where did injury occur? K.G. on route Druid Hill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pistol .38 cal. Lead.

23. Signature [illegible] M.D. Medical Examiner.
Date signed 10/28/40

VS 6

F 74070

58714 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9 F 74070 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Life
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Parrish Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years: 85 yrs. | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Sam Jackson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Angelina
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof: Oct 31, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location

18 (a) Funeral director: Mrs. Katie R. Williams
(b) Address: 322 N. Schroeder St.

OCT 30 1940 (Registered by Registrar) (b) Huntington Hilligoss, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-27- 1940, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28- 1940, to 10-27- 1940 and that I last saw h[illegible] alive on 10-27- 1940.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Hypertensive CVD — ?
Due to: Exfoliative dermatitis — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Balto City Hosp. Date signed 10-28-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write

F 74071

VS 3

F 74071

59942 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-W F 74071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of institution, street and number. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 950 W. Saratoga Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 1

3 (a) FULL NAME Herbert Gibson LORENZO

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
43?45? 46			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas

13. Birthplace Richmond, Virginia

MOTHER 14. Maiden Name Rachel Nuby

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 1, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Kate R Williams

(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

Washington Wilkerson, M.D.

VS 3 OCT 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29- 1940, at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10- 1940 to 10-29- 1940 and that I last saw him alive on 10-29-1940.

Immediate cause of death	Duration
(a) Azotemia	?
Due to (b) Arteriolar nephrosclerosis	?
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Azotemia, nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Millard Schaffer M. D.

Address Balto City Hosp Date signed 10-29-40

F 74022

OCT 30 1940

74072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 74072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 10 W. Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Waldorf

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or wife~~ Bertha J. Waldorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1873

8. AGE: Years	Months	Days	If less than one day
67	7		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Real Estate Broker
11. Industry or business

FATHER	12. Name Max Waldorf
	13. Birthplace Germany
MOTHER	14. Maiden Name Unknown
	15. Birthplace Germany

16 (a) Informant Mrs. B. Waldorf
(b) Address 3210 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Levin Sonneborn & Co.
(b) Address 1902 Eutaw Place

19 (a) (Date received) Clayton Pellicane, M.D. Registrar

OCT 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29th 1940 at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Oct 29th 1940, and that I last saw him alive on Oct 27th 1940.

Immediate cause of death	Duration
Coronary thrombosis	17 M.O
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Hamburger M. D.
Address 3735 Park Heights Ave Date signed 10-29-40

OCT 31

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74073

CERTIFICATE OF DEATH

F 74073

Registered No. 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 31 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lena Rosenthal

If U. S. Veteran specify WAR .....

(a) Residence: No. 7 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 78 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date 10-30-40

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore ST

FILED OCT 30 1940, 19.... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1940 to 10/29, 1940

I last saw her alive on 10/29, 1940. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 10/21
Senility — Duration Several Yrs.

Other contributory causes of importance:

Generalized arteriosclerosis — Duration several yrs.

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Wallenstein M. D.

(Address) W. Bogt

N. B.—WRITE LEGIBLY. Items 1 to 20 must be supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, and OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 74073

BALTIMORE CITY HEALTH DEPARTMENT

F 74074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 74074 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Erdman Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Alvin McClintock

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-01-9357

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna W. Jurgensen
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): November 15, 1884

8. AGE: Years 55 | Months 11 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: W.P.A.

FATHER
12. Name: Robert McClintock
13. Birthplace: Wilmington, Dela.

MOTHER
14. Maiden Name: Martha A. Neild
15. Birthplace: Unknown

16 (a) Informant: Records, U.S. Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park.
Location: Frederick Road.

18 (a) Funeral director: John A. Mogan
(b) Address: 3000 E. Balto. St.

19 (a) OCT 30 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1940, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1940, to Oct. 28 1940, and that I last saw him alive on Oct. 28 1940.

	Duration
Immediate cause of death: Myocarditis, acute	Several hours
Due to: Pneumonia, lobar	1 week
Due to:	
Other Conditions: Hypertensive cardio-renal-vascular disease (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: T. B. H. Anderson M. D.
Address: U.S. Marine Hospital Date signed 10-28-40

F 74075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 74075 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution: CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 S. BOULDIN ST. (If rural give location)
26 10
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. LENA A. HESS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband ~~or wife~~ WILLIAM F. HESS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 7, 188[illegible]

8. AGE: Years	Months	Days	If less than one day
56	4	22	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JOHN ACOMB
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ADELINE LEMKE
15. Birthplace GERMANY

16 (a) Informant WILLARD HESS
(b) Address 131 S. BOULDIN ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 1-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto-Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St. Huntington Hollands, Md.

19 (a) [illegible] (b) [illegible] Registrar

OCT 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 29 1940, at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 8 1940, to OCT. 29 1940, and that I last saw HER alive on OCT. 29 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to ARTERIOSCLEROTIC HEART DISEASE	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul J. Kaminski M. D.
Address Church Home Infirmary Date signed 10/29/40

VS 3

74076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 52-B

F 74076
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 626 S. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Schmauss

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Katherine Schmauss
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 10 1866

8. AGE: Years	Months	Days	If less than one day
74	6	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Schmauss
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Katherina Schmauss
(b) Address 626 S. Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-40 (month) (day) (year)
(c) Cemetery or crematory Carlwood Cem.
Location Taylor Ave

18 (a) Funeral director John C. Miller Inc.
(b) Address 2 W. 25 & Oliver St

19 (a) OCT 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1940; at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1940, to Oct. 29 1940, and that I last saw h[illegible] alive on Oct. 29 1940

Immediate cause of death Cardiac failure — Duration 3 days
Due to Uremia — 2 wks.
Due to Carcinoma of bladder — ? mos.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wilson Raffel, M.D.
Address Sinai Hosp. Date signed 10/29/40

VS 3

F 74023

VS 3

F 74077

59142 SD

F 74077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Except as to the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 873 W. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 1

3 (a) FULL NAME Thomas Holden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Divorced

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1870

8. AGE: Years	Months	Days	If less than one day
70	0	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Joseph (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Blackston (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 30 40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location

18 (a) Funeral director Ambrose, Inc.
(b) Address 414 N. Frankhlintown Rd.

19 (a) OCT 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27- 1940, at 4 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12- 1940, to 10-27-1940, and that I last saw h alive on 10-27- 1940

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertension & S. W. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 10-28-40

VS 3

VS 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

74078 LB 59491 — 45-C — Registered No. E 74078

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete as possible in every respect. Do not use abbreviations or leave any spaces. If unknown or if information cannot be obtained, write the words "Not known." Do not write "Same." Use figures for dates of birth. Where the exact date of birth is not known, the age must be given. In such cases, if the deceased is under one year of age, write the number of months; if under one month, write the number of days. Do not write the words "About" or "Abt." before the age. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mth.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 E. Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Smith

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Blanche
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 9, 1879
8. AGE: Years 61 | Months 1 | Days 19 | If less than one day hr. min.
9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation: W. P. A.
11. Industry or business

FATHER
12. Name: John (d)
13. Birthplace: Va.

MOTHER
14. Maiden Name: Lucy Hunter (d)
15. Birthplace: Va.

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.
18 (a) Funeral director: Joseph E. Locke, Jr.
(b) Address 964 N. Central Ave.
19 (a) OCT 30 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1940, at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1940, to 10/28 1940, and that I last saw h[illegible] alive on 10/27 1940.

	Duration
Immediate cause of death: Carcinoma floor of mouth c metastases	1 yr
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Sidney R. Gehret Jr. M. D.
Address: Baltimore City Hosp. Date signed 10/28/40

VS 3

F 74079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74079 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Mura Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Mura Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Henry F. Clemens Jr

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Caroline Clemens
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 6 - 1882

8. AGE: Years	Months	Days	If less than one day
58	5	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name J. Henry F. Clemens Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schreiner
15. Birthplace Germany

16 (a) Informant Caroline Clemens
(b) Address 2115 Mura Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2104 E Orleans St

19 (a) OCT 30 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 – 1940, at 3:57 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Diabetes. Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 10-29-40

VS 6

VS 6

F 74080

F 74080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Orleans St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antonio Buesi

If U. S. Veteran specify WAR .....

(a) Residence; No. 2032 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Evelyn Buesi

6. DATE OF BIRTH (month, day, year) May 16 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. 216-09-8020

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Evelyn Buesi

(Address) 2032 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date Oct 31 1940

19. UNDERTAKER Philip Henrich & Sons

(Address) 220 Eastern Ave

20. FILED OCT 30 1940 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1940 to Oct 29 1940

I last saw him alive on Oct 28 1940. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease.	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luigi D. Di Stefano M. D.

(Address) 4074 Erdman Ave

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 74081

F 74081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 74081
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 43
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 W. LEXINGTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE W. WILLS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MRS. BESSIE WILLS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 19, 1875

8. AGE: Years	Months	Days	If less than one day
65	4	10	hr. min.

9. Birthplace FREDRICK, MD (Town, county, and state)
10. Usual Occupation PAINTER
11. Industry or business

FATHER
12. Name WILLIAM WILLS
13. Birthplace FREDRICK, MD.

MOTHER
14. Maiden Name MARY JANE LAMBRIGHT
15. Birthplace

16 (a) Informant MRS. BESSIE WILLS
(b) Address 1409 W. LEXINGTON ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Baltimore
Location Balto

18 (a) Funeral director Jos. L. Stevenson
(b) Address 300 N. Eutaw St.

19 (a) OCT 30 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 29 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 16 1940, to OCT. 29 1940, and that I last saw HIM alive on OCT. 29 1940.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul J. Kanniski M. D.
Address Church Home & Infirmary Date signed 10/29/40

VS 3

Meds Exam case
Dec 4 1082

Over.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 74082
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. Ellwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Hartman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: ELIZABETH HARTMAN
6 (c) If alive, give age: 30 50 years
7. Birth date of deceased (mo., day, yr.): APR. 1 ~~1889~~ 1895
8. AGE: Years 45 | Months 6 | Days 27 | If less than one day ... hr. ... min.
9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: LABORER
11. Industry or business: PUBLIC SCHOOL BOARD

FATHER
12. Name: GEORGE HARTMAN
13. Birthplace: BALTIMORE

MOTHER
14. Maiden Name: CATHERINE MILLER
15. Birthplace: BALTIMORE

16 (a) Informant: HOSPITAL RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 31/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST

19 (a) OCT 30 1940 (Date rec'd by Registrar) Interim for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28, 1940, to Oct 28, 1940, and that I last saw him alive on Oct. 28, 1940

Immediate cause of death: Coronary occlusion — Duration: 30 minutes
Due to: arteriosclerosis
Due to: syphilitic aortitis (?)
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Sam F. Culpepper, Jr. M. D.
Address: Johns Hopkins Hospital Date signed: 10-29-40

Howard J. Malden MD
Chief Medical Examiner
for Baltimore City

F 74083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74083

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Light St.
(c) Hospital or institution: Do Balto Inst Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A. Life years

3 (a) FULL NAME Mrs. Annie Holdorf

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: GEORGE C. HOLDORF

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 2 1870

8. AGE: Years 69 | Months 10 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN LONG
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name UNKOWN
15. Birthplace BALTIMORE MD.

16 (a) Informant REGINA GLAESSER (DAUGHTER)
(b) Address 3201 FLEET ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 31/40 (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) OCT 30 1940 (Date rec'd by registrar) for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1940 to 10/28 1940 and that I last saw h[illegible] alive on 10/28 1940

Immediate cause of death: Kidney Coma
Due to: Diabetes mellitus
Due to:
Other Conditions: Cerebrovascular accident
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration: (2)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Stanton M. D.
Address [illegible] Date signed 10/28/40

VS 8

F 74084

F 74084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

176 C

F 74084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3826 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferdinand H. or John Ellinghaus

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Ellinghaus

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 1, 1883

8. AGE: Years	Months	Days	If less than one day
57	6	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Sacred Heart School

FATHER
12. Name Theodore Ellinghaus
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Anna Ellinghaus
(b) Address 3826 Fait Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 31/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) OCT 30 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1940 at 3P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral edema following concussion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/25/40
(c) Where did injury occur? Baltimore (City or town) Clinton St. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian - struck by autocar

23. Signature H. W. Wandel Gift M.D. Medical Examiner.
Date signed 10/28/40

VS 6

F 74085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

898

F 74085

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 McElderry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

54

3 (a) FULL NAME Jacob Urquhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Blk	Married

6 (b) Name of husband or wife Lucy Urquhart
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) June 20, 1912

8. AGE: Years	Months	Days	If less than one day
28	4	9	hr. min.

9. Birthplace Baptist, Virginia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Urquhart
13. Birthplace Virginia

MOTHER
14. Maiden Name Emily Pilcum
15. Birthplace Virginia

16 (a) Informant Lucy Urquhart
(b) Address 1211 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Stony Creek Va
Location Va

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Bradley

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1940, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1940, to Oct 29 1940, and that I last saw him alive on Oct 29 1940.

Immediate cause of death	Duration
Pulmonary failure	
Due to Rupture of lung abscess	8 hrs.
Due to Sat. Sinus Thrombosis	2 weeks
Other Conditions Meningitis Mastoiditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sat. Sinus Thrombosis Mastoiditis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Undirecting
Address Mercy Hospital Date signed 10/29/40 M. D.

VS 3

VS 3

F 74086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 74086
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Linden Ave
(If rural give location)
W. OSTEND ST.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES BARNES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-0012

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1920

8. AGE: Years 20 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace A. A. Co Md
(Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER
12. Name William Barnes
13. Birthplace A. A. Co Md

MOTHER
14. Maiden Name Hilda Dumas
15. Birthplace A. A Co. Md

16 (a) Informant Hilda Barnes
(b) Address 548 W Conway St

17 (a) Burial (b) Date thereof 10-30-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Immanuel Church
Location Anne Arundel Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1006 Montgomery St

19 (Date rec'd by registrar) OCT 30 1940 Huntington Willis, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940, at 7 55 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hemorrhage, abdominal

Due to Bullet wounds of abdomen.

Due to

Other Conditions Perforation of intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Oct 26, 1940
(c) Where did injury occur? store at 617 Warner St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury shot by revolver during argument.

23. Signature H. L. Wolfarmeier M.D.
Asst Medical Examiner.

Date signed 10-26-40

F 74087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Leadenhall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Robert Upshur

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Widowed

6 (b) Name of husband or wife: Mary?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65?			hr. min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual Occupation: Unknown
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Balto. City Hosp. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem.
Location: Anne Arundel Co. Md.

18 (a) Funeral director: David L. Brown
(b) Address: 1015 W. Montgomery St.

19 (a) (Signature of registrar) (b) (Registrar)

OCT 30 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26-1940 at 11 P.M. 30

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17-1940 to 10-26-1940 and that I last saw him alive on 10-26-1940

Immediate cause of death	Duration
Cerebral hemorrhage	10-25-40
Due to	
Due to Arterio-sclerosis	Prior to 10-17-40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Chas. L. Schmidt M. D.
Address: Balto. City Hosp. Date signed 10/28/40

F 74088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 74088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME A. Nisbet Turnbull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1878

8. AGE: Years	Months	Days	If less than one day
61	10	6	hr. ____ min.

9. Birthplace Philadelphia, Penn. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name A. Nisbet Turnbull
13. Birthplace Maryland

MOTHER 14. Maiden Name Olivia C. Whitridge
15. Birthplace Maryland.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Hopkins Sons Co
(b) Address McCulloh & Orchard Sts

19 Oct 30 1940 (Date rec'd by registrar) (b) Huntington Nitchie Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1940, at 5:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 29 1940, and that I last saw him alive on Oct. 29 1940.

Immediate cause of death Peritonitis — Duration

Due to B. coli infection

Due to ____

Other Conditions Bronchiogenic Carcinoma of lungs (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction due to metastases

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature John A. Nisbet, Jr. M. D.
Address Union Memorial Hosp. Date signed 10-31-40
Baltimore, Md.

Baltimore, Md.

74089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74089 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Sixth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Brooklyn, Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Sixth St (If rural give location)
(e) If foreign born, how long in U. S. A.? Brooklyn years

3 (a) **FULL NAME** John Christian Rice Jr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie E. Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1865

8. AGE: Years 75 | Months 65 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Boiler Tester

11. Industry or business

FATHER
12. Name John E. Rice Sr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Kraft
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Annie Rotery
(b) Address 3906 Sixth St Brookly

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location Baltimore Md.

18 (a) Funeral director E. Leroy Stiffler Inc.
(b) Address 125 N. North Ave Baltimore Huntington Williamsport, Md.

19 (a) (b) Registrar

OCT 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1940 at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Oct. 29 1940 and that I last saw ~~him~~ alive on 10/27/40

Immediate cause of death
Heart Failure
Cardio vascular Heart Disease
Due to
Due to
Other Conditions arteriosclerosis cerebral arteriosclerosis ~~myocarditis~~ prostatic obstruction

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Cohen M. D.
Address 203 Fotopieus Date signed

74090
386790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 74090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 265 N. Exeter (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Filippo Scantuso

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 1870

8. AGE: Years	Months	Days	If less than one day
70	5		hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Concettac Scantuso
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Rizzo
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31 1940 (month) (day) (year)
(c) Cemetery or crematory St. Vincent Conv
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

OCT 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940 to Oct 28 1940, and that I last saw h/m alive on Oct 23 1940.

Immediate cause of death	Duration
Pontonitis & Shock	
Due to Mesenteric thrombosis or embolism	
Due to Generalized arteriosclerosis with regurgitation & cardiac	over
Other Conditions enlargement & insufficiency - Alveolar fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Marked sclerosis of aorta Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper Jr. M. D.
Address Johns Hopkins Hospital Date signed Oct 29, 1940

OCT 30 1940

F 74091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 74091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4012 Hurvall ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Hurvall ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferdinand C. Schroder

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 218-10-8756

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louisa W. Schroder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1859

8. AGE: Years 80 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Supt. N.E.T.&T. Co

FATHER 12. Name Sigmund Schroder
13. Birthplace Europe

MOTHER 14. Maiden Name Caroline ?
15. Birthplace Europe

16 (a) Informant Harold Schroder
(b) Address 4012 Hurvall ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St

OCT 30 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1940 at 6 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 10-29 1940, and that I last saw h. alive on 10-28 1940.

Immediate cause of death Arteriosclerotic heart disease — Duration 6 years

Due to

Due to

Other Conditions Uremia from Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. G. Sullivan M. D.

Address 126 Biddle St Date signed 10-29-40

VS 3

F 74092

VS 3

74092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Glen Allen Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Glen allen Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter a. McKelvy Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife late Mary V (Lapson)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1859

8. AGE: Years	Months	Days	If less than one day
81	6	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Retired

FATHER
12. Name Albert A. McKelvy
13. Birthplace Baltimore

MOTHER
14. Maiden Name ~~—~~ Bishop
15. Birthplace Virginia

16 (a) Informant Mrs Stanley B Miller
(b) Address 705 Glen Allen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn, Md

18 (a) Funeral director Harry H. Wright
(b) Address 4101 Edmondson ave

19 (a) OCT 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 2.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1940, to Oct 29 1940 and that I last saw him alive on Oct 28 1940.

Immediate cause of death Cardio-Vascular Renal

Duration 3 mos.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1729 W. Lombard St Date signed Oct 29/40

74092

F 74092

VS 3

F 74093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 74093

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 660 Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Henson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-2809

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Emma Henson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1896

8. AGE: Years 44 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Denton, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Abraham Henson
13. Birthplace Cambridge, Md

MOTHER
14. Maiden Name Eliza Thomas
15. Birthplace Denton, Md

16 (a) Informant Emma Henson
(b) Address 660 Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) Registered OCT 30 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 12:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Helpick M.D. Medical Examiner.
Date signed 10/30/40

VS 6

VS 6

F 74094 60461 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 25

F 74094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Georgianna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1868

8. AGE: Years	Months	Days	If less than one day
72	6	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation O.P
11. Industry or business

FATHER
12. Name Wm. J. Baker
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Norville
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director J. Roche & Sons
(b) Address Epis. Hanford Md

OCT 30 1940 (b) Registrar
Date Received (Year)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29 1940 at 7 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1940, to 10-29 1940, and that I last saw him alive on 10-29 1940.

Immediate cause of death Acute Uremia Retention of Urine
Due to Urethral Stricture
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Ryder M. D.
Address Balto. City Hosp. Date signed 10-29-40

VS 2 Huntington Williams, M.D.

F 74095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 74095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 E 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 East 23rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene F. Finnegan
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-05-8476A

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Josie Cleary Finnegan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1875
8. AGE: Years 65 | Months - | Days - | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name James F Finnegan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hagan
15. Birthplace New York

16 (a) Informant Mrs E Finnegan
(b) Address 526 E 23rd St

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 31-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 22nd St

19 (a) OCT 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28 1940 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1939 to 10-28 1940, and that I last saw him alive on 10-27 1940

Immediate cause of death Arteriosclerosis
Cardiovascular disease, auricular fibrillation -
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
?
5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Nelson Carey M. D.
Address 1014 St Paul St Date signed 10-29-40

VS 3

F 74096

F 74096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(d) Street No. 4326 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ellen Virginia Sutton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1936

8. AGE: Years 3 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Glyndon, Baltimore Co, Md. (Town, county, and state)

10. Usual Occupation child.

11. Industry or business

FATHER
12. Name Gordon Sutton
13. Birthplace md. - Balto Co.

MOTHER
14. Maiden Name Violet Smith
15. Birthplace Va, London Co

16 (a) Informant mother, Violet Smith
(b) Address Glyndon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Glenwalsia
Location Monkton, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) (Date received by registrar) (b) Huntington Pittsman M.D.

OCT 30 1940

GKB

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1940, at 3:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 10-30 1940, and that I last saw her alive on 10-30 1940.

Immediate cause of death Cardio-resp. failure — Duration .....

Due to Lymphatic Leukemia — .....

Due to ..... — .....

Other Conditions Secondary anemia & thrombocytopenia — .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Robert Meanes, M. D.
Address Univ. Hospital Date signed 10/30/40

VS 3

VS 3

F 74097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 74097

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 S. Paca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

22-W

3 (a) FULL NAME Kate Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anton Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1889

8. AGE: Years 50 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Puzaitis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Anton Phillips
(b) Address 614 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Joseph Kaminsky, Inc.
(b) Address 60 E Washington Blvd

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

OCT 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to Oct 29 1940 and that I last saw her alive on Oct 29 1940.

Immediate cause of death	Duration
Coronary Occlusion	Oct 29 1940
Due to Arteriosclerosis	1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Nolan M. D.
Address 682 Washington Blvd Date signed 10-30-40

F 74098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-D Registered No. F 74098

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kostantas Matuseveaus (Mathews)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1887

8. AGE: Years	Months	Days	If less than one day
53	1		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business Self

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kanyuka Inc.
(b) Address 1 E Washington St Blvd

19 (a) OCT 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 19 40, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25, 19 40, to Oct. 28, 19 40, and that I last saw him alive on Oct. 28, 19 40.

Immediate cause of death	Duration
Bronchopneumonia	2 da.
Due to	
Due to	
Other Conditions: carcinoma of lung (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McCaughelgher M. D.
Address Balto City Hosp Date signed

F 74099

VS 3

F 74099

F 74099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jruns St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 St. Mary's St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Joseph Boyd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-40

8. AGE: Years | Months | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name Charles Hall

13. Birthplace Md.

MOTHER 14. Maiden Name Corinne Boyd

15. Birthplace Md.

16 (a) Informant Corinne Boyd

(b) Address 542 St. Mary's St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) C[illegible] UNIVERSITY MEDICAL SCHOOL OCT 30 1940
Location ..... Commissioner of Health
Per H. A. Moore

18 (a) Funeral director

(b) Address

19 OCT 30 1940 (Filed record by registrar) (c) Huntington Williams M.D. Registrar

5997

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1940, to 10-29 1940, and that I last saw h[illegible] alive on 10-29 1940.

Immediate cause of death	Duration
Cardio-resp. failure	4 weeks
Due to Gastro-enteritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cause of death not found
Of autopsy Gastro autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury MEARNS

23. Signature I Robert Mearns M. D.

Address University Hosp. Date signed 10/30/40

F 74100 HEALTH DEPARTMENT—CITY OF BALTIMORE F 74100

(Date received by registrar) Registrar Address

VS 3

5997

F 74100 F 74100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol of Emergency Hosp Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Bradford Hayes If U. S. Veteran specify WAR

(a) Residence: No. 2566 W Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Howard Clark Hayes

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Metcalf

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Margaret Hayes
(Address) 2566 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 30 1940 19

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore.

20. FILED OCT 30 1940 ... Registrar

VS 3

F 5998

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/22/40, 19..., to 10/29/40 19...

I last saw him alive on 10/29/40 19... Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willard Applefeld M. D.

(Address) 418 W Lexington St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 74101 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. University of Maryland Hospital
(If rural give location)
2322 Callow Ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Lochman Birth # F17933

3 (b) If veteran, name war **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Newborn			2 hrs min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harry Lochman
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Emma Eichholzer
15. Birthplace Girardville Pennsylvania

16 (a) Informant
(b) Address

17 (a) (Cremation, burial, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY HOSPITAL OCT 30 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore.
(b) Address

19 (a) OCT 30 1940 Huntington Williams, M.D.
(Registered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 10-25 1940, and that I last saw him alive on 10-25 1940.

Immediate cause of death — Duration

Due to Atelectasis

Due to Premature - 2 hours respiration.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Levin M.D.
Address University Hosp. Date signed 10-26-40

VS 3

F 74102

74102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 74102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2703 Roslyn Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Roslyn Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia N. Price

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Wm. Booth Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1869

8. AGE: Years 71 | Months 4 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife, retired

11. Industry or business

FATHER
12. Name George Weyraugh
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louisa
15. Birthplace Baltimore, Maryland

16 (a) Informant W. Mitchell Price
(b) Address 519 Overdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place, Baltimore

19 (a) OCT 30 1940 (Registrar) Henrietta [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1940 to Oct 29 1940 and that I last saw h. alive on Oct 28 1940

Immediate cause of death	Duration
Coronary Embolism	24
Due to	
Due to	
Other Conditions Myocarditis	5 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Evans M. D.
Address 612 W. 40th Street Date signed

F 74103

74103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 74103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [redacted]

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4122 Edmondson Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Effie Tignor (Effie Olivia Tignor)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife: Andrew Jackson Tignor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1870

8. AGE: Years 70 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland - (Nanticoke) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Geo. Washington Willing

13. Birthplace Nanticoke, Maryland

MOTHER

14. Maiden Name Olivia Sommers

15. Birthplace Nanticoke, Maryland

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-40 (month) (day) (year)

(c) Cemetery or crematory Nanticoke

Location Wicomico Co., Maryland

18 (a) Funeral director David Messick.

(b) Address Wicomico, Co., Maryland.

19 (a) Date rec'd by registrar 11-1-40 (b) George Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30 1940 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940, to 10-30 1940, and that I last saw h alive on 10-30 1940.

Immediate cause of death	Duration
Generalized Carcinomatosis & pulmonary edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(c) Means of injury

23. Signature Daniel A. Zalis M. D.

Address [redacted] Date signed

74104 30 7524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 24104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N Spring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Savage
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-5619

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-6-10
8. AGE: Years 30 | Months 2 | Days 21 | If less than one day hr. min.
9. Birthplace N. Car (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Savage
13. Birthplace N. Car

MOTHER 14. Maiden Name Mimi Goodman
15. Birthplace N. Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL 29th

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1940 (month) (day) (year)
(c) Cemetery or crematory Drumhill N.C.
Location Drumhill N.C.
18 (a) Funeral director Elroy Division
(b) Address 1000 Brantley N.C.
19 (a) OCT 30 1940 (b) Huntington Rotherham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 27 1940, at 1155 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Oct 1940, and that I last saw HIM alive on Oct 27 1940.

Immediate cause of death Uremia

Duration about 5 days.

Due to malignant nephro-sclerosis.

Due to Hypertensive cardio-vascular - renal disease.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Fletcher, M.D.
Address Johns Hopkins Hospital Date signed 10-28-40

VS 3

E 24105

VS 3

F 74105

F 74105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 S. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 S. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 5-5- years

3 (a) FULL NAME Apolonia Kowalewska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Stanislaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7 1874

8. AGE: Years 66 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Stanislaw Stryzynski

13. Birthplace Poland

MOTHER 14. Maiden Name Mrs. Swiontek

15. Birthplace Poland

16 (a) Informant Stanislawa Kowalewska

(b) Address 923 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31-40 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem.

Location Highlandtown

18 (a) Funeral director Stephen J. Fialkowski

(b) Address 1101 S. Kenwood Ave. Huntingtown Williams, Md.

19 OCT 30 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to Oct 28 1940 and that I last saw h alive on Oct 20 1940

Immediate cause of death Myocardial failure — Duration ?

Due to — Duration over

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo L. Gulacki

Address 1769 Patterson Pk. Date signed Oct 28/40

Burial 4827

VS 3

M. D. B. 1268-2

F 74106

VS 3

Bruny 4827

M. D. B. 1268-9

F 74106

F 74106 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Fait Ave. St., 14 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Marjanna F. Gorecka

(a) Residence: No. 2719 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1926

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stanley Gorecki

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Frances Kowalewska

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Stanley Gorecki
(Address) 2719 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Oct. 31, 1940

19. UNDERTAKER Stephen J. Fialkowski, Inc.
(Address) 1000 S. Kenwood Ave.

20. FILED OCT 30 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1940 to October 28, 1940

I last saw her alive on October 28, 1940 Death is said to have occurred on the date stated above, at 2:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	10-22-

Other contributory causes of importance:

Mitral regurgitation, extensive	over 1 year

Name of operation..... Date of.....

What test confirmed diagnosis? Physical signs at death

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify J. B. Bronushas (Ind.)

(Signed) J. B. Bronushas, M. D.
(Address) 3037 O'Donnell St.

20. DATE OCT 30 1940 Registrar.

(Address)

F 74107

F 74107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. —

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5010 Palmer Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Palmer Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Katherine Hogarth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife Thomas E. Hogarth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1890

8. AGE: Years 50 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Calvin M. Rawlings
13. Birthplace Unknown

MOTHER 14. Maiden Name Nannie Payne
15. Birthplace Frederick Co.

16 (a) Informant Mr. Thomas Emory Hogarth
(b) Address 5010 Palmer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Loring Byrne
(b) Address 5005 Park Heights Ave.

19 OCT 30 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 12.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Oct 30 1940, and that I last saw her alive on Oct 30 1940.

Immediate cause of death	Duration
Carcinomatosis abdomen and lungs	1940
Due to Left Breast, Cancer	1932
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer left breast-1932-removed.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melton E. Lowman M. D.
Address 5013 Park Heights Ave. Date signed 10-30-40

VS 3

74108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X-9 ✓ 59

F 74108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hr. 30 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel-air
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Leota Pearl Caudill
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 16, 1940

8. AGE: Years	Months	Days	If less than one day
		12 14	6 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name C. Caudill
13. Birthplace North Carolina

MOTHER
14. Maiden Name Leota Richardson
15. Birthplace North Carolina

16 (a) Informant C G CAUDILL
(b) Address BEL-AIR MD

17 (a) BURIAL (b) Date thereof 10 31 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory FAIRVIEW GREEN
Location BELAIR MD.

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address LOMBARD + ANN STS

19 (a) 1999 Huntington Williams, M.D.
(Delivered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 12 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 16 1940, to October 30 1940, and that I last saw h.r. alive on October 30 1940.

Immediate cause of death	Duration
Due to Prematurity	
Due to	
Other Conditions Cleft Palate Knee Left	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Date signed

F 74108

F 74109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74109

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 7 15
(e) Length of stay in Baltimore (yrs., mos., or days) 27 7 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary T. Barry

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 31, 1878

8. AGE: Years	Months	Days	If less than one day
62 61	9/2	29	hr. min.

9. Birthplace Portland, Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John McNealus
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Barry
15. Birthplace Maine

16 (a) Informant Mt. Hope Retreat Records
(b) Address 6420 Reisterstown Rd., City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 31 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd., City

18 (a) Funeral director Leonard Mooney Company
(b) Address 108 W. North Ave.

(Date rec'd by registrar) Oct 30 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940 at 7:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to Oct 30 1940 and that I last saw h[illegible] alive on Oct 29 1940.

Immediate cause of death Pulmonary Embolism — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond P. Magee M. D.
Address 336 Redwood St. Date signed Oct 30 1940

VS 3

F 74110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 87-D

F 74110 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822-Foster Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3822-Foster Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Roesler

3 (b) If veteran, name war --
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Roesler
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 6/14/1890

8. AGE: Years 50 | Months 4 | Days 15 | If less than one day - hr. - - - - min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Conrad Wertel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Burcker
15. Birthplace Germany

16 (a) Informant Mr. Frederick Roesler
(b) Address 3822-Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.
(a) Funeral director George J. Ruth, Inc.
Address 1735-Harford Ave.

19 Huntington Whitehouse, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 2 1940 to Oct 28 1940, and that I last saw h[illegible] alive on Oct 28 1940.

Immediate cause of death: Acute Cardiac dilatation — Duration 3 days
Due to:
Due to:
Other Conditions: Multiple Sclerosis 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Bagby M.D.
Address 6077 Harford Rd. Date signed 10/30/40

F 74111

VS 3

F 74111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149-a

Registered No. F 74111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days.

(e) Length of stay in Baltimore (yrs., mos., or days) about 74

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2823 Guilford Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Miss Margaret Fitzgerald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife ---

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
about 74	---	--	-- hr. -- min.

9. Birthplace Texas. Maryland (Town, county, and state)

10. Usual Occupation Retired school teacher.

11. Industry or business

FATHER

12. Name Edward Fitzgerald

13. Birthplace Ireland

MOTHER

14. Maiden Name Johanna Buckley

15. Birthplace Ireland

16 (a) Informant Miss Josie M. Shea

(b) Address 2812 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)

(c) Cemetery or crematory St. Joseph's Cem.

Location Texas, Maryland

18 (a) Funeral director H W Meade & Son

(b) Address 805 North Calvert Street

19 (Signature and title of person who filed by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October ? 1940, to Oct 30 1940, and that I last saw h[illegible] alive on Oct 30 1940.

Immediate cause of death	Duration
Heart failure	
Due to	
Due to Abdominal tumor & ascites Possibly malignant.	over
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ernest C. Meade M. D.

Address Mercy Hospital Date signed Oct 30, 1940

F 74112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

195-E

X F 74112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balcarrod + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Melvin Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3807

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie Ritter
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Jacob Ritter
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida Franklin
15. Birthplace Maryland

16 (a) Informant Mrs. Florence Anderson
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Finksburg Cem.
Location Finksburg, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

OCT 31 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 1.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940 to Oct 31 1940, and that I last saw him alive on Oct. 30, 1940.

Immediate cause of death	Duration
Septicemia (B. Pyocyaneus)	
Due to Extensive Burns of 2/3 body	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept. 24, 1940
(c) Where did injury occur? Westminster, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Place (Specify type of place) While at work? Yes
(e) Means of injury Boiler explosion-fire, steam

23. Signature Earle K. Coplan, M. D.
Address University Hospital Date signed 10/31/40

O.K. W.B. Wantz M.D. 10/31/40

VS 3

O.K. W. McB. Woodbridge 10/31/40

F 74113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 65-E

F 74113
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 E. 30th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Tybuck

3 (b) If veteran, name war: Span. Amer.
3 (c) Social Security Account No.: 40

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1877

8. AGE: Years 63 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Balto. Car. Co.

FATHER
12. Name George Tybuck
13. Birthplace (Garford) Crawford Co., Md.

MOTHER
14. Maiden Name Magdelena Bistow
15. Birthplace France

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Cremation (Burial, cremation, removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

OCT 31 1940 (Date rec'd by registrar) (b) Huntington Willis (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1940, to Oct. 28 1940, and that I last saw him alive on Oct. 28 1940

	Duration
Immediate cause of death: Abscesses, multiple, of kidney	1 week
Due to: Spinal cord metastases	3 mos.
Due to: Carcinoma of right parotid gland	Unknown
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S. Marine Hospital Date signed 10/29/40

F 74114

LB60402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals (Male)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 99 ? Frederick Avenue (If rural give location)
1909 Lemmon St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Wehrheim

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Phillip (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Oct ? 1854

8. AGE: Years	Months	Days	If less than one day
86 ?	? 0	? 21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ? Retired
11. Industry or business Teamsters

FATHER
12. Name Conrad Rice
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant B. C. H. Records and
(b) Address Eugenia Kleber 210 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Huntington Williams, Registrar

OCT 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1940, to 10-28 1940, and that I last saw him alive on 10-28 1940.

Immediate cause of death — Duration
Cardiac failure — 1
Due to Hypertensive C. V. D. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospitals Date signed 11-29-40

OCT 31 1940

F 74115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 74115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5712 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5712 Roland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Sister Mary Regina Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 10, 1862

8. AGE: Years	Months	Days	If less than one day
78	5	19	-- hr. -- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business -------

FATHER
12. Name John P. Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schulz
15. Birthplace Germany

16 (a) Informant Mother Mary Gertrude Peter
(b) Address 5712 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd) (Registrar) (b) Huntington Hollins M.D. Registrar

OCT 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930, to Oct 1940, and that I last saw h.sr alive on Oct 28 1940.

Immediate cause of death Papilloma of Bladder with probable
Due to malignant degeneration
Due to

Duration
1 yr
one
1 yr

Other Conditions Severe stomach ache
Fracture of neck of Rt femur
(Include pregnancy within 3 months of death)
Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles O'Donovan M. D.
Address 5 East Read St Date signed Oct 31

OK Vandebrink Ver 2264

F 74116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74116

Registered No. 1783-N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3611 MOHAWK AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 MOHAWK AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HENRY POLLARD CRUSE, SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	MARRIED

6 (b) Name of husband or wife ELIZA EUGENIA CRUSE
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) MAY 14, 1862

8. AGE: Years	Months	Days	If less than one day
78	5	15	— hr. — min.

9. Birthplace BALTIMORE, Md. (Town, county, and state)
10. Usual Occupation WHOLESALE MERCHANT
11. Industry or business TOBACCO INDUSTRY

FATHER
12. Name GEORGE CRUSE
13. Birthplace BALTIMORE, Md.

MOTHER
14. Maiden Name MARY MANN
15. Birthplace LOUISIANA

16 (a) Informant HENRY P. CRUSE, JR.
(b) Address 3611 MOHAWK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 31, 1940 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MARYLAND

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) OCT 31 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Oct 28 1940, and that I last saw h IM alive on Oct 28 1940.

Immediate cause of death	Duration
Cerebral hemorrhage & paralysis	7 days
Due to Arterio-sclerosis	?
Due to Hypertension	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Diehl M. D.
Address 2220 Garrison Blvd Date signed Oct 30 1940

74117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-31-40

F 74117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Lanvale St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 E. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine L. Roche

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Edward J. Roche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1. 1865

8. AGE: Years 75 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER
12. Name Henry L. Berkemeier
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Bbakstead
15. Birthplace Germany

16 (a) Informant Edward J. Roche
(b) Address 1231 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. Northern Ave

18 (a) Funeral director Elmer W. Conkling Son
(b) Address 924 E. Eager St.

19 (a) Oct 31 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30th 1940, at 12 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 10-30 1940, and that I last saw her alive on 10-29 1940.

Immediate cause of death	Duration
Cardio-vasculo-renal disease	Unknown
Due to	
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Sybert M. D.
Address 780 N. Starford Ave Date signed 10-31-40

F 74118

F 74118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caroline Street
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 McMechen St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Martha Stephens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 28 1896

8. AGE: Years 44 | Months 2 | Days 1 | If less than one day: ..... hr. ..... min.

9. Birthplace: Maryland (Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Strayberry Gray
13. Birthplace: Md

MOTHER
14. Maiden Name: Addie Douglas
15. Birthplace: Md.

16 (a) Informant: Mrs Addie Gray
(b) Address: 503 McMechen St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-40 (month) (day) (year)
(c) Cemetery or crematory .....
Location: Locust Point, Md

18 (a) Funeral director: Mrs Frances A Hemsley
(b) Address: 527 W. Biddle St

19 (a) Filed 11-2-40 (b) Hunting for Hollands, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940, to 10-29 1940, and that I last saw h- alive on 10/29 1940.

Immediate cause of death	Duration
Myocardial failure	Undetermined
Due to: Hypertension & Arteriosclerosis	Undetermined
Due to:	
Other Conditions: Acute Cerebral Laceration (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No gall Bladder, Liver pathology found
Of autopsy: Enlarged; dilated heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Wallace Newton M. D.
Address St Joseph's Hospital Date signed 10/30/40

VS 30

F 74119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

523 F 74119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N. Payson St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Annie L. Kirby

(a) Residence: No. 1816 N Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 30 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis Kirby

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Anna Travers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mabel E. Stack
(Address) 1816 N Payson

18. BURIAL, CREMATION, OR REMOVAL Place Burial Cathedral Cemetery Nov. 2nd 1940

19. UNDERTAKER William Cook
(Address) 1217 C & Pennsylvania Ave

20. FILED ... 19... Registrar.

OCT 31 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1930 to Oct 29, 1940

I last saw her alive on Oct. 28, 1940 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1 mo.
Hypertension Arterio Sclerosis	1 mo
Cerebrum Bleeding (Stroke)	1 mo

Other contributory causes of importance:

Chronic Interstitial Nephritis	1 mo

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A. Stearns M. D.

(Address) 2878 Hartford St.

NB—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lastrape

F 74120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 M.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 69 years

87

3 (a) FULL NAME Benjamin Lastrape

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Mary La Strape
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1871

8. AGE: Years 69 | Months 2 | Days 3029 | If less than one day hr. min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Benjamin Albert La Strape
13. Birthplace La.

MOTHER
14. Maiden Name Azelie V. Gourrier
15. Birthplace La

16 (a) Informant Mayor and City Council Old age pension Department Balto. Md
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Gay & North Ave.

18 (a) Funeral director Howard W. Bluff, Jr.
(b) Address 4914 Belair Road Huntington Williams, M.D.

19 (a) (b) Registrar

OCT 31 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1940, to Oct 30 1940, and that I last saw him alive on Oct 30 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 D.

Due to: Hypertension Cardio-Vascular Disease — 9 M.

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W. Bluff
Address Mercy Hospital Date signed Oct 31 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

F 74121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 Registered No. F 74121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Rural - Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Edwards See Birth F 13285

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Cd

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife 7/10/40

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-40

8. AGE: Years | Months 4 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Green
13. Birthplace Md

MOTHER
14. Maiden Name Mildred Edwards
15. Birthplace Md

16 (a) Informant Mildred Edwards
(b) Address 423 N Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md

18 (a) Funeral director Fennell F Brown
(b) Address 16 E Monument

19 10-31-1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28-40 19 ..., at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25-1940 to 10-28 1940 and that I last saw h[illegible] alive on 10-28 1940.

	Duration
Immediate cause of death Malnutrition (Marasmus)	
Due to Faulty feeding	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Muehlenbeck M. D.
Address Provident Hosp. Date signed 10-29-40

F-74122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170C

Registered No. F 74122

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 9 (If rural give location) 24
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Whitehead

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 29, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	1	hr. min.

9. Birthplace Anne Arundel Co, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Whitehead

13. Birthplace Anne Arundel Co, Md

MOTHER 14. Maiden Name Mary Robinson

15. Birthplace Maryland

16 (a) Informant Mrs. Kate Owens

(b) Address 312 Laurel Ave, Laurel Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-1-40 (month) (day) (year)

(c) Cemetery or crematory Dry Hill

Location Laurel Md

18 (a) Funeral director Ridgley Selby

(b) Address Laurel Md

19 (a) (Signature of local registrar) Registrar

OCT 31 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940 at 3:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Depressed fracture of skull cerebral edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-30-40 (a.m. p.m.)
(c) Where did injury occur? Baltimore Md 2 mi. Road Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Pedestrian struck by autocar

23. Signature W B Vandecruft Medical Examiner M.D.

Date signed 10/31/40

F 74123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 74123
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2915 – Westwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Westwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold C. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6058

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Virginia Stewart
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 8 – 1902

8. AGE: Years 38. | Months 2. | Days 22 | If less than one day: hr. min.

9. Birthplace Williamsport. Pa
(Town, county, and state)

10. Usual Occupation Freight Cashier

11. Industry or business A. H. Bull Steamship Co

FATHER
12. Name William Henry Stewart
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Sarah Ella Christy
15. Birthplace Chester. Pa.

16 (a) Informant Ruth Virginia Stewart
(b) Address 2915 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 – 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Balto. Md.

18 (a) Funeral director Francis E. Kyles
(b) Address 1600 W. North Ave.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

OCT 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30, 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1940, to Oct 30 1940, and that I last saw him alive on Oct 29, 1940.

	Duration
Immediate cause of death: Anginal Syndrome	1 week.
Due to: Coronary thrombosis	1 day
Due to: Arteriosclerotic heart disease	1 yr.
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kendrick Wallace M. D.
Address 2839 Walbrook Ave Date signed Oct. 30/1940

F 74124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46E

F 74124 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 68
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. Pasadena (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** WARREN SWARTZ

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-3114

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 5 1920

8. AGE: Years 19 | Months 11 | Days 6 2 5 | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Electrician Helper

11. Industry or business

FATHER 12. Name Harry P Swartz
13. Birthplace Va

MOTHER 14. Maiden Name Bessie L Tavern
15. Birthplace Va

16 (a) Informant Mr Harry P Swartz
(b) Address Mountain Rd Green Haven a dcmd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-40 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Mem Pk
Location Washington Blvd

18 (a) Funeral director William M Marech
(b) Address 715 Light St.

19 (Date received by registrar) Nov 1 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1940, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 1940, to 10/30 1940, and that I last saw h[illegible] alive on 10/30 1940.

Immediate cause of death Ileum — Sarcoma of Ileum - Right — Duration 4 mos.
Due to Brain (Medulla) — Metastasis to
Due to .....
Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma of Ileum
Of autopsy Sarcoma of Medulla Metastasis

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Benjamin H. Lucas Jr. M. D.
Address University Hospital Date signed 10/30/40

F 74125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-31a F 74125 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 Cereal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Cereal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

23

3 (a) FULL NAME Joseph Stec

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albina Stec
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Florian Stec
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Albina Stec
(b) Address 1622 Cereal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross, A.D.Co
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 173 Fort Avenue, Baltimore, Md.

19 (a) OCT 31 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1940 to Oct 30 1940 and that I last saw h[e] alive on 10/29 1940.

Immediate cause of death: Uremia — Duration: ...

Due to: Chronic nephritis, Hypertensive Cardio-Vascular disease — Duration: ...

Due to: ... — Duration: ...

Other Conditions: Hypertension — Duration: over

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Samuel Rubin M. D.
Address 203 Calhoun Ave. Date signed

VS 3

VS 3

F 74126
38645-8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54a

✓ F 74126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S. High St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Lillian Louise Jubb
3 (b) If veteran, name war ———
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ———
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 5-18-33

8. AGE: Years: 7 | Months: 2 | Days: 12 | If less than one day: ——— hr. ——— min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name William Jubb
13. Birthplace Maryland

MOTHER
14. Maiden Name Antoinette Adams
15. Birthplace Penna

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto Md

18 (a) Funeral director George J. Toth Inc
(b) Address 735 Hollins St

19 (a) OCT 31 1940 (Date received by registrar) (b) ——— Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at 3 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940 to Oct 30 1940, and that I last saw h-r alive on Oct 30 1940.

Immediate cause of death: Cerebellar tumor - glioma - malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 10-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

38793 74127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 131-a

F 74127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. New Port Highway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George S. Sims

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-27-97

8. AGE: Years	Months	Days	If less than one day
43	1	4	hr. min.

9. Birthplace Tenn (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name George Sims
13. Birthplace Tenn

MOTHER
14. Maiden Name Sarah Hill
15. Birthplace Tenn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-40 (month) (day) (year)
(c) Cemetery or crematory Greenville
Location Tenn

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Pl

OCT 2 1940
Date rec'd by registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940 to Oct 31 1940, and that I last saw h[illegible] alive on Oct 31 1940.

Immediate cause of death: UREMIA — Duration: 3

Due to: Hypertensive Cardio-Vascular disease — Duration: ?

Due to: [illegible] — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. F. Sturgeon M. D.
Address John Hopkins Hospital Date signed 10-31-40

F 74128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74128 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 Guilford Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME ANDREW JACKSON HARRISON Sr.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No.

4. Sex Male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rose Elizabeth Harr

6 (c) If alive, give age 185 years

7. Birth date of deceased (mo., day, yr.) Oct. 30, ~~1860~~

8. AGE: Years ~~80~~ 75 | Months -- | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired Park Employee

11. Industry or business

FATHER
12. Name William Harrison
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ann Williams
15. Birthplace Baltimore, Md.

16 (a) Informant Rose Elizabeth Harrison
(b) Address 2521 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

(a) Funeral director Chas. G. Grave Hom Inc.
Address 118 W. Mt. Royal Ave. Huntington Apartments, Baltimore, Md.

19 (a) ____ (Date received by registrar) (b) ____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct., 31 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29, 1940, to Oct. 31, 1940, and that I last saw him alive on Oct. 31, 1940.

	Duration
Immediate cause of death Coronary Thrombosis	2 days.
Due to Arteriosclerosis and hypertension	Unknown.
Due to ✓	
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Frank M. Ogburn M. D.
Address 2701 N. Calvert St Date signed Oct 31, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 74129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Chapel Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Willard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: A. A.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 1 hr. 50 min.

9. Birthplace Provident Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Johnny Willard
13. Birthplace Chester S. C.

MOTHER
14. Maiden Name Ethel Mae Blackmon
15. Birthplace Lancaster S. C.

16 (a) Informant Mrs Ethel Willard (Mother)
(b) Address 122 Chapel Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 31 1940 Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) OCT 31 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar's signature 8803

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 19 40, at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 19 40, to 10/26 19 40, and that I last saw h— alive on 10/26 19 40.

Immediate cause of death: Congenital Atelectasis — Duration: a few hrs.
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address Provident Hospital Date signed 10/31/40

74130

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

59489 F 74130

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 644 W. Fayette St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-6196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife May Campbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-1893

8. AGE: Years	Months	Days	If less than one day
46	10	21	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name John

13. Birthplace Balto.

MOTHER 14. Maiden Name Emily Elizabeth Ranner

15. Birthplace D.C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 31 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) OCT 31 1940 (Filed by Registrar) Huntington Williams, M.D. Registrar

VS 2

6004

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1940, at 6:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25- 1940, to 10-22- 1940 and that I last saw h[illegible] alive on 10-22- 1940.

Immediate cause of death Cardiac failure — Duration ?

Due to Rheum. Ht. Dis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Sherman W. Dix

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 10-30-40

74131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 E 74131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Lot #10 North Pt. Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Fulgham

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	N. A.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/17/40

8. AGE: Years	Months	Days	If less than one day
			4 hr. 25 min.

9. Birthplace Provident Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Kenny Fulgham
13. Birthplace Virginia

MOTHER
14. Maiden Name Barney Fulgham
15. Birthplace Virginia

16 (a) Informant (Mother) Mrs. Fulgham
(b) Address North Pt Rd - Route 1 - Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 31 1940
Commissioner of Health

18 (a) Funeral director
(b) Address For H. A. Moore

19 (a) OCT 31 1940 (Signature of Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17 1940, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 10/17 1940.

Immediate cause of death: Prematurity, Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Pitman M. D.
Address Provident Hospital Date signed 10/17/40

VS 3

F 74132 59446 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. F 74132

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Brunt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1890

8. AGE: Years 50 | Months 7 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jessie
13. Birthplace Maryland

MOTHER 14. Maiden Name Margaret Proctor
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 31 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) OCT 31 1940 (Signature of local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 10-24- 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24- 1940, to 10-24-1940 and that I last saw h~~im~~ alive on 10-24- 1940.

	Duration
Immediate cause of death: Cerebral thrombosis	7
Due to: Hypertensive CVD	7
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Hein M. D.
Address Balto City Hosp Date signed 10-27-40

VS 3

6006

VS 2

6006

74133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1641

Registered No. F 74133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" where applicable. Do not use ditto marks. Be sure to fill in the causes of death clearly and legibly. Give full name of street and number. Do not abbreviate. Write out the full name of the city, town, or county. Do not use abbreviations. If the exact date of birth is unknown, state the approximate age. Physicians: please write the cause of death clearly and legibly. Be sure that the age is correct. Be sure that the cause of death is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Hayward Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD Lee SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-0098

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1905

8. AGE: Years 35 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Rock Hall, Maryland (Town, county, and state)

10. Usual Occupation Guard - Safe Deposit & Trust Co.

11. Industry or business

FATHER 12. Name John A. Smith
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Anna Sanford
15. Birthplace Virginia

16 (a) Informant Miss Ruth Smith,
(b) Address 3204 Hayward Avenue

17 (a) Burial, ~~cremation, removal~~ (b) Date thereof 11-1-40 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Ce.,
Location Kent Co., Maryland.

18 (a) Funeral director Wm J. Zickefoose & Sons
(b) Address Martin's Pa Avenues.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D.

OCT 31 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Stab wounds of chest.	
Due to: hemorrhage	
Due to: manic depressive psychosis	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ligation of chest
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence October 30, 1940
(c) Where did injury occur? 3204 Hayward Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury stab wound

23. Signature H. L. Wollenmuller M.D.
Asst Medical Examiner.
Date signed 10-30-40

F 74134

OCT 31 1940 VS 6

74134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74134 Registered No. 195E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 hrs 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Herbert About Fourth Blvd HAM (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph Wojcicki (JOSEPH WOJCICKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 146-09-7826

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1888

8. AGE: Years 52 | Months 7 | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Chesapeake Paper Co

FATHER 12. Name Anthony Wojcicki

FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Mary Malkinska

MOTHER 15. Birthplace Poland

16 (a) Informant Mrs Veronica Fiebert

(b) Address 512 S. Lakewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross A.A. Cem. Location Brooklyn A.A. Co.

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester Street

19 (a) (Date registrar) (b) Hunting for William, M.D.

OCT 31 1940 VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Enter the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-1940 at 2:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Bronchopneumonia

Due to

Due to

Other Conditions Fractured Pelvis; Fractured right ankle. Bruises

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gastric ulcer and Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-23-1940
(c) Where did injury occur? Chesapeake Paper Box Co - City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? yes
(e) Means of injury A roll of paper struck his back

23. Signature Howard [illegible] Medical Examiner. M.D.

Date signed 10-29-40

F 74135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 74135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Chatham Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Chatham Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.) 40 years

3 (a) FULL NAME Morris Rubin Segall
3 (b) If veteran, name war L
3 (c) Social Security Account No. L

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Theresa
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) [illegible]
8. AGE: Years 57 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Coal + Iron Sales
11. Industry or business Business

FATHER
12. Name Solomon Segall
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Sandy
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 11-1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Beth Tfiloh
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

OCT 31 1940
(Date rec'd by registrar)

(a) [illegible] (b) [illegible]

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the cause of death in terms understood by laymen.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30, 1940, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Oct. 30, 1940
and that I last saw h[illegible] alive on Oct. 26, 1940

Immediate cause of death	Duration
Coronary Thrombosis	4 yrs.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2324 Eastern Place Date signed M. 10 D. 30/40

74136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ Registered No. 74136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 Mt Elderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Mt Elderry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorenza Hill Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Florence Hill
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lorenzo Hill Sr
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Beatrice Green
(b) Address 514 N. Bond St

17 (a) Burial (b) Date thereof Nov. 1st 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn P. O. Md

18 (a) Funeral director Belsow Francis & Wright
(b) Address 1218 E Elderry St

19 (a) (b) Huntington Hillen, M.D.
(Date received by registrar)

OCT 31 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28 1940 at 11 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1940 to 10-28 1940 and that I last saw him alive on 10-27 1940

Immediate cause of death Hypertensive cardio-vascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymer Browne

Address 1500 E. Madison St Date signed 10/30/40 M. D.

Raymer Browne

OCT 31 1940

3 8 74882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. E 74137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6517 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Baby Boy Stebbings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			½ hr. min.

9. Birthplace Md —
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Bernard Stebbings
13. Birthplace Md —

MOTHER
14. Maiden Name Vera Gray
15. Birthplace Va —

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location JOHNS HOPKINS MEDICAL SCHOOL OCT 31 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) OCT 31 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

6008

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correctly. Be sure age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1940 at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Oct 14 1940, and that I last saw him alive on Oct 14 1940.

Immediate cause of death	Duration
Prematurity	
Due to Congenital malformation of urinary tract, trachea, & esophagus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 10/15/40

74138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 74138

PLEASE WRITE PLAINLY, WITH CAPTIONS. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 Kirby Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Kirby Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Folsom

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race Negro
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1940

8. AGE: Years | Months | Days | If less than one day 2 hr. 45 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Nathaniel Folsom
13. Birthplace Camilla Georgia

MOTHER
14. Maiden Name Virginia Butler
15. Birthplace Camilla Georgia

16 (a) Informant Virginia Butler
(b) Address 521 Kirby Lane

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [illegible] MEDICAL SCHOOL OCT 31 1940
Commissioner of Health

18 (a) Funeral director For H. A. Moore
(b) Address Huntingtown, Md.

19 (a) OCT 31 1940 (Registrar) Registrar 6007

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on Oct 30 19 40

Immediate cause of death Prematurity and Exposure — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature L. H. Watts M. D.
Address 515 Calvert Date signed 10/31/40

VS 3

74139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 74139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Give the causes of death clearly and legibly. Special attention is especially important. Physicians: please write the cause of death clearly and legibly. Give correct age at death.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Happy Hills Convalescent Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Richardson St. E
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Frank Wojciechowski (F 03677 - Birth #)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14th 1939

8. AGE: Years	Months	Days	If less than one day
	10	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Infant Child

FATHER
12. Name Frank Wojciechowski
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Marjorie Cameron
15. Birthplace Newport News Va

16 (a) Informant Mrs Marjorie Wojciechowski
(b) Address 1343 Richardson st.

17 (a) Burial (b) Date thereof 11-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Razary
Location Baltimore County

18 (a) Funeral director George R Weber
(b) Address 705 S. Eaton st Huntington Williams, W.Va.

19 (a) (Signature of person who rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1940, at 8:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1940, to Oct 30 1940, and that I last saw him alive on Oct. 30 1940.

Immediate cause of death: Congenital Heart Disease — Duration: Life.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Perry Burger M. D.
Address 1042 W. Madison ST Date signed 10-31-40.

OCT 31 1940

24140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 74140

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3603 Galloway ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Galloway ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Samuel Lewis Russell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Julia Boyd Russell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 22 1851

8. AGE: Years 89 | Months 2 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Havre de Grace Md (Town, county, and state)
10. Usual Occupation Clerk (Retired)
11. Industry or business Lumber Business

FATHER
12. Name Samuel Russell
13. Birthplace Md

MOTHER
14. Maiden Name Unknown Williams
15. Birthplace Md

16 (a) Informant Mrs Dorothy R Barnes
(b) Address 3603 Galloway ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-1940 (month) (day) (year)
(c) Cemetery ~~cremation~~ Angel Hill Cem
Location Havre de Grace

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace

19 (a) Huntington Williams, MD (Registered by registrar) Registrar

OCT 31 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1940 to Oct 30 1940, and that I last saw h[im] alive on Oct 30 1940.

Immediate cause of death	Duration
Chr. Myocarditis	1935
Due to Par. Interstitial Nephritis	1935
Other Conditions Cerebral Hemorrhage	10/23/40

(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Brown

Address 1663 N North Ave. Date signed M.D. 10/30/40

vs

4141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 74141
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4426
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Roger Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 22-40

8. AGE: Years | Months: 1 | Days: 28 | If less than one day: ..... hr. ..... min.

9. Birthplace Texas, Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles Weber
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Copenhaver
15. Birthplace Md.

16 (a) Informant Mother, Ruth Weber
(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-1-40 (month) (day) (year)
(c) Cemetery or crematory Cross Chapel
Location White Hall, R. F. D.

18 (a) Funeral director P. Marklent Sons
(b) Address White Hall, Md.

19 (a) Date received by registrar Nov 1 1940 (b) Registrar's signature Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1940, at 5:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20 1940, to 10-31 1940, and that I last saw him alive on 10-30 1940.

Immediate cause of death	Duration
Cardio-resp. failure	
Due to gastro-enteritis	
Due to	
Other Conditions emaciation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Thomson M. D.
Address Univ. Hospital Date signed 10/31/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

74142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 74142
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in ~~Baltimore~~ md (yrs., mos., or days) 32yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co
(c) City or town Solleys (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

3 (a) FULL NAME Mrs. Sine Steen

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Tollef Steen
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 27th 1878

8. AGE: Years	Months	Days	If less than one day
62	4	4	..... hr. ..... min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER 12. Name Unknown Neiloen
FATHER 13. Birthplace Norway
MOTHER 14. Maiden Name "
MOTHER 15. Birthplace "

16 (a) Informant Helen Neloon
(b) Address Solleys Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/2/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) Date received by registrar NOV 1 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1940, at 10:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1940, to Oct. 31 1940, and that I last saw her alive on Oct. 31 1940

Immediate cause of death	Duration
Carcinoma of rectum.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter R. Graham, M. D.
Address University Hosp. Date signed 10-31-40

PLEASE WRITE PLAINLY. Please write the cause of death clearly and correct age is especially important. Physicians: please write

F 74143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 13-B

F 74143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline Street
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. Rosedale ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

4-49

3 (a) **FULL NAME** Joseph J Karl

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed, or~~ divorced: Married
6 (b) Name of ~~husband or~~ wife: Helen S. Karl
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 28th 1903

8. AGE: Years 37 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER 12. Name Joseph Karl
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Anna Schlez
MOTHER 15. Birthplace Balto Md.

16 (a) Informant Mrs Helen S. Karl
(b) Address Rosedale Ave Rosedale Md

17 (a) Burial (b) Date thereof 11/4/40 (Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Rosary
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date rec'd (year) (b) Registrar

NOV 1 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1940, at 5:59 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1940, to 10/31 1940 and that I last saw him alive on 10/31 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration 8 years

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature C. Wilbur Martin M. D.
Address St Joseph's Hospital Date signed 10/31/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and give correct age is especially important.

F 74144

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

135828

...Registrar Address ... Joseph's Hospital Date signed 10/31/40

VS 3

74144 35828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals - (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) approx 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ...
(c) City or town Baltimore 26 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Benjamin Kerr

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Rydia
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1-9-1874

8. AGE: Years 66 | Months 9 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Tunic C. Kerr
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Stokes
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1219 E Fayette St

19 (a) Date received by registrar 1940 (b) ... Registrar
Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-30-1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4-1938, to 10-30-1940, and that I last saw h[illegible] alive on 10-30-1940.

Immediate cause of death	Duration
Pulm. edema	?
Due to Hypertensive CVD	?
Gen A.S.	?
Due to ...	
Other Conditions ...	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature J. McCaghtchie M. D.
Address Balto City Hosp Date signed 10-31-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that age is especially important.

74145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74145 Registered No. 72-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Virginia Madden (Madden)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-7855

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1913

8. AGE: Years	Months	Days	If less than one day
27	-7	27	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business Apex Chemical Corp Co

FATHER
12. Name Elmer Madden
13. Birthplace Reisterstown Md.

MOTHER
14. Maiden Name E Ada Hennebery Ross
15. Birthplace Staunton Virginia

16 (a) Informant Geneva Madden (Sister)
(b) Address 1207 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-40 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cem
Location Reisterstown Md.

18 (a) Funeral director Mrs Geo. F. Ireland
(b) Address 1631 Druid Hill Ave

19 (a) (b) Hunter-Stevenson Williams Mgr. (Date rec'd by State Registrar) Registrar

NOV 1 1940

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give the causes of death clearly and correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1940, at 11 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1940, to Oct 31 1940, and that I last saw her alive on Oct. 31 1940

Immediate cause of death	Duration
Hypostatic Pneumonia	22 days
Due to Thrombocytopenia	
Due to ~~Marked Anemia~~	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1632 Druid Hill Ave Date signed 10-31-40

F 74146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. F 74146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 E. Melrose Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 72 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 E. Melrose Ave., Govans
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- -- -- years

3 (a) FULL NAME William J. Pillsbury

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lotta E. Crockett
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 29, 1868

8. AGE: Years	Months	Days	If less than one day
72	4	0	-- hr. -- min.

9. Birthplace Atlantic Ocean (24 Hrs. off Coast Havana)
(Town, county, and state)
10. Usual Occupation
11. Industry or business Medical Doctor

FATHER
12. Name Benjamin A. Pillsbury
13. Birthplace Maine

MOTHER
14. Maiden Name Jane T. Lamb
15. Birthplace Liverpool, England

16 (a) Informant Mrs. Lotta E. Pillsbury
(b) Address 205 E. Melrose Avenue

17 (a) Burial (b) Date thereof 11/1/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) NOV 1 - 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 23 1940 to Oct 29 1940, and that I last saw h. alive on Oct 29 1940.

Immediate cause of death Terminal Bronchial pneumonia — Duration 10 days.
Due to Hypertension and Cerebral Hemorrhage — Duration Since 1/23/40
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold C. Pillsbury M.D.
Address 31 E. North Ave Date signed 10/30/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

VS 3

VS 3

F 74147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1181

F 74147
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 1/2 E Lund St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Moser Jr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1916

8. AGE: Years	Months	Days	If less than one day
24	5	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Student
11. Industry or business Univ of Maryland

FATHER
12. Name John Moser Sr
13. Birthplace West Virginia

MOTHER
14. Maiden Name Vera L. Arnold
15. Birthplace Elkins W Va

16 (a) Informant Mrs John Moser
(b) Address 240½ E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Baltimore Md

18 (a) Funeral director John C Miller Jr
(b) Address 1 E Chase St

19 (a) NOV 1 1940 (b)
(Date rec'd by registrar) Registrar

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and fully. Also, correct age is especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at 12.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1940, to Oct 30 1940 and that I last saw h[illegible] alive on Oct 30 1940.

Immediate cause of death Acute nephritis — Duration
Myocardial failure
Due to
pulmonary edema
Due to
Other Conditions Sulphuric acid burns of the face one month followed infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Burns - Accident
(b) Date of occurrence 9/25/40
(c) Where did injury occur? University of Md - Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? School
(e) Means of injury Sulphuric Acid splashed in face

23. Signature H. L. Wollenweber M. D.
Address St Joseph's Hospital Date signed 10/30

H. L. Wollenweber Asst. Res. Surg.

VS 3

74148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 74148
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 Hanover St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Hanover (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 years

3 (a) FULL NAME William Albern alias Albert Williams

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1901

8. AGE: Years	Months	Days	If less than one day
39	9 10	28 27	hr. min.

9. Birthplace La (town, county, and state)
10. Usual Occupation Librarian
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Addie Sparks
(b) Address 726 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaac L. Bowers
(b) Address 108 W Montgomery St

NOV 1 - 1940 (Date received by registrar) (b) Huntingtown Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940, to Oct 28 1940, and that I last saw h alive on Oct 27 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: about 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W J Carroll
Address 911 Warren Ave Date signed 11/1/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death in terms which will indicate correct age is especially important.

VS 3

CCK
55628
F 74149

VS 3

CGK

74149

BALTIMORE CITY HEALTH DEPARTMENT 55628 F 74149

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 W. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Simon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1881

8. AGE: Years	Months	Days	If less than one day
59	8	27	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Simon Coleman
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Boyd
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 NOV 1 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1940, at 11:45 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1940, to 10/29 1940 and that I last saw h alive on 10/29 1940.

Immediate cause of death adenocarcinoma of breast c metastases — Duration 1 yr. 3 mo.
Due to adeno carcinoma of breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney W. Becker Jr.
Address Baltimore City Hosp Date signed 10/30/40 M. D.

Physician is especially important. Physicians, please write correct age

VS 3

F 74150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

Registered No. F 74150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 N Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 N Lorraine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Clara A Cade

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George E Cade
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 12 1871

8. AGE: Years 69 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Lloyd E Barbour
13. Birthplace Baltimore Co Md

MOTHER 14. Maiden Name Elizabeth Coe
15. Birthplace Baltimore Co Md

16 (a) Informant Marcella Roberts
(b) Address Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 2 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 E Fort Ave

NOV 1 1940 (Date rec'd by Registrar) (b) ..... Registrar

VS 3

PLEASE WRITE THE ENTRIES ON THIS CERTIFICATE WITH INK. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Oct 30 1940 and that I last saw her alive on Oct 30 1940.

	Duration
Immediate cause of death: Carcinoma of Groin	2 Years
Due to: Metastatic Growth Intestinal Hepatic Myocardial Insufficiency	
Due to:	
Other Conditions: Cardiac Delatation Uraemia.	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E North Ave Date signed 10/31/40

F 74151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 74151 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Louis Leyh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband~~ or wife Sabina Leyh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1859

8. AGE: Years 80 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Stone Mason

11. Industry or business

FATHER
12. Name David Leyh
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Hein
15. Birthplace Germany

16 (a) Informant Daughter Mrs. Idem
(b) Address 1920 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-40 (month) (day) (year)
(c) Cemetery or crematory
Location Sandusky Ohio

18 (a) Funeral director Albert L. Leyh
(b) Address 1606 N. Charles St.

19 NOV. 1 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1940 to Oct. 31 1940, and that I last saw him alive on Oct. 31 1940.

Immediate cause of death Broncho-pneumonia | Duration

Due to Benign Prostatic Hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter P. Graham M. D.
Address University Hosp. Date signed 10-31-40

Please write correct age is especially important. Physicians:

VS 3

VS 3

F 74152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 ✓ F 74152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Ashton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Ashton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSA CUNNINGHAM

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Cunningham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 29, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Weibbrecht
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Wilhelmenia Rider
15. Birthplace Maryland

16 (a) Informant Mrs. Edna Rigney
(b) Address 2537 Ashton Street

17 (a) Burial (b) Date thereof 11/2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

Physicians: please write the cause of death in the spaces provided. Your certificate is especially important. Please make it correct and complete.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1940, at 1:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1940, to Oct 31 1940, and that I last saw h[illegible] alive on Oct 30 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Nov 1-40

VS 3

F 74153 ✓ F 74153

VS 3

F 74153

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

F 74153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 E. 38th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Lewis F. Hamrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Lena E. Hamrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1877

8. AGE: Years	Months	Days	If less than one day
63	7	27	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Doctor
11. Industry or business

FATHER
12. Name Lewis E. Hamrick
13. Birthplace Virginia

MOTHER
14. Maiden Name Susan E —
15. Birthplace Unknown

16 (a) Informant Lena E. Hamrick
(b) Address 509 E. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4/1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md.

18 (a) Funeral director Harry T. Amacost
(b) Address 4202 Ridgewood Ave

NOV 1 1940 Huntington Williams, M.D.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31, 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1940, to Oct 31 1940 and that I last saw h alive on Oct 31 1940.

Immediate cause of death Uremia Coma (a)

Due to Hypertension (b)

Due to Diabetes (c)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Johnston Jr. M. D.
Address Md General Hospital Date signed 10/31/40

correct age is especially important. Physicians, please write

VS 3

VS 3

F 74154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74154 ✓ 107 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the full name of deceased. Do not use initials. Write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Brunt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Holton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1940

8. AGE: Years | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Thomas Holton
13. Birthplace Md

MOTHER 14. Maiden Name Alice Bryant
15. Birthplace Md

16 (a) Informant Alice Holton
(b) Address 2016 Brunt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo L. Kelson
(b) Address 130 S Pine St

19 (a) NOV 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 3P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Lobular Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Wadsworth M.D. Medical Examiner.
Date signed 10/31/40

VS 6

F 74155 ✓

VS 6

F 74155 ✓ F 74155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Get a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1251 E. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 E Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Genieve Rohleder
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2nd 1876

8. AGE: Years 64 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name George A. Rohleder
13. Birthplace Md.

MOTHER 14. Maiden Name Mary A Meisel
15. Birthplace Md

16 (a) Informant George Rohleder
(b) Address 1251 E Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N Patt. Park Ave

19 (a) Date rec'd by registrar Nov 1 1940
VS #

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1925 to Oct 29 1940 and that I last saw h~~er~~ alive on Oct 28 1940

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Goslinger M.D.
Address 1514 E Balto Date signed Nov 1 1940

H. L. Wollenweber, MD Asst Medical Examiner

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and use surgery. correct age is especially important.

F 74156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74156
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2042 E. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry M. West

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25-1877

8. AGE: Years	Months	Days	If less than one day
63	2	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles E. Burgan
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia Trumbo
15. Birthplace Balto. Md.

16 (a) Informant Harry M. West
(b) Address 2042 E. Biddle St.

17 (a) Burial (b) Date thereof Nov. 1 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave. & Jay St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Johnson St.

NOV 1 - 1940 (b) Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1939, to Oct. 28 1940, and that I last saw h[illegible] alive on Oct. 28 1940.

Immediate cause of death	Duration
Coronary Embolism	-
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Daneck M. D.
Address 2530 E. Baltimore St. Date signed 11/1/40

correct age is especially important. Physicians, please state

VS 3

F 74157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 74157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison
(c) Hospital or institution: Jewish Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) v
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna A. Lauterbach

3 (b) If veteran, name war	3 (c) Social Security Account No.
-----	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Married

6 (b) Name of husband or wife Chas. F. Lauterbach
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Charles Fury
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Charles F. Lauterbach
(b) Address 4108 Edmondson Ave.

17 (a) Burial (b) Date thereof Nov. 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

(c) 11 - 1 - 1940 (d) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 31 1940 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1940, to 10-31 1940 and that I last saw h[illegible] alive on 10-31 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to Hypertension Cardiovascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Jewish Gen. Hosp. Date signed 10/31/40

correct age is especially important. Physicians, please

VS 2

VS 3

74158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-G

F 74158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~3805 Forest Park Ave~~
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Forest Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1540

3 (a) FULL NAME KAY HENDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1940

8. AGE: Years | Months: 2 | Days: 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Henderson
13. Birthplace Balto.

MOTHER
14. Maiden Name Jessie Hendler
15. Birthplace Baltimore

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Rd & Hamilton Ave
18 (a) Funeral director Levi Lewis Sr
(b) Address 1439 E. Balto St

19 (a) 19 (Date received by registrar) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians: please write plainly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 9:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940, to 10-31 1940, and that I last saw h.s.w. alive on 10-31 1940.

Immediate cause of death	Duration
Renal insufficiency after operation	
Due to Congenital Kidney anomaly?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Congenital hypertrophic pyloric stenosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Pearce Hunterbrinck M. D.
Address Univ. Hospital Date signed 11-1-40

F 74159

F 74159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-9

Registered No. F 74159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 FOSTER AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 FOSTER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-17

3 (a) FULL NAME ADAM B. RUTH

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7040

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife CATHERINE RUTH
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) JAN. 30 1885

8. AGE: Years	Months	Days	If less than one day
55 54	8	29	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation FOREMAN AT CON. CAN. CO.
11. Industry or business

FATHER
12. Name JOHN RUTH
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name CHRISTINA MILLER
15. Birthplace GERMANY

16 (a) Informant CATHERINE RUTH (WIFE)
(b) Address 3221 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 2/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

correct age, especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 29 1940 at 5/45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Oct 29 1940, and that I last saw h alive on Oct 28 1940.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	2 yrs.
Cerebral Hemorrage	Aug 6, 1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Lipschinunk M. D.
Address 842 S. Eaton Ave. Date signed 10-30-40

VS 3

VS 3

F 74160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 186-a F 74160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Brooklawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Ruth L. Simms

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 18 - 1931

8. AGE: Years	Months	Days	If less than one day
9	3	13	hr. min.

9. Birthplace Balto Co Md (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Wm J. Simms
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Dora L. Albaugh
15. Birthplace Balto. Co. Md

16 (a) Informant Wm J. Simms
(b) Address Brooklawn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/40 (month) (day) (year)
(c) Cemetery or crematory Loudenslager Cem
Location Balto Md

18 (a) Funeral director Geo Joachim & Son
(b) Address 2401 Belair Rd.

NOV 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1940 at 6:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Ruptured Spleen — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Ruptured Spleen
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-29-40
(c) Where did injury occur? School House - Towson Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? School (Specify type of place) While at work? —
(e) Means of injury Fell off horse, while playing at School

23. Signature H. Williams Jr. Medical Examiner M.D.
Date signed 11-1-40

PLEASE WRITE PLAINLY, with ink. Be sure to give the causes of death clearly and accurately. Physicians: please write the correct age is especially important.

VS 6

VS 6

38154 91

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 74161
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Portugal (b) County
(c) City or town Lisbon
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rua Correira Teles 25 Apt 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? 12 days years

3 (a) FULL NAME Manoel Pereira De Oliveira

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: H. Caroline Nazare De O

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 2-14-73

8. AGE: Years 67 | Months 8 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Lisbon Portugal
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Manoel Oliveira
13. Birthplace Lisbon - Portugal

MOTHER
14. Maiden Name M De Conseisas
15. Birthplace Lisbon - Portugal

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Nov. 4 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lisbon Portugal
Location Lisbon Portugal

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Pl.

19 (a) NOV 1 - 1940 (Date rec'd by registr.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-1 1940, at 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Nov 1 1940 and that I last saw him alive on Nov 1 1940.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Garland M. D.
Address Johns Hopkins Hospital Date signed 11-1-40

Please write plainly in ink. Physicians: please write correct age is especially important.

VS 3

F 74162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-D

F 74162

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Calverton Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 5

3 (a) FULL NAME Benjamin Wise ✓ C

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary R. (nee Henze)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1896.

8. AGE: Years	Months	Days	If less than one day
44	2	1	hr. min.

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business

FATHER
12. Name Robert Wise
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Nannie
15. Birthplace Md.

16 (a) Informant Mrs. Mary R. Wise (Wife)
(b) Address 2328 Calverton Hghts. Ave.

17 (a) Burial (b) Date thereof Nov. 1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Luitzke
(b) Address 4101 Edmondson Ave.

19 (a) (b)
(Date received by registrar) Registrar

NOV 1-1940 VS 3

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940, at 8:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 29 1940 and that I last saw him alive on Oct 29 1940.

Immediate cause of death	Duration
Tuberculous Meningitis	?
Due to Acute Disseminated Miliary Tuberculosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Disseminated Miliary Tbc Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tobias Wise M. D.
Address Sinai Hospital Date signed 10/30/40

Correct age is especially important. Typewriter preferred.

74163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74163 Registered No. 832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 West North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton St Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 - 1882

8. AGE: Years	Months	Days	If less than one day
58	4	17	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name Samuel St Turner
13. Birthplace Philadelphia Pa

MOTHER
14. Maiden Name Adelia [illegible] Wright
15. Birthplace England

16 (a) Informant Milton Turner
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location
18 (a) Funeral director Charles J Powell
(b) Address 1427 Eutaw Place
19 (a) (b)
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31st 1940, at 11.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25th 1940, to Oct 31st 1940, and that I last saw him alive on Oct 30th 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to Arteriosclerosis

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Kraissman M.D.
Address 1929 Edmondson Ave Date signed Nov 1 1940

correct (?) is especially important. Physicians: please write

74164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 74164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

10-1

3 (a) FULL NAME John Bolick or Bolch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Barbara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Bohemia

MOTHER 14. Maiden Name Mary
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 917 Greenmount Ave

19 (a) (Registrar) (b) Huntington Williams

NOV 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Oct 31 1940 and that I last saw him alive on Oct 29 1940

Immediate cause of death	Duration
Chronic Bronchitis	8 months
Due to Edema Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1621 E. North Ave Date signed 11/1/40

VS 3

Please see that items are correct are especially important. Physicians please write

VS 8

F 74165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-F

Registered No. F 74165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Ailsa Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Ailsa Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Barbour

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry L. Barbour
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8th 1857

8. AGE: Years 83 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Daniel Lapp
13. Birthplace Balto. Co. Md

MOTHER 14. Maiden Name Mary J Pennington
15. Birthplace Balto City Md.

16 (a) Informant Mrs. E. W. Emmel
(b) Address 2817 Ailsa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4th 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. City Md

18 (a) Funeral director Loudon Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date of registration) (b) Huntington Williams M.D.

NOV 1 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31st 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 31 1940 and that I last saw h[er] alive on Oct 31 1940

Immediate cause of death: Epithelial Carcinoma — Duration 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Not Operated on
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature X Leonard Grady Hunt M. D.
Address 5106 Loyola Rd Date signed 10-31-40

F 74166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-D

F 74166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Fleetwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Fleetwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helena L. Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George M. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10th 1860

8. AGE: Years 80 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Conn.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John W. Munson
13. Birthplace Conn

MOTHER
14. Maiden Name Emily French
15. Birthplace Conn

16 (a) Informant Chas. E. Davidson
(b) Address 4104 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City Md

18 (a) Funeral director Lansdowne Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date) (Registrar) (b) Huntington Williams M.D.

NOV 1 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31st 1940 at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 to Oct 31 1940, and that I last saw h— alive on Oct 30 1940.

Immediate cause of death	Duration
Arteriosclerosis	5 yrs
Chronic Endocarditis	
Due to Myocardial	8 mos
Due to Bronchopneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Brown M. D.
Address 1411 Orchard Ave Date signed 10/31/40

Correct age is especially important. Physicians: please write clearly.

F 74167

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Patapsco Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1309 Patapsco Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Truffa (TRUFFETT)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-05-2061

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1st, 1877

8. AGE: Years 63 | Months 0 | Days 1730 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Not working

FATHER
12. Name August Truffa
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mary Von Shellan
15. Birthplace Switzerland

16 (a) Informant Ferdinand A Truffa
(b) Address 1309 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location: A & Co.

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St

19 (a) 11/1/40 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1940, at 7:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 11-1-40

correct age is especially important. Physicians: please write the

VS 6

F 74168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 74168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MILBORN SAGER STINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Milborn E. Stinson

13. Birthplace Md.

MOTHER 14. Maiden Name Marie E Sager

15. Birthplace Nebraska

16 (a) Informant Milborn E Stinson

(b) Address White Hall, Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 5-40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Taylor ave. Belair Rd

18 (a) Funeral director P. Markalunas Md

(b) Address White Hall, Md

19 (a) Nov 1 1940 (Date rec'd by registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1940 at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 31, 1940
(c) Where did injury occur? York Rd near Md. State Line (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury Collision of two auto cars

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 11-1-40

VS 6

Please write correct address especially important. Physicians: please write the

VS 6

F 74169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 74169
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 Churchill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 Churchhill St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jane Dockins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Carbury S. C. Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name of Father Phyllis Fowlers
13. Birthplace Carbury S.C. Md
14. Maiden Name of Mother Horsett
15. Birthplace S.C. Md
16 (a) Informant Gertrude Dudley
(b) Address 619 S Fremont Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. A. Co Md
18 (a) Funeral director Isaiah A Brown Sons
(b) Address 1940 10 W Montgomery St
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 30 - 1940, at 12 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Oct 30 1940, and that I last saw h[illegible] alive on Oct 30 1940.

Immediate cause of death	Duration
Chronic Endocarditis	
Due to age	
Due to	
Other Conditions Nephritis & Shock from burn	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 10/15-40
(c) Where did injury occur? 38 Churchill St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Scalding Steam Clothes
23. Signature Harry C Anspach M. D.
Address 1016 Sharp St Date signed 10-31-40

Harry L. Macfee M.D. 10-31-40

correct age if especially important. Physicians: please write the cause

VS 8

VS 3

170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. 24170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~year~~ ~~month~~ days) 21
(e) Length of stay in Baltimore (~~year~~ ~~month~~ days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Galesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Elizabeth White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Galesville, Md.
(Town, county, and state)

10. Usual Occupation Gardner

11. Industry or business Private home

FATHER
12. Name Stephen White
13. Birthplace Md

MOTHER
14. Maiden Name Eliza Turner
15. Birthplace Md.

16 (a) Informant Annie Elizabeth White
(b) Address Galesville, Md

17 (a) Burial (b) Date thereof 11/3/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Galesville
Location Galesville, Md.

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Galesville, Md.

19 (a) NOV 2 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

correct sex is especially important. Any person who

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10-1940, to 11-1-1940, and that I last saw h~~im~~ alive on 11-1-1940.

Immediate cause of death	Duration
Cardiac failure	
Due to debility and arteriosclerosis	
Due to	
Other Conditions Carcinoma of larynx	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. C. Humphreys M. D.
Address University Hosp. Date signed 11-1-40
Baltimore, Md.

VS 3

VS 3

74171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3040 E. Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond W. Turner

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-03-2822

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/19/97

8. AGE: Years 43 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Supervisor Homeservice banker

11. Industry or business Newspapers

FATHER
12. Name Harry L. D. Turner
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Maude T. Jones
15. Birthplace Baltimore, Maryland

16 (a) Informant Lillian T. Turner
(b) Address 3040 E. Monument Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 4 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3019 E. Monument Street

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1940, at 6:10 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to Her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions: Obesity. Fatty Liver. Enlarged spleen. Scarred myocardium. Sclerosis of aorta.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-1-40

correct age is especially important. Physicians: please write and

VS 6

74172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E

F 74172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo19da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dorsey and Hartman Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bernard N. CAHLANDER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-07-9168

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mathilda Tolzien
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1893

8. AGE: Years	Months	Days	If less than one day
47	0	21	..... hr. ..... min.

9. Birthplace Minneapolis, Minn.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Glen L. Martin

FATHER
12. Name Axel Cahlander
13. Birthplace Sweden

MOTHER
14. Maiden Name Annie Satherlee
15. Birthplace Norway

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 1940 (month) (day) (year)
(c) Cemetery or crematory German Lutheran Stemmers Run Cemetery
Location Stemmers Run Cemetery

18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bauldin St

NOV 2 1940

19 (a) ..... (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31, 1940, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12, 1940, to Oct. 31, 1940 and that I last saw him alive on Oct. 31, 1940

Immediate cause of death	Duration
Hypertrophy and dilatation of heart	1 year
Due to Rheumatic myocarditis and endocarditis with aortic stenosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Williams

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/1/40 (M.D.)

74173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V e 47-e F 74173

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo23da
(e) Length of stay in Baltimore (yrs., mos., or days) 5mo23days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Sunnyside, L. I.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3988 49th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William P. Lux

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Muriel Buckley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1896

8. AGE: Years	Months	Days	If less than one day
44	6	21	hr. min.

9. Birthplace Birmingham, Alabama
(Town, county, and state)
10. Usual Occupation Purser
11. Industry or business SS VERAGUA

FATHER
12. Name Gabriel Antole Lux
13. Birthplace Mississippi

MOTHER
14. Maiden Name Henrietta Saunders
15. Birthplace Mississippi

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (b) Date thereof Nov 2 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New National Cemtry
Location Fredrick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) Registered by registrar Huntington Williams, M.D.
(b) Date received 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1940, at 1:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to Oct. 31, 1940 and that I last saw him alive on Oct. 31, 1940.

Immediate cause of death	Duration
Bronchial pneumonia left; atelectasis; bronchial pneumonia, right.	2 weeks
Due to Carcinoma of right bronchus with extention to the mediastinum	7 months
Due to and metastasis to both adrenals	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pneumothorax, artificial; exploratory thoracotomy, lung ope
Of autopsy as above

PHYSICIAN
Underline the cause to which deaths should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Clinton
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 11/1/40

Correct age is especially important. Typewriter preferred.

V 2 1940 vs

74174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D Registered No. F 74174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Hilton Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 W. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Rehak (REHAK)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Marie Rehak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1st 1872

8. AGE: Years	Months	Days	If less than one day
68	5	0	hr. min.

9. Birthplace Hungary Europe (Town, county, and state)
10. Usual Occupation Odd jobs work
11. Industry or business City Highways Dept.

FATHER
12. Name Rehak
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Marie Rehak
(b) Address 24 W. Chase St.

17 (a) Cremation (Burial, cremation, ~~or removal~~) (b) Date thereof 11/4/40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (d) [illegible] (Date ~~rec~~'d by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1, 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1940 to Nov 1 1940 and that I last saw h[illegible] alive on Nov 1 1940.

Immediate cause of death Peritonitis
[illegible]

Due to Perforation of duodenum

Due to Stab wounded [illegible]

Other Conditions Syphilis, cirrhosis of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations [illegible]
Of autopsy Peritonitis, perforation of duodenum

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard L. Rubin M. D.
Address St. Joseph's Hosp. Date signed 11/1/40

F 74175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 74175 ✓X

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Rural - Crownsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Green

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col.	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1903

8. AGE: Years	Months	Days	If less than one day
36	10	16	hr. min.

9. Birthplace Waldorf Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name John H Green
13. Birthplace Waldorf Md

MOTHER
14. Maiden Name Emma Hall
15. Birthplace Waldorf Md

16 (a) Informant John H Green
(b) Address Waldorf Md.

17 (a) John Wesley (b) Date thereof 11 4 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory John Wesley
Location Waldorf Md
18 (a) Funeral director E H B Parker
(b) Address 47 Washington St

19 (a) 19 (b) Washington Williams M.D.
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 1 1940, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1940 to 11-1 1940, and that I last saw he alive on 11-1 1940

Immediate cause of death	Duration
Nutritional Deficiency	
Due to Multiple perinactal abscess with sinus	3 mo.
Due to Infected mixed Hemorrhoids	2 ½ mo.
Other Conditions Rec to Vaginal fistula; secondary anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.D. Musgenden M. D.
Address Provident Hosp. Date signed 11-1-40

PENALTY FOR NEGLECT: Please write the causes of death clearly and legibly; correct age is especially important. Physicians: please write

NOV 2

74176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 74176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 E Thompson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Thompson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Heath

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lester Heath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/-

8. AGE: Years 38 | Months 1940 | Days 00r | 31 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER 12. Name George Hill
13. Birthplace N.C.

MOTHER 14. Maiden Name Martha Bryant
15. Birthplace N.C.

16 (a) Informant Lester Heath
(b) Address 1128 Thompson St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 4 1940 (month) (day) (year)

(c) Cemetery or crematory Greenfield
Location North Carolina

18 (a) Funeral director Lattie Gross
(b) Address 1402 Ashland Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS

correct age especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1940, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1940, to 10-31 1940 and that I last saw h[illegible] alive on 10-30 1940

Immediate cause of death — Duration

Acute Influenza — 10 days
Due to Pneumonia
Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Gallen M. D.
Address 50 E Preston St Date signed 10-31-40

74177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

✓ F 74177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8 7

3 (a) FULL NAME Raymond Chapman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 13, 1936

8. AGE: Years	Months	Days	If less than one day
4	9	18	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Andrew Chapman
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Barnett
15. Birthplace Md.

16 (a) Informant Helen Chapman
(b) Address 1718 Preston St.

17 (a) Burial (b) Date thereof Nov. 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. J. Elliott-Daughter
(b) Address 1129 E. Caroline St. Huntingtown Williamsport, Md.

NOV 2 - 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection + Inquest find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Comminuted fracture, vault of skull	
Due to (b) Laceration of brain	
Due to (c) fractured clavicle & ribs	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 3/7
(b) Date of occurrence 10-31-40
(c) Where did injury occur? Register St. south of Preston
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Struck by car while crossing street above intersection
23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 10-31-40

correct age is especially important. Physicians: please write

VS 6

VS 8

74178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

91-A

F 74178
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bird River Neck Rd. Stemmers Run
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Levi Driver

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-02

8. AGE: Years 38 | Months 3 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation WAITER

11. Industry or business

FATHER 12. Name Thomas Driver
13. Birthplace VA

MOTHER 14. Maiden Name Mary Thomas
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Stevens Cemetery
Location Stemmers Run Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline Street

NOV 2 - 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 2.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940 to Oct 31 1940, and that I last saw HIM alive on Oct 31 1940

Immediate cause of death
Cerebral embolus (clinical diagnosis) — Duration 8 hrs.
Due to Subacute bacterial endocarditis.
Due to Streptococcus salivarius.

Other Conditions Ruptured mycotic aneurism in left lung.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (See above - skull not opened.)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury FAVOUR

23. Signature C. B. Favour M. D.
Address Johns Hopkins Hospital Date signed 10-31-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Use only standard terminology and correct age is especially important.

VS 8

VS 3

F 74179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 74179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Homewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLE S BACON

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 7197 07 8155

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caroline Bacon
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 9 19 1872

8. AGE: Years 68 | Months | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and State)

10. Usual Occupation: Retired

11. Industry or business: Penna R.R.

FATHER
12. Name: William M. Bacon
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Eleanor E. Stewart
15. Birthplace: Maryland

16 (a) Informant: Mrs. Gladys Bacon
(b) Address: 1030 E. 36th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul Street

NOV 2 - 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

correct age is especially important. Physicians, please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 1940, at 9:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions: Contusion

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Oct 28, 1940
(c) Where did injury occur? York Rd & Overbrook Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury: Pedestrian struck by auto

23. Signature: W. L. W. Gallagher M.D. Medical Examiner.

Date signed 11-1-40

VS 6

VS 6

386017 F 74180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

✓ F 74180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Benny Ferraro

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Phyllis FILIPPA
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 7-11-79

8. AGE: Years 61 | Months 3 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Ferraro
13. Birthplace Italy NOARA

MOTHER
14. Maiden Name Carmella Nadare
15. Birthplace Italy

16 (a) Informant Rosetta
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 4-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd. Baltimore Md

18 (a) Funeral director Francis Della Rocca
(b) Address 53 N. Morley St. Huntington Hollins, Md

19 NOV 2-1940 (b) _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1940 to Oct 31 1940 and that I last saw h[illegible]alive on Oct 31 1940

Immediate cause of death Obstruction of common bile duct — Duration

Due to: ? Gall stone
? Cancer of head of Pancreas

Other Conditions Pulmonary Edema Thrombophlebitis of Left Leg Vein
(Include pregnancy within 3 months of death)

Major findings: Of operation Cancer of right leg
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WB McAllister Jr M. D.
Address Johns Hopkins Hospital Date signed

correct age is especially important

VS 3

F 74181

LB 60114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony J. Southwick Anthony J. Southwick

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-3255

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age 1883 years

7. Birth date of deceased (mo., day, yr.) Mar. 13, ~~1862~~

8. AGE: Years	Months	Days	If less than one day
57 ~~58~~	7	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation on relief
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Poland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4th-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 NOV 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1940, to 10/31 1940, and that I last saw him alive on 10/31 1940.

Immediate cause of death	Duration
Carcinoma of floor of mouth & mets to cervical	9 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.
Address Baltimore City Hosp. Date signed 10/31/40

F 74182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-B

F 74182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/76

8. AGE: Years 63 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER 12. Name Samuel Hardy

13. Birthplace Md.

MOTHER 14. Maiden Name Isabella Johnson

15. Birthplace Md.

16 (a) Informant Mrs Kittie Hardy.

(b) Address 823 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Mem Park

Location Balto Co. Md.

18 (a) Funeral director Mrs Frances A. Hensley

(b) Address 578 N. Bridgeford Huntingtown Mills, Md.

NOV 2 – 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1, 1940, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1940, to 4/1 1940, and that I last saw h e n alive on 11/1 1940.

Immediate cause of death	Duration
Intestinal obstruction	6 days.
Due to Gangrenous Bowel	
Due to Volvulus and Post-operative adhesions	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Volvulus and Thrombotic Bowel
Of autopsy Gangrenous Bowel

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin N. Tilden Jr.

Address University Hospital Date signed M. 11 D. 1 40

74183

BALTIMORE CITY HEALTH DEPARTMENT 93D ✓ F 74183

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 Forest St.
(c) Hospital or institution: 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Forest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Cora B. Pender

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Chester L. Pender
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 3-1884

8. AGE: Years 56 | Months 3 2 | Days 3 2 8 | If less than one day hr. min.

9. Birthplace Atlanta Ga
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Hillman James.
13. Birthplace Ga

MOTHER 14. Maiden Name Martha —?
15. Birthplace Ga

16 (a) Informant Chester L. Pender
(b) Address 1100 Forest St.

17 (a) Buried. (b) Date thereof 11-2-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Wendell E. Humphrys.
(b) Address 1301 N. Broadway
(Date received by registrar) (b) Registrar

VS 8

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940, to Oct 31 1940, and that I last saw h.p.v. alive on Oct 30 1940.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to arteriosclerosis with auricular fibrillation &	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton A. Stern M.D.
Address 1601 N. Broadway Date signed 11/1/40

NOV 2-1940

74184

BALTIMORE CITY HEALTH DEPARTMENT 93D ✓ F 74184

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 Forest St.
(c) Hospital or institution: 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Forest St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Cora B. Pender

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Chester L. Pender
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 3-1884

8. AGE: Years 56 | Months 3 2 | Days 3 2 8 | If less than one day hr. min.

9. Birthplace Atlanta Ga
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Hillman James.
13. Birthplace Ga

MOTHER 14. Maiden Name Martha —?
15. Birthplace Ga

16 (a) Informant Chester L. Pender
(b) Address 1100 Forest St.

17 (a) Buried. (b) Date thereof 11-2-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Wendell E. Humphrys.
(b) Address 1301 N. Broadway
(Date received by registrar) (b) Registrar

VS 8

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940, to Oct 31 1940, and that I last saw h.p.v. alive on Oct 30 1940.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to arteriosclerosis with auricular fibrillation &	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton A. Stern M.D.
Address 1601 N. Broadway Date signed 11/1/40

NOV 2-1940

(Date received by registrar) [illegible]

VS 3

74184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. F 74184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 Hollins St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Martin E. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1878

8. AGE: Years	Months	Days	If less than one day
62	1	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home.

FATHER
12. Name James Coyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Waldron
15. Birthplace Ireland

16 (a) Informant Martin E. Kelly
(b) Address 2116 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11, 4, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Stre t.

(c) Date received by registrar NOV 2 1940 (d) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	5 hrs.
Due to —	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Klein M.D. (Medical Examiner)
Date signed 11/1/40

Physicians: please write the entries on Death Certificates correct age is especially important.

74185 F 74185

VS 6

F 74185 × LF 74185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs
Mother Husband of Deceased

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County .....
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 940 New York Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ELIZABETH ZEREGA Betty Swan J. Zerega

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow married

Formerly of St. Louis Mo
6 (b) Name of husband or wife Edward Zerega
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1900 1901

8. AGE: Years	Months	Days	If less than one day
39 ~~40~~	2	16	..... hr. ..... min.

9. Birthplace Detroit Mich Scotland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business .....
FATHER 12. Name Unknown Scotsman
13. Birthplace Scotland
MOTHER 14. Maiden Name Unknown Mary Smith
15. Birthplace Scotland
16 (a) Informant W. T. Chamberlain
(b) Address Washington D.C.
17 (a) Burial (b) Date thereof 11-3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Washington D.C.
Location Washington D.C.
18 (a) Funeral director W. T. Chamberlain Co
(b) Address Washington D.C.
NOV 2 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1940, at 6 P. M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death ..... Duration
Fracture of skull
Due to .....
Due to .....
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-1-40
(c) Where did injury occur? Washington Blvd. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury auto car struck culvert
23. Signature T. Z. Williams M.D.
Medical Examiner.
Date signed 11-2-40

VS 6

correct age is especially important. Physicians: please write

(Date rec'd by registrar) 0 Registrar Date signed 11-1-40

VS 6

74186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Arisquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Arisquith St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868.

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Lottie ?
15. Birthplace Maryland

16 (a) Informant Rosie Brown (wife)
(b) Address 214 Amity Street

17 (a) Burial (b) Date thereof Oct 31 /40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Cal
Location Brooklyn
18 (a) Funeral director Elroy O Wilson
(b) Address 000 Broadway av
19 Oct 31 1940 Huntington Williams Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Wandelstedt M.D.
Medical Examiner.
Date signed 10/31/40

correct age. Especially important. Physicians: please write the

VS 6

4187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83a

F 74187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 St. & Calvert Sts
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 31 St. & Calvert Sts
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Alvena F. Lotz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John B. Lotz - St.
6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) May 7, 1872

8. AGE: Years	Months	Days	If less than one day
68	5	24	— hr. — min.

9. Birthplace Baltimore - Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John C. Cartes
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Fiehling
15. Birthplace Germany

16 (a) Informant Mr. John B. Lotz Jr
(b) Address Gilman Apts. - 31 & Calvert Sts
17 (a) Burial (b) Date thereof Nov. 2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
18 (a) Funeral director F. B. Wilkens & Son
(b) Address 1300 Eutaw Place
19 (Date) Registered by registrar Huntington Williams, M.D.

Corrected 10V2-1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 - 1940 at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19— to 9-31 — 1940 and that I last saw her alive on — 19 39.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration —
Due to ARTERIOSCLEROSIS HYPERTENSION — 5+ yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M.D.
Address 1129 St. Paul St Date signed 11/2/40

Dr. John Dorsey

F 74188

VS 8 — Dr. John Dorsey

4188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V46B Registered No. F 74188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Yale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 8
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Yale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Amalie Schultze

3 (b) If veteran, name war No
3 (c) Social Security Account No. No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julius Schultze
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 15. 1876

8. AGE: Years 63 64 | Months 10 | Days 16 | If less than one day — hr. — min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name Fritz Buse Kost
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Julius Schultze
(b) Address 339 Yale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wippel & Son
Address 1300 Eutaw Place

19 (a) NOV 2-1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

correct age as apparently indicated

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31. 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from September 1939 to October 1940, and that I last saw her alive on Oct. 31 1940.

Immediate cause of death Carcinomatosis — Duration 3 months

Due to Carcinoma of Stomach — Duration 2 0

Due to — Duration

Other Conditions Pernicious Anemia — Duration 8 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach with metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Johnny M. Lemmon M.D.
Address 20 E. Preston St. Date signed 11/1/40

4189 — BALTIMORE CITY HEALTH DEPARTMENT — F 74189

VS 2

74180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

Registered No. 34189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 Shields alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 Shields alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex Mal

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

19 (a) NOV 2 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24-1940, at 12 o'clock P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Artery Sclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 10-25-40

VS 6

correct as especially important. Physicians: please write

VS 6

F 74190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-u

F 74190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 Broadway
(c) Hospital or institution: Church Home & Infs. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 138 days
(e) Length of stay in Baltimore (yrs., mos., or days) 138 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME BROWN, MISS RUTH REBECCA

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0996

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1916

8. AGE: Years	Months	Days	If less than one day
24	3	1110	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Mill Worker

11. Industry or business

FATHER 12. Name Harry T. Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Laura Redman

15. Birthplace Md.

16 (a) Informant Deceased

(b) Address Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4 1940 (month) (day) (year)

(c) Cemetery or crematory Oakland Cemetery

Location Oakland Mills, Md.

18 (a) Funeral director C. Harry Weer

(b) Address Sykesville, Md.

NOV 3 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1940, to Nov 2nd 1940 and that I last saw h in alive on Nov 1 1940.

Immediate cause of death Carcinoma, ovarian, with metastasis — Duration 17 mo.

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ovarian carcinoma with metastasis
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature John T. Cole

Address CHH. Hosp. Date signed M. 11 D. 2 1940

VS 3

3880 13 74191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 124-D

F 74191
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 Colgate
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazel Peters X

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HERMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 13-1915

8. AGE: Years: 25 | Months: 9 | Days: 19 | If less than one day: hr. min.

9. Birthplace: N. J.
(Town, county, and state)

10. Usual Occupation: H. W.

11. Industry or business

FATHER
12. Name: Hoover Miles
13. Birthplace: Pa

MOTHER
14. Maiden Name: Ophelia Cole
15. Birthplace: Pa

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5*40 (month) (day) (year)
(c) Cemetery or crematory: SUMMIT HILL
Location: PENN. PA.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 405 S. Wolfe St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D.

NOV 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1940, at 7.43 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940, to Nov 1 1940, and that I last saw her alive on Nov 1 1940.

Immediate cause of death: anaphylactic Reaction — Duration:
Due to: Pooled Plasma
Due to:
Other Conditions: Toxic Vomiting of Pregnancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. W. Williams M. D.
Address: Johns Hopkins Date signed

F 74192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-W

Registered No. F 74192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Church Home & Infirmary 21-T
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 Ridgely St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Geo. Robert Van Kirk

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-09-5238

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Alice Van Kirk

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 23 1901

8. AGE: Years 39 | Months 65 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name William F Van Kirk
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Alice Whipple
15. Birthplace Baltimore

16 (a) Informant Alice Van Kirk.
(b) Address 1145 Ridgely St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov 4 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet.
Location Balto. Md.

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St.

NOV 3 1940 (a) Date received (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

DATE OF DEATH Nov. 2 1940, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31, 1940, to Nov 2 1940, and that I last saw him alive on Nov 1 1940.

Immediate cause of death Pulmonary Edema — Duration .....

Due to Portal Cirrhosis — Duration 7 yrs.

Due to ..... — Duration over

Other Conditions 2nd Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury.....

LEHMANN

23. Signature D J Kemmerer M.D. M. D.
Address Church Home & Inf. Date signed 11/2/40

VS 3

F 74193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 74193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 E. Chase (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Irving A. Littman

3 (b) If veteran, name war ✓ 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Medical Doctor

11. Industry or business

FATHER 12. Name Leon Littman

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Levin

15. Birthplace Russia

16 (a) Informant Father

(b) Address

17 (a) Burial (b) Date thereof 11-3-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery [redacted] Har Sinai Cem
Location Rosedale Md

18 (a) Funeral director Levi Levi
(b) Address 1439 E. Baltimore St

19 (a) Date received by Local Registrar (b) NOV 3 1940 Huntington Mills Registrar, M.D.

VS 3

Correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2, 1940, [redacted] M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-1940, to 11-2-1940, and that I last saw him alive on 11-1-1940.

	Duration
Immediate cause of death: Cerebral embolism	3 days
Due to: Migratory thrombophlebitis	3 mos.
Due to: Attempted injection of varicocele	
Other Conditions: Pulmonary infarcts, terminal pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Endocarditis, chronic, multiple emboli

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Miller, M. D.
Address University Hospital Date signed 11-2-40

F 74194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

Registered No. F 74194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Lake Shore, Pasadena Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Shriver

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-05-0588

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Zyda
6 (c) If alive, give age 23 years
7. Birth date of deceased (mo., day, yr.) 1892
8. AGE: Years 48 Months Days If less than one day hr. min.
9. Birthplace Queen Anne County Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Henry Albert Shriver
13. Birthplace Maryland

MOTHER
14. Maiden Name Virt Robson
15. Birthplace Maryland

16 (a) Informant Zyda Shriver
(b) Address Lake Shore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-40 (month) (day) (year)
(c) Cemetery or crematory Forestville Cem
Location Forestville Md.

18 (a) Funeral director Scott Young Inc
(b) Address 1439 E. Balto St.

19 (a) Date received NOV 5 1940 (b) Huntington Williams M.D. Registrar

Subject age is especially important. Explanation page 3

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1940 at 9:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1940 to Nov 1 1940, and that I last saw him alive on Nov. 1 1940.

Immediate cause of death: Carcinoma Stomach
Generalized Carcinomatosis — Duration: ? ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operation Biopsy - Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Nelson D Rappeluea M.D.
Address 23 Light St Date signed 11/5/40

F 74195

VS 3

F 74195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74195 X F 74195

Registered No. 16

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 st & Calvert.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Glyndon
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Glyndon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George William Townsend

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NINE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. G. W. Townsend
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 25, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	7	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Civil Engineer

FATHER
12. Name Frederick W. Townsend
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Humphries
15. Birthplace Md.

16 (a) Informant Mrs. G.W. Townsend
(b) Address Glyndon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Crook
(b) Address 127 St. Paul st

19 (a) ..... (Date rec'd by Registrar) NOV. 3 - 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH XI-2- 1940, at 5 37 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from XI-1 1940, to XI-2 1940, and that I last saw him alive on XI-2 1940.

Immediate cause of death Cerebral hemorrhage — Duration 1 week

Due to Hypertension & arteriosclerosis — 30 years

Due to T.B. lumbar spine. — 40 years

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy T.B. lumbar spine joint. Arteriosclerosis, adhesions of lungs, tuberculosis of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Henry D. Brown M. D.
Address Union Memorial Hosp Date signed XI-2-40

F 74196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morrison Joseph BURNS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha A. Jones

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): November 23, 1885

8. AGE: Years: 54 | Months: 11 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Fayetteville, North Carolina
(Town, county, and state)

10. Usual Occupation: Clerical Work

11. Industry or business: WABASH RR

FATHER
12. Name: George A. Burns
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Mary Ellen Ahearn
15. Birthplace: North Carolina

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (b) Date received by registrar Huntington Williams M.D.
NOV 3 1940
OS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1940 ~~or~~ at 1:40AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 1940, to Nov. 2, 1940, and that I last saw him alive on Nov. 2, 1940

Immediate cause of death: Coronary arteriosclerosis and thrombosis — Duration: 3 months
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert P. Smith M. D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 11/2/40

F 74197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 74197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 W Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARION BROWN. OR MARVIN BROWN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1908

8. AGE: Years 32 | Months 10 | Days | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER 12. Name William Brown

13. Birthplace S. Car.

MOTHER 14. Maiden Name Ellen Zeigler

15. Birthplace S. Car

16 (a) Informant Gertrude Broadway

(b) Address 206 W. Biddle St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-7-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 915 Druid Hill Ave.

19 (a) (Date rec'd by registrar) NOV 7 1940 (b) Huntington Williams, Registrar

Physicians: please write the correct age is especially important.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1940, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Peritonitis, acute suppurative — Duration

Due to: Appendicitis acute suppurative

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D. Medical Examiner.

Date signed 11-7-40

VS 6

F 74198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 74198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madeira
(c) Hospital or institution: Md. Gen. Hosp. 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Eutaw Pl.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George M. Doctereiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2/1890

8. AGE: Years	Months	Days	If less than one day
49	11	-	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Out of employment

11. Industry or business

FATHER 12. Name Morris J Doctereiner

13. Birthplace Germany

MOTHER 14. Maiden Name Helena Bikesenda

15. Birthplace Baltimore Md.

16 (a) Informant Marie A Kirby

(b) Address 1101 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5/1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Harry A Arnscot

(b) Address 4704 Edgewood Ave

19 (a) (Date rec'd by registrar) (b) Hunting to Williams M.D.

NOV 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1940, to 11-2 1940, and that I last saw him alive on 11-2 1940.

Immediate cause of death (a) Lobar Pneumonia

Due to (b) Empyema

Due to (c)

Other Conditions Coronary Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema

Of autopsy Empyema

Duration: (a) 31 days; (b); (c)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. V. Robinson, M.D.

Address Md. General Hosp. Date signed 11/4/40 M. D.

F 74198

NOV 3 - 1940

58297-rD F 74199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

F 74199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 19das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 ward St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Emerson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5671

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-22-1872

8. AGE: Years	Months	Days	If less than one day
68	6	9	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation packer
11. Industry or business Butler Bros

FATHER
12. Name Edward
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Dickson
15. Birthplace Phila.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Prod Apt

18 (a) Funeral director Geo W. Leppuch
(b) Address 524 N. Eutaw St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31-40 1940, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1940, to 10-31 1940, and that I last saw h[illegible] alive on 10/31 1940.

Immediate cause of death: Carcinoma of the recto-sygmoid & mitha tases — Duration: 16 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Schulof Jr.
Address Baltimore City Hosp. Date signed 10/1/40

NOV 3 - 1940

F 74200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74200 ✓ 83-b Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 McKean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 McKean Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph T. Cooper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower.

6 (b) Name of husband or wife Jennie Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1875

8. AGE: Years	Months	Days	If less than one day
65	6	26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Brick Layer.

FATHER
12. Name Joseph Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Baker.
15. Birthplace Md.

16 (a) Informant Mrs. Mollie J. Shanck.
(b) Address 3511 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Balto Co. Md.

18 (a) Funeral director Rhenwick & Donovan
(b) Address 3615 17 Christmas Ave

19 (a) NOV 3 1940 (Date received by registrar) (b) Clayton Hilliard, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1, 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1940, to 11/1 1940, and that I last saw him alive on 11/1 1940.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 4 days

Due to Hypertension — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman R. Kleeman
Address 1101 N. Fulton Ave Date signed 11/3/40 (M. D.)

Correct age is especially important for statistical purposes.

F 74201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 74201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Miles Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Joseph Saddler

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bernadette Thompson
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 6, 1897

8. AGE: Years	Months	Days	If less than one day
43	6 7	25	....hr. ....min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Clerk-B. & O. RR
11. Industry or business Railroad

FATHER
12. Name William D.Saddler
13. Birthplace Unknown

MOTHER
14. Maiden Name Jennie Herbert
15. Birthplace Maryland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Nov 4 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New National Cemetery
Location Baltimore, Md.

18 (a) Funeral director Edmondson & Donovan
(b) Address 365-17 Eutaw Ave

NOV 3 - 1940 (b) Huntington Hillis, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940, at 12:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28, 1940, to Nov. 1, 1940, and that I last saw him alive on Nov. 1, 1940.

Immediate cause of death	Duration
Pneumothorax, left	Unknown
Due to Pulmonary tuberculosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Dretw M. D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 11/1/40

F 74202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-A

F 74202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 W 37th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 840 W 37th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry C. Clay.

3 (b) If veteran, name war

5 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Alice M. Clay
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 5, 1870.

8. AGE: Years	Months	Days	If less than one day
70	4	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Coast Guard
11. Industry or business

FATHER
12. Name John H. Clay.
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Donaldson
15. Birthplace Canada

16 (a) Informant Alice M. Clay.
(b) Address 840 W 37th St

17 (a) Burial (b) Date thereof Nov 7, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Clemons & Donovan
(b) Address 3615-17 Eastern Ave

NOV 3 - 1940 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1, 1940, at 11:27 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19th 1940, to Nov 1st 1940, and that I last saw he/she alive on Nov 1st 1940.

Immediate cause of death	Duration
Pneumonia	1 - Day
Due to Lagrippe	
Due to	
Other Conditions Hypostatic congestion (include pregnancy within 3 months of death)	
Major findings: Operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 3682 Boulevard Date signed 11/3/40

correct age is especially important

VS 3

VS 3

F 74203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 74203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Kirk Eight Villa
(b) Street address 4301 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 4301 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Josephine Krager

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years 82 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph H. Krager
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Sarah A. Bentley
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. S. Frank Pearson
(b) Address Cambridge Arms Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave.

18. (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street

NOV 3 1940 (Date received by Registrar) (b) Registrar Huntington Woodward, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1940, at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to Nov 1940, and that I last saw h~~e~~r alive on Nov 1 1940.

Immediate cause of death	Duration
Coronary occlusion	2 hrs.
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Kolodny M.D.
Address 5001 Roland Ave. Date signed Nov 3 1940

VS 8

F 74204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-B

F 74204 Registered No. 918-46

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens Sts
(c) Hospital or institution: St. Agnes Hospital 2-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N Litefield Road (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Mr. Charles M. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of ~~husband or~~ wife Katherine George
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) May 23, 1869

8. AGE: Years	Months	Days	If less than one day
71	5	9	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name John H. Anderson
13. Birthplace Virginia

MOTHER
14. Maiden Name Charlotte E. Shipley
15. Birthplace Maryland

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert Street

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) --- (b) ---
(Date rec'd by Registrar) Registrar.
NOV 3 1940
VS 9

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27 1940 to Nov. 2 1940, and that I last saw h[illegible] alive on 11/2 1940.

Immediate cause of death	Duration
Cancer ~~one~~ of tongue	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of tongue
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature James R Dwyer M.D.
Address St. Agnes Hosp Date signed 11/2/40

F 74205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0 Registered No. F 74205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3103 Rosekemp ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) ~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3103 Rosekemp ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Matilda B. Roberts

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Isaac J. Roberts

(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 22 1879

8. AGE: Years 61 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name James O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Isabella Kerr
15. Birthplace Ireland

16 (a) Informant Thelma R. Roberts
(b) Address 3103 Rosekemp ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto. County Md.

18 (a) Funeral director J. J. Nolan
(b) Address 3800 E. Balto St.

NOV 3 - 1940 (Date rec'd by registrar) (b) Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/1940 at 9a.m.

21. I certify that death occurred on the date above stated, that I attended deceased from June 7 1940 to Oct 31 1940, and that I last saw her alive on Oct 31 1940

Immediate cause of death: Myocarditis — Duration 7

Due to:

Due to:

Other Conditions: Advanced arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Francis L. Bosley M. D.
Address 6077 Hayford Rd. Date signed

correct age is especially important. Physicians please

VS 3

VS 8

74206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 74206
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Betty Lindberg

3 (b) If veteran, name war –

3 (c) Social Security Account No. 173-05-8042

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	–

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business –

FATHER
12. Name Patrick Cusack
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Hanson
15. Birthplace Ireland

16 (a) Informant Mary Hayes
(b) Address Calvert St

17 (a) Removal (b) Date thereof 11-4-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Ardmore Pa.

18 (a) Funeral director W. W. Chambers Co.
(b) Address 918 E Cleveland Ave Riverdale Md.

19 (a) Huntington Williams M.D.
(Date received) Registrar

NOV 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3- 1940, at 10 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Toxemia

Due to 1-2 & 3 degree burns involving 75% body surface

Due to

Other Conditions Pregnancy Cellulose
(Include pregnancy within 3 months of death)

Major findings of operations 7 Mercy Hospital

Of autopsy Performed by Dr Mayer

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-29-40
(c) Where did injury occur? 1110 Guilford Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Setting on chair Combustible Conflagration on floor

23. Signature Howard J. Mowbray M.D.
Medical Examiner.
Date signed 11-3-40

correct age is especially important. Physicians: please write

F 74207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

FULL NAME Salvatore Samuel Domina

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Maria Domina
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 29 1868

8. AGE: Years 72 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER
12. Name Joseph Domina
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Joseph Domina
(b) Address 634 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4, 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director Albert W Dorsey
(b) Address 440 E North Ave

19 (a) Date received by registrar NOV 4 1940 (b) Registrar Huntington Williams M.D.

COPIES ARE IF specially requested

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940, at 8:47 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 | 19 | 1940 to 11 | 1 | 1940, and that I last saw h.i.m. alive on 11 | 1 | 1940.

Immediate cause of death Cardiac Insufficiency — Duration

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions Monoplegia - left Heart Block
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartmann M.D.
Address Franklin Square Hosp. Date signed 11 | 3 | 40

F 74208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 74208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Gwynns Falls Pkwy.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Gwynns Falls Pkwy
(If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	widow

6 (b) Name of husband or wife Late Pittinbruce Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1846

8. AGE: Years	Months	Days	If less than one day
94	5	21	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Mackey
13. Birthplace Pa.

MOTHER
14. Maiden Name Kelton
15. Birthplace Pa.

16 (a) Informant John A. Myers
(b) Address 3401 Gwynns Falls Pkwy.

17 (a) Burial (b) Date thereof Nov. 4 '40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Faggs Manor
Location Faggs Manor, Pa.

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave

19 NOV 4 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1926 to Oct 30 1940, and that I last saw h alive on Oct 30 19 40.

Immediate cause of death: Bronchopneumonia — Duration 2 dys

Due to: Myocarditis — Duration 1 yr

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edw. Dalbey M. D.
Address 2543 St. Paul St. Date signed 11/7/40

F 74209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 755 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ina J. Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Anna F (Purnell)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1870

8. AGE: Years 70 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Woman, Paint Shop

11. Industry or business Dept & Tucker Ship Yard

FATHER 12. Name Jacob Moore
13. Birthplace Maryland

MOTHER 14. Maiden Name Virginia Skelton
15. Birthplace Maryland

16 (a) Informant Mrs Ina J. Moore
(b) Address 755 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Henry H Withe
(b) Address 4101 Edmondson Ave

NOV 4 - 1940

(a) Date rec'd by registrar (b) Huntington & Williams Inc.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1940, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1940, to Nov 1 1940 and that I last saw h~~im~~ alive on Nov 1 1940.

Immediate cause of death: Acute Cardiac Dilatation — Duration: Few days
Due to: Myocarditis (Chronic)
Due to:
Other Conditions: Arterio - Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Grossman M. D.
Address 753 W Fayette St Date signed Nov 3 1940

VS 3

F 74210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-D

F 74210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don't
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 N. Potomac St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OSCAR ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Andreas Andersen
13. Birthplace Norway

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Anderson
(b) Address 3117 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Howard Curtis
(b) Address 5305 Harford Rd.

NOV 4 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1940, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	20 yrs
Due to	
Due to	
Other Conditions ns	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ns
Of autopsy ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)
Date signed 11-3-40

VS 6

correct age is especially important. Physicians: please write the

VS 6

F 74211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

F 74211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 - Ashland - Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 49 years

3 (a) FULL NAME Anna Zavadil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Henry Zavadil ✓
6 (c) If alive, give age 74+ years

7. Birth date of deceased (mo., day, yr.) 7/15/1868

8. AGE: Years	Months	Days	If less than one day
72	3	18	hr. min.

9. Birthplace Czechoslovakia ✓ (Town, county, and state)
10. Usual Occupation House-Wife
11. Industry or business

FATHER
12. Name Joseph - Hajek
13. Birthplace Czechoslovaki ✓

MOTHER
14. Maiden Name Katherine Hajek
15. Birthplace Czechoslovaki

16 (a) Informant Henry - Zavadil
(b) Address 2311 - Ashland - Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1940 (month) (day) (year)
(c) Cemetery or crematory Holy - Redeemer
Location Baltimore

18 (a) Funeral director Frank Evach + Son
(b) Address Ashland Ave + Chesters

19 (a) NOV 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1940, at 4 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940 to Nov 1 1940 and that I last saw her alive on Nov 1 1940.

Immediate cause of death	Duration
Gangrene of left foot	
Due to Generalized Arterio Sclerosis	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 11/2/40

VS 3

VS 3

F 74212

F 74212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4033 Eckodale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wk
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4033 Eckodale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Louise Dreyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Wm C. Dreyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1856

8. AGE: Years 83 | Months 11 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vinup
13. Birthplace Ger.

MOTHER
14. Maiden Name Unknown
15. Birthplace Ger.

16 (a) Informant Mrs. Walter J. Kroeber
(b) Address 4033 Eckodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 5 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) Hunter 4 - 1940 Washington Pollizzi, M.D.
(Date rec'd by registrar) Registrar

NOV

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940 to Nov 2 1940, and that I last saw her alive on Oct 24 1940.

Immediate cause of death	Duration
Coronary Thrombosis	Nov 2 days
Due to Arterio-Sclerosis - Hemorrhage and arterial Hypertension —	5 yrs. 5 yrs.
Due to	
Other Conditions Emphysema —	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Louis N. Krumeich M. D.
Address 722 N. Kenwood Ave Date signed 11/4/40

H. D. H. 1202-9

74213

HEALTH DEPARTMENT—CITY OF BALTIMORE

74213

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Springdale Ave. St., 28-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Emory Pearson

S. S. No. 215-03-7963

(a) Residence: No. 4107 Springdale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Fiske Pearson - 51 yrs

6. DATE OF BIRTH (month, day, year) May 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James R. Armiger Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Summerfield Pearson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Olivia Bangs

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Florence F. Pearson

(Address) 4107 Springdale Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem'ty Date Nov. 4 1940

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1000 Eutaw Place, Baltimore

20. FILED NOV 4 1940 19 Hunter, for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1939 to November 1, 1940

I last saw him alive on November 1, 1940 Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	11/1/40

Other contributory causes of importance:

Miorainc —

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lola La Edel M. D.

(Address) 3403 Garrison Blvd

† state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

74214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cedonia Ave
(c) Hospital or institution: Jenkins Memorial Clinic
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yr
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 E Baltimore St.
(If rural give location)
If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Laura Margaret Adams

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ..... None
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 29 1866

8. AGE: Years	Months	Days	If less than one day
74	0	203	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name George Adams
13. Birthplace Ger

MOTHER
14. Maiden Name Caroline M Pfeil
15. Birthplace Balt

16 (a) Informant Sarah B Delamater
(b) Address 4716 Wakefield Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Henry H Jenkins Fun Co
(b) Address McCulloh & Orchard Sts
19 (a) F. ION (b) .....
(Date received by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1940, at 2.05 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Nov 4 1940, and that I last saw her alive on Oct 30 1940.

Immediate cause of death	Duration
Degen Cardio-Vascular Dis	10
Due to Arteriosclerosis & Hypertention	
Due to	
Other Conditions Rt Hemiplegia	

(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Erdeson Parks M. D.
Address St Agnes Hosp Date signed 11/4

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74215

BALTIMORE CITY HEALTH DEPARTMENT

F 74215

F 74215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 74215 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3236 Abell Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3236 Abell Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice M. Evans

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George N. Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1851

8. AGE: Years	Months	Days	If less than one day
88	10	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Uriah Maguire
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Louisa Banks
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. A. Evelyn Trott
(b) Address 3236 Abell Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) [illegible] (Date received by registrar) (b) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940 at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27, 1940 to Nov. 1, 1940. and that I last saw h[illegible] alive on Nov. 1, 1940.

Immediate cause of death	Duration
	about 4
Due to a) - Intestinal Obstruction.	one
b) - Mesenteric Thrombosis	week.
Due to Arteriosclerosis.	
Other Conditions Myocardial failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Strutzker M.D.
Address 7351 Eastern Ave. Date signed 11/2/40

F 74216

CGE

58574 74216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V124-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Sterrett St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmund Sowers

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-03-4278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elsie (Dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-1898

8. AGE: Years	Months	Days	If less than one day
42	6	0	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Bartender
11. Industry or business

FATHER
12. Name: Edward F. Sowers
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Catherine Boyle
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pa. Avenues

NOV 4 - 1940 (Date rec'd) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1940 at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22- 1940 to 11-1- 1940 and that I last saw h[illegible] alive on 11-1- 1940.

Immediate cause of death	Duration
Carcinoma of liver (Primary)	?
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp Date signed 11-3-40 M. D.

F 74217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3936 Norfolk Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N. E. 17th Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES HENRY GAITHER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 113-05-9748

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie A. Gaither

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 22, 1875

8. AGE: Years	Months	Days	If less than one day
65	6	9	..... hr. ..... min.

9. Birthplace Dayton, Virginia
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Keyes Realty Co.

FATHER
12. Name Harrison Gaither
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Fletcher
15. Birthplace Virginia

16 (a) Informant Mr. Charles L. Gaither
(b) Address 3936 Norfolk Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) NOV 4 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940 at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1940, to 11/1 1940 and that I last saw him alive on 11/1 1940.

Immediate cause of death	Duration
1) - Pneumonia	
Intestinal -	- 9 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations - None
Toxoplasmosis - None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 11/4/40

74218 HEALTH DEPARTMENT—CITY OF BALTIMORE 74218

V 119-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joanne Bassler

If U. S. Veteran specify WAR

(a) Residence: No. 1910 Ridgehill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): March 15, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Valencia

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Lorraine Bassler

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Lorraine Bassler

(Address): 1910 Ridgehill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Nov. 5, 1940

19. UNDERTAKER: Wm. J. Tickner & Sons,

(Address): North & Pa. Aves. Huntington Williams, Mgr.

NOV 4 - 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11 - 3 , 1940

22. I HEREBY CERTIFY, That I attended deceased from 10 - 30 , 1940 to 11 - 3 , 1940

I last saw her alive on 11 - 3 , 1940 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-2-40
Diarrhea	10-29-40

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Wallenstein M. D.

(Address) 1 W Bgtt

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 3

VS 3

74219 (Coronary)

74219 (Gronaw)

HEALTH DEPARTMENT—CITY OF BALTIMORE 74219

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., 15-4 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Mary S. Gronaw

If U. S. Veteran specify WAR ____

(a) Residence: No. 1829 Clifton Ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Gronaw

6. DATE OF BIRTH (month, day, year) Oct. 20, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael J. Crouse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Leute

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles A. Gronaw

(Address) 1829 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date Nov. 6, 1940

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.

(Address) North & Pa. Ave.

FILED NOV 4 - 1940 Sterling for Williams, M.D. Registrar.

State CAUSE OF DEATH in terms of disease and OCCUPATION is very important. See instructions on back of certificate.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-30 1940 to 11-3 1940

I last saw her alive on 11-3 1940 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident — Date of onset 10-30-40

Diabetes Mellitus — ? years

Other contributory causes of importance:

Hypertensive Heart Disease — ? years

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) L. Wallenstein M. D.

(Address) 1 W Eager St

F 74220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville - Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 Melvin Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME LILLIAN W. JOHNS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wid.

6 (b) Name of husband or wife ? Carroll Johns
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1866

8. AGE: Years	Months	Days	If less than one day
74	0	24	..... hr. ..... min.

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation 0 None
11. Industry or business 0

FATHER
12. Name LINUS WEED
13. Birthplace Conn.

MOTHER
14. Maiden Name JULIA KETCHAM
15. Birthplace Conn.

16 (a) Informant Mrs. Julia Marshall
(b) Address 321 Central Parkway, Mt. Vernon N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 NOV 4 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/40, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/30 19 40 to 11/1 19 40 and that I last saw h[illegible] alive on 11/1 19 40

Immediate cause of death: Cerebral hemorrhage — Duration 3 d.
Due to: Hypertension — Duration years
Due to: —
Other Conditions: Old coronary occlusion
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp. Date signed 11/1/40 M. D.

VS-8

F 74221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

F 74221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Thames st (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Eric Strand

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 16 1613

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant U.S. Marine Hospital

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mon 4-7-40 (month) (day) (year)

(c) Cemetery or crematory St marys

Location Hamden

18 (a) Funeral director A Reiley Slade

(b) Address 1907 York Rd

19 (a) [redacted] (Date rec'd by registrar) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 3 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Thrombosis left internal carotid artery — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandegrift Medical Examiner M.D.

Date signed 10/31/40

VS 6

Please correct any errors especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

F 74222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-aF 74222
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME QUEENIE STANSBURY

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Clay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years 72 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Kent Island, Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Charles Dunn
13. Birthplace Kent Island, Md.

MOTHER
14. Maiden Name Adlaine Grimage
15. Birthplace Kent Island

16 (a) Informant Mrs. Lizzie Frazier
(b) Address 2008 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Kent Island Md.

18 (a) Funeral director Mrs. Eva L. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) NOV 4 - 1940 (Date rec'd by registrar) (b) Huntingtown Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 1940, at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, hypostatic
Due to Fracture of left femur
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 31, 1940
(c) Where did injury occur? 2008 Division St (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Fall to floor

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-1-40

VS 6

* correct age is especially important. Physicians: please write carefully

F 74223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940 B

F 74223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 563 Eastman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Douglass Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10 6558

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1915

8. AGE: Years 25 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Innerarm Simpson
FATHER 13. Birthplace Annapolis, Md.

MOTHER 14. Maiden Name Helen Douglas
MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Simpson
(b) Address Apt 6-823-Edgar Allen Poe Homes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs Lee H. Holland
(b) Address 1631 Druid Hill Ave. Huntington Woodlawn, Md.

19 NOV 4 - 1940 (Date rec'd by Registrar) (c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1940, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1940, to 10-31 1940, and that I last saw him alive on 10-21 1940.

	Duration
Immediate cause of death: Subacute Bacterial Endocarditis	1 week?
Due to: Streptococcus Viridans	
Due to	
Other Conditions: Pernicious Heart Disease (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations: Petechial hemorrhages
Of autopsy: in skin, lungs, heart, brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G.P. Musser M. D.
Address Provident Hosp. Date signed 11-1-40

VS 3

LEROY F. GIBBENS (correct name)

VS 3

F 74224 LEROY F. GIDDIENS (Correct name) F 74224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Salem Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GIDDEN FELTON OR LEROY F. GIDDIENS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - 1939

8. AGE: Years 7 | Months 4-5 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Felton Giddiens
13. Birthplace Va.

MOTHER 14. Maiden Name Florence Dailey
15. Birthplace Md.

16 (a) Informant Florence Giddiens
(b) Address 2520 Salem av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - F 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

(d) Funeral director William A. Jackson
(e) Address 916 Pennsylvania ave

19 (a) 1940 (Date received by registrar) (b) Washington Williams, Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 19 40, at 2 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Asphyxia	
Due to: Aspiration of food (candy sucker	
Due to:	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 1st 1940
(c) Where did injury occur? 2520 Salem Av (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Candy lodged in throat

23. Signature J. H. W. Gilmanton M.D.
Medical Examiner.
Date signed 11-1-40

VS 6

correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

74225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

F 74225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 780 W. Mulberry.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs. (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 780 W. Mulberry
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Warren

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-30-1883

8. AGE: Years 57 | Months — | Days 43 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Samuel Carrell
13. Birthplace Maryland

MOTHER
14. Maiden Name Becky ?
15. Birthplace Maryland.

16 (a) Informant Lillian Warren.
(b) Address 780 W. Mulberry.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 11 5 40 (month) (day) (year)
(c) Cemetery or crematory Post Spruce Cem
Location Spencer N. C.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave Huntington Williams, W. Va.

19 (a) NOV 7 1940 (Date received by registrar) (b) Registrar

CORRECT AGE IF KNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1940, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1 1940, to Nov. 3 1940, and that I last saw h[illegible] alive on Nov. 3 1940.

Immediate cause of death Terminal Bronchopneumonia

Due to Squamous cell carcinoma of Cervix and Vagina, with metastasis to lungs, and 4th & 5th Lumbar Vertebrae.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Carcinoma of Cervix diagnosed 4 months ago.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Thompson M. D.
Address University Hospital Date signed 11-3-40

VS 3

F 74226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1279a F 74226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution:
Bon Secour Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Westgate Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Mrs. Agnes Baxter

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Thos P. Baxter
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1881

8. AGE: Years 58 | Months 10 | Days 15 | If less than one day: 4 hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House wife
11. Industry or business at home

FATHER
12. Name Patrick Hayes
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mason
15. Birthplace Ireland

16 (a) Informant Mrs Thomas P. Baxter
(b) Address 426 Westgate Road

17 (a) burial (b) Date thereof 11/5/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J Conway & Son
(b) Address 901 Hollins St.

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

NOV 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1940, at 1:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1940, to Nov. 2 1940, and that I last saw her alive on Nov. 2 1940.

Immediate cause of death	Duration
Acute Cholecystitis	10 days
Due to	
Due to	
Other Conditions Hypertension; Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operation Empyema of Gall Bladder
Of autopsy Localized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fearing M. D.
Address Bon Secour Hosp Date signed 11-2-40

correct age is especially important. Physicians: please write distinctly.

VS 3

F 74227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

F 74227
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. Gilmor St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ella V. Stivers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Edward E. Stivers
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 20 - 1860
8. AGE: Years 80 | Months 3 | Days 12 | If less than one day ... hr. ... min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel J. Pearl
13. Birthplace Md

MOTHER
14. Maiden Name Ellen Osbourne
15. Birthplace Md

16 (a) Informant Mrs. Eva McCall
(b) Address 308 E. Capitol St Wash Dc
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto Md
18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 512 Washington Blvd Huntington Williams, Inc.
NOV 4 - 1940 (b) ...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940, at 12:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940 to Nov 2 1940, and that I last saw her alive on Nov 1, 1940.

Immediate cause of death ... Duration
cerebral Thrombosis — 1 day
Due to ...
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...
23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St Date signed 11-4-40

VS 3

correct age is especially important. Physicians: please write clearly and

VS 3

F 74228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1144-aF 74228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Rosewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilda Ruth Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Home
11. Industry of business

FATHER
12. Name Herbert Levin
13. Birthplace Balto

MOTHER
14. Maiden Name Gertrude —
15. Birthplace Balto

16 (a) Informant Gertrude Levin
(b) Address 2611 Rosewood Ave.

17 (a) 11-4-40 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory Northern Ave
Location Bnai Israel

18 (a) Funeral director Jack Levine Inc
(b) Address 1739 E. Balto. St

(a) NOV 4 — 1940 (Date received) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1940, to Nov. 3 1940, and that I last saw her alive on Nov 3 1940.

Immediate cause of death — Duration

Due to Acute Pulmonary Edema.
Due to Eclampsia
Other Conditions Pregnancy 8 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King B E Seegar, Jr. M.D. M. D.
Address University Hospital Date signed

VS 3

F 74229 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V131-a F 74229

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore General Hosp. Dukeland & Boyd Ave Ward 11)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth 53 yrs. ..... mos. ..... ds.

2. FULL NAME Aaron Novick

If U. S. Veteran specify WAR .....

(a) Residence: No. 3407 Dolfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Novick

6. DATE OF BIRTH (month, day, year) December 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	11 10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store-keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 10/27/40
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Abahem Novick
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT [redacted] Mrs. Novick
(Address) 5501 W. Adams St Chicago

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Forest Date 11/4/40 19

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar.

NOV. 4 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1940 to Nov. 3, 1940
I last saw h[redacted] alive on Nov. 3, 1940 Death is said to have occurred on the date stated above, at 3 5/6 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
[redacted]	Acute Congestive Failure	1 week
Chronic Interstitial Nephritis		?
Gastric Ulcer - Chronic		14

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Israel Rosen M. D.
(Address) 2413 E. Monument St

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

F 74230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 74230 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & RUTLAND
(c) Hospital or institution:
SINAI
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1570 N. Pagadon (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kopel Terkowitz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia Poland (Town, county, and state)
10. Usual Occupation Grocery
11. Industry or business

FATHER 12. Name Isaac Terkowitz
13. Birthplace Russia

MOTHER 14. Maiden Name Linfrd
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Holker Cemetery

18 (a) Funeral director Jack Lewis Inc
(b) Address 1459 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md

NOV 4 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 2:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 28 1940, to Nov 3 1940, and that I last saw him alive on Nov 3 1940.

Immediate cause of death	Duration
(a) Heart Failure	1 hr.
Ac. Pulm. Edema	1 hr.
Due to Coron Thrombosis	37 da
Due to Coron Artery Dis	?
Other Conditions Pulm Infarctions & Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel V. Tompakow M. D.
Address Sinai Hospital Date signed 11/3/40

NOV 4 - 1940

F 74231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 74231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Pierce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Wilson

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Nancy —
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 1864

8. AGE: Years	Months	Days	If less than one day
76	9 10		hr. min.

9. Birthplace Hamilton Virginia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Wilson
13. Birthplace Hamilton Va

MOTHER
14. Maiden Name Marion ?
15. Birthplace Va

16 (a) Informant Nancy Wilson
(b) Address 845 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 6 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) NOV 6 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1940, at 1 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D.
Medical Examiner
Date signed 11/4/40

Correct age is especially important. Physicians: please write plainly.

VS 6

VS 6

F 74232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

F 74232
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Rosalie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCES RUSSO

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-[illegible]-2433

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1920

8. AGE: Years 20 | Months - | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business

FATHER 12. Name Santo Russo
13. Birthplace Italy

MOTHER 14. Maiden Name Josephine D'Amore
15. Birthplace Italy

16 (a) Informant Hospital
(b) Address 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Lepistone
(b) Address 2818 E. Baltimore St

NOV 5 - 1940 (Date received by Registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 | 2 | 1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 | 2 | 1940 to 11 | 2 | 1940, and that I last saw her alive on 11 | 2 | 1940.

Immediate cause of death	Duration
Cardiac failure	2 days
Due to Unresolved pneumonia	1 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp. Date signed M. 11 D. 12/40

74233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 a

Registered No. E 74233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) If foreign born, how long in U. S. A.?.....years

3 (a) FULL NAME Baby Boy Etzler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 10-27-40

8. AGE: Years | Months | Days: 1 | If less than one day: .....hr. .....min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER
12. Name Henry Etzler
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Day.
15. Birthplace Md.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a).....(Burial, cremation, or removal) (b) Date thereof.....(month) (day) (year)
(c) Cemetery or crematory.....
Location UNIVERSITY MEDICAL SCHOOL NOV 1 - 1940

18 (a) Funeral director Per H. A. Moore
(b) Address.....

19 (Date received by registrar) NOV 1 1940 Huntington Williams M.D. Registrar

6009

VS 3

Correct age is especially important if under 1 year or 100 years

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1940 at 6 55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1940 to Oct 28 1940, and that I last saw him alive on Oct 28 1940.

Immediate cause of death PREMATURITY. | Duration

Due to.....

Due to.....

Other Conditions Cerebral Hemorrhage.
(Include pregnancy within 3 months of death) over

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Henry P Goldberg M. D.
Address Johns Hopkin Hosp Date signed Oct 30 1940

F 74231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓

F 74234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution:
South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pleasant & Calvert Sts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hallman Harry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60 yrs.			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 1 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 4 - 1940 (Date received by Registrar) For H. A. Mohr Livingston Williams, M.D. Registrar 60140

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1940, at 7:34 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10.22 1940, to 10.25 1940, and that I last saw him alive on 10.27 1940.

Immediate cause of death Bronchopneumonia
Uraemia Chronic Nephritis

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Levin M. D.
Address So. Balto. Gen. Hosp. Date signed 10-28-40

VS 8

74235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171-a

F 74235 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNKNOWN WHITE MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 1 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 4 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

6011

VS 6

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon, and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to

Due to

Other Conditions no.

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 26, 1940
(c) Where did injury occur? Monument and Haven St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury struck by street car while crossing intersection

23. Signature H. L. Wallbrecher M.D.
Asst Medical Examiner.
Date signed 10-26-40

VS 6

white crossing intersection

74236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. E 74236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 S. Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 S. Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna A Stang

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1888

8. AGE: Years	Months	Days	If less than one day
52	7	43	— hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business Telephone Co.

FATHER
12. Name Frank Stang
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Keller
15. Birthplace Baltimore Md.

16 (a) Informant Carrie Stang
(b) Address 1009 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5-1940 (month) (day) (year)
(c) Cemetery [redacted] Holy Jerors
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Hartle Inc.
(b) Address 115 E. Mt St.

19 (a) Nov 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1940 to Nov. 2, 1940 and that I last saw PT alive on 11/2/ 40.

Immediate cause of death Coronary Thrombosis — Duration 2

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 11/3/4

F 74237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 45-B V

F 74237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 W 187th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME Marcelino PAZ

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maria Jarel
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1898

8. AGE: Years	Months	Days	If less than one day
42	9	11	....hr. ....min.

9. Birthplace Spain
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business US URUGUAY

FATHER
12. Name Andrew Paz
13. Birthplace Spain

MOTHER
14. Maiden Name Antonia Pico
15. Birthplace Spain

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Nov. 4-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Matthew
Location Odonnell St.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St..

19 (a) ....(b) ....
(Date rec'd by local registrar) Registrar

NOV 4 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1940, at 8:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1940 to Nov. 1, 1940, and that I last saw him alive on Nov. 1, 1940

Immediate cause of death	Duration
Broncho pneumonia(bilateral)	3 da.
Due to Aspiration from necrotic mass at base of tongue	2 mo.
Due to Carcinoma of base of tongue (left side treated)	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Aspiration biopsy, left neck; aspiration biopsy, right neck.
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Wilcox M. D.
Address U. S. Marine Hospital Baltimore, Maryland Date signed 11/2/40

F 74238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 74238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 S. EAST AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S. EAST AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE F? GOLDBECK

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
ALE	WHITE	MARRIED

6 (b) Name of husband or wife ELIZABETH M. GOLDBECK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 3 1888

8. AGE: Years	Months	Days	If less than one day
52	5	28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business AT TIN DEC. CO.

FATHER
12. Name FREDERICK GOLDBECK
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name MARGARET PRASCH
15. Birthplace BALTIMORE MD.

16 (a) Informant ELIZABETH M. GOLDBECK (WIFE)
(b) Address 420 S. EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 5/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

NOV 4 - 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 1 1940 6/30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov. 1 1940 and that I last saw h[illegible] alive on Nov. 1 1940

Immediate cause of death Mitral Regurgitation - Cardiac Hypertrophy

Due to Hypertension -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Faubey M. D.
Address 441 E. Edmond Av Date signed Nov 4/40

F 74239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 74239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 S. EAST AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S. EAST AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH M. GOLDBECK

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife FREDERICK GOLDBECK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 3 1888

8. AGE: Years	Months	Days	If less than one day
52	4	28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JOHN PRASCH
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name MARGARET PRASCH
15. Birthplace BALTIMORE MD.

16 (a) Informant J. JOSEPH FAUBEY M.D.
(b) Address 441 E. EDMONDSON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 5/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director LILLY + ZEILER INC.
(b) Address 403 S. WOLFE ST.

NOV 4 - 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 1 1940 6/30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov. 1 1940 and that I last saw h[illegible] alive on Nov. 1 1940

Immediate cause of death Mitral Regurgitation - Cardiac Hypertrophy

Due to Hypertension -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Faubey M. D.
Address 441 E. Edmond Av Date signed Nov 4/40

(Date rec'd by registrar) ... Address ... Date signed ...

VS 2

74239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 W

F 74239

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 799 W. Mulberry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 799 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Sarah Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jack Hill

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 10-30-1899

8. AGE: Years 40 | Months — | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Edgefield S. C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Allen Cornwell
13. Birthplace S. C.

MOTHER
14. Maiden Name Nancy Smith
15. Birthplace S. C.

16 (a) Informant Mary Weathers
(b) Address 799 W. Mulberry St

17 (a) Authorized (Burial, cremation, or removal) (b) Date thereof 11 4 40 (month) (day) (year)

(c) Cemetery or crematory Chester Town
Location Chesty. S. C.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) 11-4-1940 (Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1, 1940, at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3, 1940, to Nov. 1, 1940, and that I last saw h[illegible] alive on Nov 1, 1940.

Immediate cause of death Cerebral hemorrhage — Duration Aug. 1940

Due to ...

Due to ...

Other Conditions Arteriosclerosis — Duration Past Yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature H. L. White M. D.

Address 1344 Druid Hill Ave Date signed ...

correct if is especially important. Physicians: please write the cau

74240

F 74240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 Edmondson Ave.
(c) Hospital or institution:

20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elwood T. Tankersley

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-0700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Madeline (nee Bader
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1895

8. AGE: Years	Months	Days	If less than one day
45	1	13	hr. min.

9. Birthplace Deal Island, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Tankersley
13. Birthplace Md.

MOTHER
14. Maiden Name Jones
15. Birthplace Md.

16 (a) Informant Mrs. Madeline Tankersley
(b) Address 1919 Edmondson Ave.

17 (a) Removal (b) Date thereof Nov. 4/40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Deal Island Md.
Location

18 (a) Funeral director Harry F. Weitzel
(b) Address 4101 Edmondson Ave.

19 (c) Filed by registrar Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4. 1940. at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1939 to 11/4 1940
and that I last saw h[illegible] alive on 11/4 1940.

Immediate cause of death — Duration

Carcinoma of Stomach — 1 yr.

Due to

Due to

Other Conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams Langdon M. D.
Address 400 N. Payson St. Date signed 11/4/40

VS 3

4241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No. 74241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN McCOY

3 (b) If veteran, name war

3 (c) Social Security Account No. 089-07-1458

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Hattie McCoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1910

8. AGE: Years	Months	Days	If less than one day
30	2	7	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16. (a) Informant Hattie McCoy
(b) Address 1808 Maryland Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 5 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Gastonia, N. Carolina

18. (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 E. Carolina Street

19 (a) Nov 4-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1940, at 9 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wounds of chest.
Due to: Homicide
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no one

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11-1-40
(c) Where did injury occur? 22 W. Lafayette Ave, Balto, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Struck with pen knife during argument

23. Signature H. E. Wallenmeyer M.D.
Date signed 11-2-40 Asst Medical Examiner.

correct as is especially important. Physicians: please write the

VS 6 [illegible]

242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 74242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Months 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Months 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Randallstown.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Greenwalt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-40

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	8	4	11	

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Merle Charles Greenwalt
13. Birthplace Randallstown

MOTHER
14. Maiden Name Irene Virginia Caffield
15. Birthplace Oakland, Md.

16 (a) Informant Merle Charles Greenwalt
(b) Address Randallstown.

17 (a) Burial (b) Date thereof Nov. 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Oakland Cem.
Location Oakland Mills, Md.

18 (a) Funeral director Harry Weis
(b) Address Lyksville Md.

19 (a) NOV 7 1940 (b) Huntington Tolliver, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940, to Nov. 4 1940; and that I last saw h.. alive on 11-4 1940.

Immediate cause of death: Malnutrition — Duration: 9 months

Due to: Hydrocephalus

Due to: Spina Bifida

Other Conditions: Deaf mute

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend Jr. M. D.
Address University Hospital Date signed 11-7-40

CORRECT ENTRIES IN CAPITAL LETTERS. USE BLACK INK.

F 74243

F 74243

F 74243
40/259/Baltimore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 N. Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5894

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marguerite

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 31 1885

8. AGE: Years 55 | Months | Days 32 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Junior Clerk

11. Industry or business

FATHER
12. Name Joseph Schneider
13. Birthplace Va. Virginia

MOTHER
14. Maiden Name Julia Bernhardt
15. Birthplace Balto Virginia

16 (a) Informant Marguerite Schneider
(b) Address 638 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Ave Balto Md

18 (a) Funeral director A. Bernard Evans
(b) Address 1400 W. Lombard St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28 1940 to Nov. 3 1940, and that I last saw him alive on Nov. 3 1940.

Immediate cause of death	Duration
Basal Fracture of Skull	6 days
Due to Fall on street	16 yrs
Due to Epilepsy.	2 days
Other Conditions Congestive Heart Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Basal Fracture

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-28-40 4/1
(c) Where did injury occur? Baltimore, Md.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place? Public Place While at work? Yes
(Specify type of place)
(e) Means of injury Fall due to Epilepsy

23. Signature W. C. Livingood M. D.
Address Mercy Hospital Date signed 11-3-40

Town Dr. Theresio M. D.

74244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E ✓ F 74244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 83 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 N. Calvert Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Mary P. Leary

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas W. Leary
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) April 11, 1857

8. AGE: Years	Months	Days	If less than one day
83	6	22	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Robert Massicot
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ann Smyrk
15. Birthplace England

16 (a) Informant Thomas W. Leary
(b) Address 2918 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St
18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street
19 (a) [illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940, at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 years 19--, to Nov. 3. 1940 and that I last saw h-- alive on Nov. 1. 1940

Immediate cause of death	Duration
Due to Myocardial insufficiency.	
Due to Senility.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Stansbury
Address 714 Park Ave Date signed 11/9/40

4245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 74245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 E. Biddle St.
(c) Hospital or institution:

10-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 E. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche E. Wiggers

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard Wiggers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1881

8. AGE: Years	Months	Days	If less than one day
59	3	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md. & Pa. R.R. Co.

FATHER
12. Name Samuel S. Hopple
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ella M. Kelley
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Warren S. Hopple
(b) Address 3329 Ravenwood Ave.

17 (a) Burial Park (b) Date thereof Nov. 5, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1940, at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1935 to Nov. 2 1940. and that I last saw her alive on Nov 1 1940.

Immediate cause of death	Duration
Cancer of breast, operation March/35	5 yrs
Due to Metastasis & Post Lung June 1939	16 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Cancer L. breast March/35
Of operation Jefferson 1938
Thoracentesis Sept 1, 39 -
Of autopsy not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo A Lintzlcher M. D.
Address 12 Chapel St Date signed 11/4/40

F 74246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 74246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Guilford ave
(c) Hospital or institution:
12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Guilford ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Watson

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Pattie Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27/1885

8. AGE: Years	Months	Days	If less than one day
55	2	5	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Watson
13. Birthplace Va

MOTHER
14. Maiden Name Polly Watson
15. Birthplace Va

16 (a) Informant Pattie Watson
(b) Address 2318 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) NOV 4 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 19 40, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940 to Nov 3 1940; and that I last saw h alive on Nov 2 1940

Immediate cause of death	Duration
Cardiac Renal Disease	
Due to	8 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Dykstra M. D.
Address 2329 Guilford Ave Date signed

VS 8

F 74247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 74247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Hoffman St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Asquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DOLORES CECELIA BECKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	217-05-8790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Harry J. Becker
6 (c) If alive, give age 42? years

7. Birth date of deceased (mo., day, yr.) 10-15-05

8. AGE: Years	Months	Days	If less than one day
35	0	1918	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Bureau of Research Head
11. Industry or business Sears Roebuck & Co.

FATHER
12. Name Henry W. Steinmann
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary L. Mitchell
15. Birthplace Baltimore

16 (a) Informant Mr. Harry J. Becker (Husband)
(b) Address 2620 Asquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

NOV 5 1940 (Date rec'd by registrar) Huntington Woodward, Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1940, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1940 to Nov 3rd 1940 and that I last saw her alive on Nov. 2 1940.

Immediate cause of death Hemorrhage
duodenum perforated
peptic ulcer

Duration

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Labrenson M. D.
Address 6 E. Lexington St. Date signed 11-5-40

Correct age is especially important if deceased was under one year or 100 years or more.

VS 3

F 74248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 74248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 S Kegester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME James Barzal

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1892-

8. AGE: Years	Months	Days	If less than one day
48	—	?	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Laborer-scaler
11. Industry or business shipyard

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) X (Burial, cremation, or removal) (b) Date thereof 11-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd
18 (a) Funeral director John Fada
(b) Address 629 Hudson St

NOV 5 - 1940 (a) (Date rec'd by registrar) (b) Registrar

Huntington Pittsville, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/3/40 19 , at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1/40 19 , to 11/3/40 19 , and that I last saw him alive on 11/3/40 19 .

Immediate cause of death	Duration
Pulmonary tuberculosis	at least 6 mo.
Due to	
Due to	
Other Conditions Amyloid disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-4-40

F 74249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-W

F 74249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus A. Pinto

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 6th 1876

8. AGE: Years 64 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Jewelry - Optometry

FATHER
12. Name Augustus Pinto
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Borevich
15. Birthplace Balto. Md.

16 (a) Informant George M. Pinto
(b) Address 510 W. Franklin St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received (month) (day) (year) (b) Huntington Williams M.D. Registrar

NOV 5 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4th 1940, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1938 to Nov. 4 1940 and that I last saw him alive on Oct 28, 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
Due to: Cortico sclerosis	2
Due to:	
Other Conditions: Cerebral hemorrhage	1 year 2 7 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 514 Druid Lake Date signed 11-4-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74250 F 74250

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland 193-D Registered No.

CITY OF BALTIMORE: (No. Lafayette & John St. 12 Ward 5) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Quick Ball If U. S. Veteran specify WAR ...

(a) Residence: No. 1623 St Paul St., Ward 40 S.S Number
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George N. Ball

6. DATE OF BIRTH (month, day, year) Feb 20, 1891

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	8	14/5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New Baltimore New York

FATHER

13. NAME Levi Quick

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Mary Ida Hornbeck

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Mr. George Ball
(Address) 1623 St Paul St.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Mt. Olivet Cem. Date Nov. 5 1940

19. UNDERTAKER William Cook
(Address) 1617 St. Paul St.

20. FILED ..., 19... Registrar.

NOV 5 - 1940 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1940 to November 4, 1940

I last saw her alive on November 4, 1940 Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular disease.	—
Arterial hypertension	—
Coronary Sclerosis	—
Myocardial infarction	10-31-40

Other contributory causes of importance:
Uremia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If ... (Signed) Isaac Ford D. Finn M. D.
(Address) Hospital for Women of Md.

State CAUSE OF DEATH in plain words. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

F 74251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 74251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 or 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Capt. William H. Riehl

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-18-1508

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Florence E. Riehl
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 10th 1866

8. AGE: Years 74 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Balto. Md.
(Town, county, and state)
10. Usual Occupation: Mariner
11. Industry or business: N.Y. New Haven R.R.

FATHER
12. Name: Capt. Charles F. Riehl
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Block
15. Birthplace: Germany

16 (a) Informant: Mrs Clara R. Burch
(b) Address: 1216 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Druid Ridge
Location: Pikesville Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) ..... (b) ..... (Date rec'd by registrar) ..... (Signature of registrar)

NOV 5 - 1940

Correct age in typewriting immediately following.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3rd 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1940 to Nov 3 1940, and that I last saw him alive on Nov 3 1940.

Immediate cause of death: Carcinoma of Stomach

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. W. Thomas M. D.
Address: 736 Bayard St Date signed Nov 4/40

F 74252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F 74252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 Stennett st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Stennett st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Veronica Haynie

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Cyrus B. Haynie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22nd 1887

8. AGE: Years	Months	Days	If less than one day
53	8	10	hr. min.

9. Birthplace Kansas City Kansas
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Reamer
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Cyrus B. Haynie
(b) Address 1021 Stennett st

17 (a) Burial (b) Date thereof 11/5/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Glen Haven
Location A. A. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

19 (a) NOV 5 1940 (b) Registrar
(Date received by Registrar)

VS 3

correct age if apparently important

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1940, at 2.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1939 to Nov. 2 1940, and that I last saw h.er alive on Nov. 2 1940.

Immediate cause of death	Duration
Auricular Fibrillation	1 hr. 30 m.
Due to Myocarditis	2
Due to	
Other Conditions Neuritis	2 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Kates. M. D.
Address 517 Scott St Date signed 11-3-40

F 74253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 74253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Dukeland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Dukeland St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelia G. Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ J. Hamilton Lewis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1861

8. AGE: Years	Months	Days	If less than one day
79	0	24	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business None

FATHER
12. Name James R. Carr
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Randall
15. Birthplace Va.

16 (a) Informant Francis C. Lewis
(b) Address 1810 Dukeland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 5 40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 217 S. Paca St

19 (a) (Date received by registrar) (b) Signature of Registrar

NOV 5 1940

VS 3

Correct age is especially important. Supplement page 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to Nov 2 1940, and that I last saw h[illegible] alive on Nov 2, 1940

Immediate cause of death	Duration
Carcinoma of Body of uterus	
Due to	
Due to	
Other Conditions generalized arteriosclerosis	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen, M. D.
Address 206 S Gilmor St Date signed 11-4-40

VS 3

F 74254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 74254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Roslyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna McCullough

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) May 21st 1856

8. AGE: Years	Months	Days	If less than one day
84	5	12	..... hr. ..... min.

9. Birthplace Dauphin Co. Penna
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business House Keeper

FATHER
12. Name Peter McCullough
13. Birthplace Penna

MOTHER
14. Maiden Name Mathilda Simmons
15. Birthplace Penna

16 (a) Informant Miss Anna L. Walzen
(b) Address 1803 N. Second St

17 (a) Burial (b) Date thereof 11/6/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar)

NOV 5 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3rd 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28th 1940 to Nov 3 1940 and that I last saw h.e.r alive on Oct 31 1940.

Immediate cause of death	Duration
(a) Myocardial Insufficiency	?
Due to (b) Chronic Myocarditis	?
Due to	
Other Conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Crumpler M. D.
Address 101 S Paca St, Date signed 11/4/40

correct and is based upon knowledge I have, and information received from persons having

379 F 74255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 74255 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 1 Baelis Cij -

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1920 Park Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Geo. Leiper Carey JR

3 (b) If veteran, name war: yes (World) | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marion B. Carey

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 10-30-98

8. AGE: Years	Months	Days	If less than one day
42	0	3 2	..... hr. ..... min.

9. Birthplace Balto-Md (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER — 12. Name Geo Leiper Carey

13. Birthplace ~~Md~~ Penna

MOTHER — 14. Maiden Name RACHEL Brooks

15. Birthplace Balto-Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-5-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Stewart Memorial Co.

(b) Address 1828 Eutaw Ave.

NOV 5 1940 (Date rec'd by registrar) (b) Registrar Huntington Hillen

correct age is especially important

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1940, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 4 1940, to NOV 2 1940, and that I last saw HIM alive on Nov 2 1940.

Immediate cause of death	HEART Failure	Duration
Due to	HYPERTENSIVE CARDIO-VASCULAR DISEASE and	
Due to	RHEUMATIC HEART DISEASE	
Other Conditions	UREMIA	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank J. Dennis M. D.

Address J.H.H. Date signed 11-2-40

F 74256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 89-a

F 74256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 E. 20th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Vernon George Lopez, Jr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1939

8. AGE: Years	Months	Days	If less than one day
	10	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Vernon G Lopez
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Loretta Manning
15. Birthplace Balto. Md.

16 (a) Informant Mr Vernon G. Lopez
(b) Address 1133 Ward St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John Conway & Son
(b) Address 901 Eutaw Place

19 (a) (Date rec'd by Registrar) (b) Huntington, Williams, M.D. Registrar

NOV 5 - 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940 at 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1940 to Nov 3 1940, and that I last saw him alive on Nov 3 1940.

Immediate cause of death	Duration
Heart failure & toxic myocarditis	
Due to Septicemia	
Due to Bilateral otitis media	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bilateral otitis media (Hyperplasia)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Forest C. Meade M. D.
Address Mercy Hospital Date signed Nov 3, 1940

Correct age is especially important if deceased was under one year or 100 years or more.

F 74257

F 74257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74257 ✓ 112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 Barnes Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Barnes Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Thomason

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-5584

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Wilhelmina Thomason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9 1915

8. AGE: Years	Months	Days	If less than one day
25	7	23	hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name David Thomason
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Elizabeth Simms
15. Birthplace S. Carolina

16 (a) Informant Wilhelmina Thomason
(b) Address 1606 Barnes Street

17 (a) Burial (b) Date thereof 11/6/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Leo. G. Kelson
(b) Address 1303 Presstman St

19 (Signature of Registrar) Huntington Williams, M.D.
NOV 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1940 at 6.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Septem 23 40 to Nov. 2 1940, and that I last saw him alive on Nov 2 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	11/2/40
Due to Bronchial Asthma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lafaut M. D.
Address 422 N. Bond St Date signed 11/3/40

COPIES ARE TO BE SPECIALLY REQUESTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 24258 — 13-PF 24258 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1156 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Jackson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clarence
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec 6, 1917
8. AGE: Years 22 23 | Months 11 | Days 26 | If less than one day ... hr. ... min.
9. Birthplace: md (Town, county, and state)
10. Usual Occupation: domestic
11. Industry or business

FATHER
12. Name: James Jackson
13. Birthplace: md

MOTHER
14. Maiden Name: Rose Brown
15. Birthplace: md

16 (a) Informant: Rose Jackson
(b) Address: 1156 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-40 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director: Geo. S. Kelson
(b) Address: 1303 Presstman st

NOV 5 - 1940 (Date rec'd by Registrar) (b) Registrar: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4, 1940, at 2:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William R. Fisher M.D. Medical Examiner
Date signed 11/4/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

OK

57761

P 74259

P 74259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1172

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emilio Barrero

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
67	?	?	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Emilio ?
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem.
Location 6104 Donnell Pl
18 (a) Funeral director Geasz & Weber
(b) Address 704 E. Baltimore St. Baltimore, Md.
19 (a) (Dated rec'd by registrar) (b) Registrar

Correct for all subsequent information

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1940, at 5-10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30- 1940, to 11/4 1940, and that I last saw h. im alive on 11/4 1940.

Immediate cause of death Rt. lower lobe lobar pneumonia — Duration 2 days

Due to Peptic ulcers — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Multiple gastric ulcers 11.1.40
Of autopsy Not Gs autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Ehlert Jr.
Address Baltimore City Hosp. Date signed 11/4/40 M. D.

Herminau

Social Security 212-09-5097

F 74260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-c

F 74260

1. PLACE OF DEATH 3002 Clifton Park Terrace

Registered No.

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George August Herminau

If U. S. Veteran specify WAR .....

(a) Residence: No. 3002 Clifton Park Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Terse

6. DATE OF BIRTH (month, day, year) June 21st 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	4	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. City Md

FATHER

13. NAME August Herminau

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rosalie Herminau

(Address) 3002 Clifton Pk. Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov. 6 1940

19. UNDERTAKER Sasaphras Funeral Home

(Address) 7401 Belair Rd.

Nov. 2nd 1940 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3 1940

22. I HEREBY CERTIFY, That I attended deceased from August 26 1940 to November 3 1940

I last saw him alive on November 1 1940. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiogenic Carcinoma	8-26-40
Right Hemiplegia Complete	10-15-40

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Fleming M. D.

(Address) 3025 Boland Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

74261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-aF 74261

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Frederick Ave. St. 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Celna Young.

If U. S. Veteran specify WAR None.

(a) Residence: No. 2925 Frederick Ave. St., Ward. Soc. Sec. No.- None.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John A. Young.

6. DATE OF BIRTH (month, day, year) March-13-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Geal.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Owens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Walter Cunningham.

(Address) 2925 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov 6- 1940

(Burial)

19. UNDERTAKER Charles J. Schorah

(Address) 505 N. Monroe st.

20. Filed NOV 5 - 1940 Baltimore, Md. Registrar.

STATE CAUSE OF DEATH IN TERMS OF DISEASE AND MODE OF INJURY. See instructions on back of certificate. OCCUPATION is very important.

VS 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3- 1940.

22. I HEREBY CERTIFY, That I attended deceased from Oct 25- 1940 to Nov 3 1940

I last saw her alive on Nov 3 1940 Death is said to have occurred on the date stated above, at 12:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio sclerosis	?
Hypertension	
Other contributory causes of importance:	
cerebral hemorrhage	9 days

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury , 19

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred T. Lyons M. D.

(Address) 3321 Fredrick Ave

F 74262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 74262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 N. Carrollton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Carrollton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Susanna Collins Wells

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	widow

6 (b) Name of husband or wife Nathan Wells
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68	—	—	— hr. — min.

9. Birthplace Pulaski Co. Georgia
(Town, county, and state)

10. Usual Occupation none

11. Industry or business — —

FATHER
12. Name James Collins
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Taylor
15. Birthplace Pulaski Co., Georgia

16 (a) Informant mrs. Jimmie Collins Jordan
(b) Address Route #2 Douglas, Georgia

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 · 4 · 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calary Cemty
Location Balto, Md.

18 (a) Funeral director Walter B. Scruggs
(b) Address 139 W. Lanvale St.

NOV 5 1940 (Date received by Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.2.40 19 , at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7.1.40 19 , to 11.2.40 , and that I last saw her alive on 11.1.40 19 .

Immediate cause of death Cerebral Hemorrhage — Duration 11.1.40

Due to Arteriosclerosis, Chronic nephritis — 7.1.40

Due to —

Other Conditions Cerebral Hemorrhage — June '40

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature James M. Fair M. D.
Address 400 N. Carrollton ave Date signed 11.2.40

correct age is especially important. Physicians: please write the cause of death plainly.

VS 8

74263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

F 74263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hr. 46 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 4hr. 46 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4 1940

8. AGE: Years	Months	Days	If less than one day
			4 hr. 46 min.

9. Birthplace Sinai Hospital (Town, county and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name Gilbert Snyder
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name DeNetta Arzt
15. Birthplace Baltimore, Mdryland

16 (a) Informant Mrs. DeNetta Snyder
(b) Address 2538 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Dorsey Rd
18 (a) Funeral director Saint Peters Inc
(b) Address 1439 E. Balto St
19 (a) [illegible] (City or town registrar)

NOV 5 - 1940

Correct age is especially important. Physicians: please write plainly.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 2:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1940 to Nov. 5, 1940. and that I last saw him alive on Nov. 5, 1940.

Immediate cause of death	Duration
Fetal atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.
Address Sinai Hospital Date signed 11/5/40

F 74264

VS 3

NOV 5 – 1940

F 74264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 74264 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 HOMESTEAD ST.
(c) Hospital or institution:

9-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 HOMESTEAD ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CATHERINE E. SCHULTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 9 1891

8. AGE: Years	Months	Days	If less than one day
49	0	25	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name AUGUST SCHULTZ
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name SOPHIA STEHN
15. Birthplace GERMANY

16 (a) Informant MR. CLARK (STEP FATHER)
(b) Address 918 HOMESTEAD ST.

17 (a) BURIAL (b) Date thereof NOV. 7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly & Zeller Inc
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by local reg.) (b) Registrar

NOV 5 – 1940
VS 3

correct age is especially important

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH NOV. 4 1940 at 2/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Nov 1940 and that I last saw h er alive on Oct 28 1940

Immediate cause of death Coronary occlusion — Duration X

Due to Arterio Sclerosis

Due to

Other Conditions Carcinoma Lumbar region & liver — 9 mo

Major findings of operations Rating from Carcinoma

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter H. Clarke M. D.
Address 2020 E. Chase Date signed 11/5/40

F 74265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 - So. Robinson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 S. Robinson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LONZ LAWRENCE SPANGLER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-12-5210

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Reyter
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 10 15 1872

8. AGE: Years 68 | Months | Days 19 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Laborer
11. Industry or business: Baugh Chem. Works

FATHER
12. Name: Lonz Lawrence Spangler
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth ?
15. Birthplace: Germany

16 (a) Informant: Wife Mrs Mary Spangler
(b) Address: above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6/40 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart.
Location: German Hill Rd.

18 (a) Funeral director: Lilly & Zeller Bros.
(b) Address: 403 S. "fe St.

NOV 5 - 1940 (Date rec'd by registrar)

(b) Registrar: Hartington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 11:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions: nil
(Include pregnancy within 3 months of death)

Major findings:
Of operations: nil
Of autopsy: nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. L. Williams M.D. Medical Examiner.
Date signed 11-5-40

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and negroy.

VS 6

F 74266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 4 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N Highland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert L. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-7688

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Viola Miller
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 1 1883

8. AGE: Years	Months	Days	If less than one day
56 46	11	2	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER 12. Name Samuel Miller
13. Birthplace Baltimore

MOTHER 14. Maiden Name Minnie Herman
15. Birthplace Balto

16 (a) Informant Viola Miller
(b) Address 517 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director John Ellrich
(b) Address 2008 Allens

Nov 5 1940 (Date received by registrar) (b) Huntington Williamsport Md.

correct age is especially important. Physicians, please write plainly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940 at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 3 1940, and that I last saw him alive on Nov 3 1940.

Immediate cause of death ORDINARY THROMBOSIS — Duration 3 DAYS

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature James F Kavanagh M. D.
Address 3728 W. Edmondson Ave Date signed 11-7-41

F 74267

F 74267

74267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 S Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 S. Potomac
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Christian Ernst

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Ernst
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 16 - 1857

8. AGE: Years	Months	Days	If less than one day
83	5	17	..... hr. ..... min.

9. Birthplace York Pa
(Town, county, and state)
10. Usual Occupation Mail Carrier
11. Industry or business Retired

FATHER
12. Name John C. Ernst
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Margaret Ernst
(b) Address 1111 S Potomac St

17 (a) Burial (b) Date thereof Nov 6 - 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ellrich
(b) Address 2008 Orleans

19 (a) ..... (b) .....
(Date received) (Registrar)

NOV 8 1940
Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Nov 3 1940, and that I last saw [illegible] alive on Nov 3 1940.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Rheumatic Pericarditis	
Due to Subacute Endocarditis	6-1-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Eschenbrenner M. D.
Address 642 S. Ellwood Ave. Date signed 11-9-40

Correct age is especially important. Physicians please write plainly.

74268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52-D

Registered No. E 74268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmund & Greene
(c) Hospital or institution: University Hospital 7
(d) Length of stay in hospital or inst. ~~(yrs., mos., or~~ days) 56
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Edmund Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Abel

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Eleanor Bradley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-31-1900

8. AGE: Years	Months	Days	If less than one day
40Yrs.	3Mo.	3Days	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Auto Machanic for
11. Industry or business Balto. Transit Co.

FATHER
12. Name Thomas J. Abel
13. Birthplace Pa.

MOTHER
14. Maiden Name Selda Fritz
15. Birthplace Balto. Md.

16 (a) Informant John W. Abel
(b) Address 1409 Bentalou St.

17 (a) buriel (Burial, cremation, or removal) (b) Date thereof Nov.-7-1940 (month) (day) (year)
(c) Cemetery or crematory New Gathedral Cem.
Location Edmondson Ave.

18 (a) Funeral director Henry Hoecker Sons Inc
(b) Address 1301 E. Eager St.

NOV 5 - 1940 (Date rec'd by registrar) Huntingtown Hollins, Md. Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1st 1940, to Nov 4, 1940, and that I last saw h~~e~~ alive on Nov 4, 1940.

Immediate cause of death Peritonitis and carcinoma

Due to Carcinoma of bladder

Due to

Other Conditions Metastasis to lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma bladder

Of autopsy Carcinoma bladder with metastasis to lungs and peritonitis

Duration
over
4

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter H. Kaplan, M. D.
Address University Hospital Date signed 11/4/40

VS 3

WK

74269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-W

40554 F 74269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Tillman

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Philloyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-1886

8. AGE: Years	Months	Days	If less than one day
54	7	19	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Bapt. Housewife
11. Industry or business

FATHER
12. Name Ned Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah Williams
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11-6-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Gloucester Va.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

NOV 3rd 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3-1940, at 6 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31-1940, to 11-3-1940, and that I last saw h-r alive on 11-3-1940.

Immediate cause of death	Duration
Ca of esophagus	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca of esophagus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Balt. City Hosp. Date signed 11-7-40 M. D.

NOV 3 1940

F 74270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 18 Registered No. F 74270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 223 Myrtle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1708

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Lewis

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) January 1- 1907

8. AGE: Years 33 Months 10 Days 32 If less than one day hr. min.

9. Birthplace St Mary Co Maryland
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Villas Barnes
13. Birthplace St Mary Co Maryland

MOTHER
14. Maiden Name Ethel Barnes
15. Birthplace St Mary Co Maryland

16 (a) Informant William Lewis
(b) Address 223 Myrtle ave

17 (a) Burial (b) Date thereof 11- 7-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore Md

18 (a) Funeral director Joseph Lofty
(b) Address 407 N Mount Street

19 (a) (b) Huntington Williams M.D.
(Signature of Copy Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1940 at 12 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Tuberculous Ileus — Duration

Due to

Due to

Other Conditions Psychoses —
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wellborn J. Hoffock M.D.
Medical Examiner.

Date signed 11/7/40

Please see that the cause of death clearly and correct age is especially important. Physicians: please write the

F 74271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

96 F 74271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 St Paul st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Not known

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 St Paul st (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME E. Blanche Phillips.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frank Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unobtainable

8. AGE: Years: Over 40 | Months: ? | Days: ? | If less than one day: hr. min.

9. Birthplace: Westminster, Md. (Town, county, and state)

10. Usual Occupation: Clerk
11. Industry or business: Social Security Dept.

FATHER
12. Name: William H. Shaeffer
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sarah Ourand
15. Birthplace: Maryland

16 (a) Informant: J. Bernard Shaeffer
(b) Address: 427 Gwynn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/40 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. Keane & Son
(b) Address: 805 N. Calvert St.

19 (a) NOV 5- 1940 (Date rec'd by registrar) (b) Huntington Williamson M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 4:10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Ruptured Aneurysm of right Anterior Cerebral Artery	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D. Medical Examiner.
Date signed 11/4/40

Please write the causes of death clearly, and legibly. Physicians: please write the correct age is especially important.

VS 6

74272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74272
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2032 E. Eager
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City.
(c) City or town Baltimore
(if outside city or town limits, write RURAL and give town)
(d) Street No. 2032 E Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Florence L. Schissler

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~Harry~~ Harry Schissler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 21-1888

8. AGE: Years 52 | Months 9 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Thomas Hall
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Hanna Fritz
15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen Griffen
(b) Address Ashand Ave & Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) NOV 6 1940 (Date received by registrar) (b) Registrar Huntington Whitelock, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3-1940, at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Nov 3 1940, and that I last saw h[illegible] alive on Nov 3 1940.

Immediate cause of death Coronary Thrombosis — Duration Nov 1 1940

Due to

Due to Arterio Sclerosis — 1938

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Ryan MD
Address 801 N Fremont Ave Date signed Nov 5 1940

F 74273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

Registered No. F 74273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Lyndale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kuhn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Minna Kuhn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 1872

8. AGE: Years	Months	Days	If less than one day
67	11	2	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Jacob Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Wilhelmina Kuhn
(b) Address 3311 Lyndale Ave

17 (a) Burial (b) Date thereof Nov. 7 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Jennie C. Sykes
(b) Address 1600 W. North Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

NOV 5 1940
VS 3

Humbert Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1940, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1/40 19 to 11/4/40 19, and that I last saw him alive on 11/4 1940.

Immediate cause of death	Duration
Benign Prostatic Hypertrophy	1 Mo.
Due to Pulmonary Embolism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. D. Johnston Jr. M. D.
Address Md General Hospital Date signed 11/4/40

Correct age is especially important. Please verify.

F 74274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-cF 74274
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Weldon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Arlington
(c) City or town Arlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4226 2nd Rd., North
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARY IRENE PARK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Park
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 3, 1898

8. AGE: Years	Months	Days	If less than one day
42	4	2	..... hr. ..... min.

9. Birthplace Waynesboro, Pennsylvania
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business U. S. Gov. Agriculture Dep

FATHER
12. Name James F. Redding
13. Birthplace Indiana

MOTHER
14. Maiden Name Florence Creager
15. Birthplace Walkersville, Md.

16 (a) Informant Mrs. Elsie Rock
(b) Address 1703 B St. Southeast, Wash.D.C.

17 (a) Burial (b) Date thereof 11/7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location Washington, D. C.

18 (a) Funeral director S. H. Hines Co.,
(b) Address 2901 14th St., N. W., Wash.

19 NOV 5 - 1940 (b) [illegible]
(Date rec'd by Registrar) (Registrar)

VS 3

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1940 at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21-40 1940, to 11-5 1940 and that I last saw her alive on 11-5 1940.

Immediate cause of death
Cardiac Decomp - Rheumatic Cardiovascular Disease
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Lawrence J Shimanek M. D.
Address 3711 Falls Rd Date signed 11-5-40

F 74275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 74275
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3101 Northern Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Northern Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Smiley

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Benjamin H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 - 1858

8. AGE: Years 82 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Chester Pennsylvania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin F. Straw
13. Birthplace Chester Pennsylvania

MOTHER 14. Maiden Name Elizabeth Palmer
15. Birthplace Chester Pennsylvania

16 (a) Informant Mrs Laurance Smiley
(b) Address 3101 Northern Parkway

17 (a) Removal (Burial, cremation, removal) (b) Date thereof 11/6/40 (month) (day) (year)
(c) Cemetery or crematory Darby
Location Darby Pa

18 (a) Funeral director Williams Cook
(b) Address 121 E. St. Paul Street
(Signature) Thurlington Williams, M.D.

19 (a) NOV 6 1940 (Date received by registrar) Registrar

VS 3

Direct age is especially important. Physicians: please write clearly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 to Nov. 5 1940, and that I last saw her alive on Nov. 5 1940.

Immediate cause of death: Arteriosclerosis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Krause M. D.
Address Med. Art. Bldg Date signed Nov 5 40

74276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Mohr St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis M Fitzelberger

3 (b) If veteran, name war	3 (c) Social Security Account No.
Nil	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Laura J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1867

8. AGE: Years	Months	Days	If less than one day
73	9	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Boss Janitor Retired
11. Industry or business

FATHER
12. Name Joseph F Fitzelberger
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E Kepler
15. Birthplace Baltimore Md

16 (a) Informant Mrs Edith L Knighton
(b) Address 1088 Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 6 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Tilton & Co
(b) Address 1317 E Lanvale St

19 (a) NOV 6 - 1940 (Date rec'd by registrar) (b) H. Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1940 at 11:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Nov 4 1940, and that I last saw him alive on Nov 4 1940

Immediate cause of death	Duration
Cardiac Failure	
Due to Chr. Myocarditis	years?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3228 Eastern Ave Date signed 11-5-40

correct age is especially important. Physicians: please write the causes of death plainly

F 74277

VS 3

F 74277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 74277

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 88

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N. East ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew J. Kaufman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amelia Kaufman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1851

8. AGE: Years 88 | Months 10 | Days 15/6 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Engineer

FATHER
12. Name Harry Kaufman
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know
15. Birthplace Baltimore

16 (a) Informant Mrs Rebecca McDaniels
(b) Address 430 N East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Merrick
(b) Address 2008 Orleans St

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1940 at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 4 1940, and that I last saw h[illegible] alive on Nov 3 1940.

	Duration
Immediate cause of death: Chronic Myocarditis	25 yrs
Due to: Arterio Sclerosis	25 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Wheelan M. D.

Address 1309 York Date signed Nov 5 40

Physicians: please write the correct age is especially important.

F 74278

F 74278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1433 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — — years

3 (a) FULL NAME Nettie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1872

8. AGE: Years 68 | Months 8 | Days 20 | If less than one day hr min.

9. Birthplace Baltimore city
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Ebenezer Harris Thomas Cooper
13. Birthplace Italy, Md

MOTHER
14. Maiden Name Sophia Cooper
15. Birthplace Italy Md

16 (a) Informant Viola White Hedgepeth
(b) Address 1433 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Signature of registrar) per Thomas J. Williams M.D. Registrar

(b) Date received NOV 8 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940 to Nov 3 1940 and that I last saw h alive on Nov 2 1940.

Immediate cause of death Mitral Insufficiency — Duration

Due to /

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Mitchel & Monument Date signed 11-3-40

Please write the cause of death clearly and accurately. Physicians: please write the correct age is especially important.

74279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 74279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 S. Fulton Ave
(c) Hospital or institution:

19-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 S. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10 1868

8. AGE: Years 72 | Months 1 | Days 2625 | If less than one day hr. min.

9. Birthplace A. A. County Md (Town, county, and state)

10. Usual Occupation CLERK-

11. Industry or business City HALL

FATHER 12. Name George W. Smith
13. Birthplace A. A. County Md

MOTHER 14. Maiden Name Josephine Mewshaw
15. Birthplace A. A. County Md

16 (a) Informant Mary N. Townshend
(b) Address 27 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Pott C+B. M. Walters
(b) Address Prattx Strx Baltimore, Md.

19 NOV 6 – 1940 (b) (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 12:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940, to Nov 5 1940, and that I last saw h/M alive on Nov 6 1940

Immediate cause of death	Duration
Acute cardiac dilatation	2 hr.
Due to: Angina pectoris	1 yr.
Due to: Chronic myocarditis	15 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. D.
Address 4 N. Fulton Ave Date signed Nov 7 1940

correct age is especially important. Physicians, please write plainly.

VS 8

F 74280 F 74280

BALTIMORE CITY HEALTH DEPARTMENT 83a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution: Crawford Retreat 15-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr. 4 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Windsor Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Bennett Kennard

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
----	none	Female	Wht.	Widow

6 (b) Name of husband or wife John E. Kennard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1860

8. AGE	Years	Months	Days	If less than one day
	80	7	1	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. B. Downes
13. Birthplace Centerville Md.

MOTHER
14. Maiden Name Louisa Richards
15. Birthplace Balto. Md.

16 (a) Informant Miss. Elsie L. Kennard
(b) Address 2801 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 NOV 6 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940 to Nov. 4 1940 and that I last saw h[illegible] alive on Nov. 4th 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Arterio Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Edwin C. Reinhardt M. D.
Address 2245 Reisterstown Rd Date signed 11/5/40

Physicians: please write plainly. Information as to correct age is especially important.

VS 8

74281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a Registered No. F 74281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution:
Mercy Hospital 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Litz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Francis Keiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name Charlotte Ewauld
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 120 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Washington Williams, M.D. (Date rec'd by registrar)
NOV 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1940, to Nov. 4 1940, and that I last saw h/m alive on Nov. 4, 1940.

Immediate cause of death — Duration
Fracture of Right hip — 1 month
Due to Coronary Occlusion
Due to
Other Conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerotic Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/3/40
(c) Where did injury occur? 200 Valley St (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Collapsed cellar floor

23. Signature H. C. Shelke, M. D.
Address Mercy Hosp. Date signed Nov 6, 1940

O.K. W.W. Bardenheier

correct age is especially important. Physicians, please

NOV 6- 1940

F 74282

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60318 74282

Registered No. 157-6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Baker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Chandler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-40

8. AGE: Years | Months | Days: 6 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Chandler
13. Birthplace Balto.

MOTHER
14. Maiden Name Dorothy Derricks
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/31/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto. City Hosp.

18 (a) Funeral director
(b) Address

19 (d) NOV 6- 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians, please

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1940, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25-40 1940 to 10-31 1940 and that I last saw h[illegible] alive on 10-31 1940.

Immediate cause of death: Pneumonia — Duration: 2 days

Due to: Congenital atresia of esophagus — Duration: life

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Tracheoesophageal fistula

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Gordon M. D.
Address B. C. Hosp. Date signed

VS 3

F 74283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74283

CERTIFICATE OF DEATH

✓ 131 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Edmondson Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Butler

(a) Residence: No. 1038 Edmondson St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. J. R. Butler

6. DATE OF BIRTH (month, day, year) 1837

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
103			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

FATHER

13. NAME Peter Guillo

14. BIRTHPLACE (city or town) (State or country) Atlanta Ga

MOTHER

15. MAIDEN NAME Esta Bleeker

16. BIRTHPLACE (city or town) (State or country) Atlanta

17. INFORMANT Rev. J. R. Butler

(Address) 1038 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Park Date 11-8 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1637 Druid Hill Ave

FILED ..... 19..... Registrar.

NOV 8 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct-5, 1940, to Nov 5, 1940

I last saw her alive on Nov. 4, 1940 Death is said to have occurred on the date stated above, at 4 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular	
Renal Disease.	unk
Arteriosclerosis	
Senility	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Jackson M. D.

(Address) 600 Washington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 74284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46G

Registered No. F 74284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Ellamont Road
(c) Hospital or institution:

15-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Ellamont Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFRED D. ANDRIESSE.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1683

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Othelia (Odie) Andriesse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1884.

8. AGE: Years	Months	Days	If less than one day
56	6	20	hr. min.

9. Birthplace New York.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Stationery.

FATHER
12. Name David Andriesse,
13. Birthplace Holland.

MOTHER
14. Maiden Name Rose Cohen,
15. Birthplace Germany.

16 (a) Informant Mrs. A.D. Andriesse,
(b) Address 3504 Ellamont Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/40. (month) (day) (year)
(c) Cemetery or Crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director David Sandelson & Son
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

NOV 6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4th. 1940 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1939, to 11-4 1940, and that I last saw ~~him~~ alive on 11-4-40 19.

Immediate cause of death Carcinoma of Pancreas — Duration 1 yr.

Due to Carcinoma of head of Pancreas — Diabetes mellitus — 1 yr.

Due to Carcinoma of head and body of Pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Pancreas
Of autopsy ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Place. Date signed 11-4-40

PLEASE WRITE PLAINLY, with pen and ink, and do not use pencil. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 74285
Registered No.

74285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Hebrew Home for the Aged & Infirm 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 9 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Ballasohn

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Late Anne
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1867
8. AGE: Years 73 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Jacob Ballasohn
13. Birthplace Russia

MOTHER
14. Maiden Name Rose ?
15. Birthplace Russia

16 (a) Informant Sigmund Feinblatt
(b) Address Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6/40 (month) (day) (year)
(c) Cemetery or crematory Jewish Hall Road
Location North Point Rd

18 (a) Funeral director Sol Levinson & Bro
(b) Address 117 W Lexington Baltimore, Md

19 (a) (b) Registrar
(Date rec'd by registrar)
NOV 6 — 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1940, at 12 " A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1938 to Nov 5 1940 and that I last saw h~~im~~ alive on Nov 5 1940.

Immediate cause of death: Arteriosclerosis
Hypertension — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin MD
Address Lewdale Date signed 11/7/40 M. D.

PLEASE WRITE THE CAUSES OF DEATH CLEARLY and correct age is especially important. Physicians: please write

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74286 (1)

Registered No. F 74286

F 74286

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Englesida Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Inglesida Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sena Dopkin

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Solomon (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant Sen Dopkin
(b) Address 3410 Klein Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Rd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North Ave

19 (a) NOV 6 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Generalized Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/2/40
(c) Where did injury occur? 3400 Englesida Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hot water bottle burned

23. Signature H W Wandelfeldt M.D.
Medical Examiner.
Date signed 11/5/40

VS 6

74287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 74287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvidere ave
(c) Hospital or institution: Levendale 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 N. Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Toba Kadis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	w.	widowed

6 (b) Name of husband or wife Late Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Morris Kadis
13. Birthplace Russia

MOTHER
14. Maiden Name Zalata Kahn
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvidere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

NOV 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1935 to 10/5 1940 and that I last saw her alive on 10-5 19

Immediate cause of death Broncho-pneumonia
Ch. card. vascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M.D.

Address Levindale Date signed 11/5/40

Physician's certificate of death is especially important. Physicians: please write correct age

NOV 6 - 1940

F 74288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 74288
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Division St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie T. Horton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1888

8. AGE: Years	Months	Days	If less than one day
52	9		hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Preacher
11. Industry or business

FATHER
12. Name Anderson Horton
13. Birthplace N. Car

MOTHER
14. Maiden Name unknown
15. Birthplace N.C

16 (a) Informant Ethel Horton
(b) Address 1300 Division st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b)
(Filed by registrar) Registrar

PLEASE PRINT PLAINLY, WITH PEN AND INK. Please write the causes of death clearly and legibly. Physicians: please write the correct statements especially important.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1940, at 1½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said // find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandersloot M.D.
Medical Examiner.
Date signed 11/4/40

VS 6

F 74289-

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1931

F 74289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 W Baare
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 52
(e) Length of stay in Baltimore (yrs., mos., or days) 1240.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W Baare st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Caldwell

3 (b) If veteran, name war: -

3 (c) Social Security Account No. 214-10-0148

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary E Caldwell
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 8 1874

8. AGE: Years 66 | Months 5 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Fairfield Co S.C.
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Drug Industry

FATHER 12. Name George Caldwell
13. Birthplace Fairfield Co S. C.

MOTHER 14. Maiden Name Mary Doe
15. Birthplace Fairfield Co. S.C.

16 (a) Informant Mary Caldwell
(b) Address 618 W Baare.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1940 (month) (day) (year)
(c) Cemetery or crematory Mayfield Co
Location Blackstock S C

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 N Schroeder

19 (a) (Date received by registrar) (b) Registrar

VS 8

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1940, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1940 to Nov 4 1940 and that I last saw him alive on Nov 4 1940

Immediate cause of death: Chronic myocarditis
Due to: Chronic Hypertrophic
Due to: Arteriosclerosis

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1424 W Lee Date signed 11/6/40 M. D.

F 74290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 74290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Battery Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Noll (60573)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1876

8. AGE: Years	Months	Days	If less than one day
63	11	27	26 hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Noll
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Wipple
15. Birthplace Ohio

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 Nov. 7/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 4 ac Lexington Williams, M.D.

19 (a) NOV 6 - 1940 (Date rec'd by registrar) (b) Registrar

Please see that correct age is especially important. Physicians: please write plainly.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940, to Nov. 4, 1940, and that I last saw him alive on Nov. 4, 1940.

Immediate cause of death	Duration
Perforated ulcer of Bowel	24 hrs.
Due to Tuberculosis of Intestine	?
Due to Pulmonary tbc	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address Balto. City Hospitals Date signed 11-4-40

F 74291 DH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47

F 74291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1465 Stevenson St. (If rural give location)
(e) If foreign born, how long in U. S. A? 37 years

3 (a) FULL NAME Julius Duva

3 (b) If veteran, name war
3 (c) Social Security Account No. 705-12-8003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	10	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Car Rebuilder
11. Industry or business

FATHER
12. Name Chris
13. Birthplace Poland

MOTHER
14. Maiden Name Carrie Keemer
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.

18 (a) Funeral director A. Brought Evans
(b) Address 1400-02 Light Street
NOV 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

correct age is especially important. Physicians, please w

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30-1940, to 11-5-1940 and that I last saw h~~e~~ alive on 11-5-1940.

Immediate cause of death	Duration
Lung abscess	?
Due to: Ca of Lung	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas Lubitz M. D.
Address Balto. City Hosp. Date signed 11-5-40

F 74292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 74292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: South Balto Gen Hosp - 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Cherry St. (If rural give location) Lewdell Bay
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Charles Leake

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5865

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Leake
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 12 - 1887

8. AGE: Years	Months	Days	If less than one day
53	9	22	..... hr. ..... min.

9. Birthplace Rappahannock Co. Va. (Town, county, and state)
10. Usual Occupation Leather Roller
11. Industry or business Leather Tannery

FATHER
12. Name James Leake
13. Birthplace Rappahannock Co. Va.

MOTHER
14. Maiden Name Martha Brown
15. Birthplace Rappahannock Co Va.

16 (a) Informant Lawrence A Irwin
(b) Address 3635 S. Race St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Harle Inc.
(b) Address 115 E. West St. Huntington, Williams, Miss.

19 NOV 6 - 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1940, to Nov. 4 1940, and that I last saw him alive on 11-4- 1940.

Immediate cause of death Carcinoma Stomach generalized carcinomatosis — Duration ?
Due to Cachexia
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations as above
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Wilson D Rappaleman M. D.
Address 1213 Eutaw St Date signed 11-4-40

PLEASE WRITE CLEARLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 74293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 439 N. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 439 N. Linwood Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3459

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Hilda

6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) April 18, 1913

8. AGE: Years	Months	Days	If less than one day
27	6	18	17 hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Rice Bakery

FATHER
12. Name William H. Roberts
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Delma Middleton
15. Birthplace Kent County Maryland

16 (a) Informant Delma Roberts
(b) Address 439 North Linwood

17 (a) Burial (b) Date thereof 11/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Harry A. Arnold
(b) Address 4204 Pridgewood Ave.

19 NOV 6 1940 (c) Huntington Williams, M.D.
Date rec'd by registrar Registrar

PLEASE WRITE PLAINLY, WITH INK. Fill in all blanks. Be sure to state the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940 at 3 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said "
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd Vandeursen M.D.
Medical Examiner.

Date signed 11/5/40

VS 6

F 74294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 24294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvidere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvidere (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Abraham M. Greenfield

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-07-9971

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Married

6 (b) Name of husband or wife Rose Greenfield
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Benjamin J. Greenfield
13. Birthplace Lith

MOTHER
14. Maiden Name Fanie Neuhia Barron
15. Birthplace Lith

16 (a) Informant Sig Greenfield
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (month) (day) (year)
(c) Cemetery or crematory Bath Hebrew
Location Belair Rd

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (Date rec'd by Registrar) (b) Registrar

NOV 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1940 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1940 to 11-5 1940, and that I last saw h alive on 11-5 1940.

Immediate cause of death Bronchopneu. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State).
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Edmund Levin
Address Levindale Date signed 11/6/40 M. D.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the correct age is especially important.

F 74295 | –

BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 74295
CERTIFICATE OF DEATH 55E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garland & Lane SS.
(c) Hospital or institution: University Hospital 4-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia BATEMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 2, 1855

8. AGE: Years 85 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph Bateman
13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Margaret Davis
15. Birthplace Harford Co. Md.

16 (a) Informant D. B. Brooks
(b) Address Lutherville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Rock Creek
Location Harford Co., Md

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) Filed (Registrar) (b) Registrar

VS 3

Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6 1940, at 1.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1940, to 11/6 1940, and that I last saw h[illegible] alive on 11/6 1940.

Immediate cause of death Carcinomatosis — Duration 6-7 (d)

Due to

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations Epitheliod carcinoma of abdomen + pleura
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Inloes, Jr. M. D.

Address University Hosp. Date signed 11/6/40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly as it is especially important.

VS 3 Hunting for Indiana, Md.

F 74296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1314 ✓ F 74296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 N. Agusta Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N. Agusta Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Caufield.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hugh Caufield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1862

8. AGE: Years 77 | Months 11 | Days 6 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at home

FATHER
12. Name: Martin Quinn
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ellen Mulry
15. Birthplace: Ireland

16 (a) Informant: Mrs. E. L. Bossle,
(b) Address: 601 N. Agusta Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory: St. Marys Cem.
Location: Govans, Balto. Md.

18 (a) Funeral director: C. Vernon Lemmon.
(b) Address: 4611 Park Heights Ave.

19 (a) NOV 8 1940 (Date rec'd by registrar) (b) Huntingtown, Maryland

VS 3

PLEASE WRITE PLAINLY. Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1940, at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1, 1940, to Nov. 5, 1940, and that I last saw h[er] alive on Nov. 5 1940.

Immediate cause of death

Due to Chronic Myocarditis. — Duration: 6 mos.

Due to Chronic Arteriosclerosis. — Duration: 1 year

Due to Senility — Duration:

Other Conditions None. — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Thos. Horton, M. D.
Address 888 N. Longfold St. Date signed 11/6/40

74297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 Registered No. E 74297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Washington
(a) State Md (b) County Allegany
(c) City or town Hagers town (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Summit ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elden Ensminger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 45 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 6 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar) 801

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to state the causes of death clearly and legibly. Omit words not necessary to correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22-1940, at 8:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Shock -
Cond: Fractured skull
Due to: Fractured femur &
Due to: Amputation of foot
Other Conditions: Lacerations & bruises
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-22-40
(c) Where did injury occur? Union Bridge Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by R.R. train crossing

23. Signature Howard J. Mudd M.D. Medical Examiner.
Date signed 10-22-40

VS 6

VS 6

F 74298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 Dennison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sonja Lee (Sonja Eleanor Lee)

3 (b) If veteran, name war

3 (c) Social Security Account No. 521-12-3817

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Married.

6 (b) Name of husband or wife Bert Ellis Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1913

8. AGE: Years	Months	Days	If less than one day
27	9	13	hr. min.

9. Birthplace De Moines, Iowa
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Edmund L. O. Grill
13. Birthplace Denmark

MOTHER 14. Maiden Name ~~Unknown~~ Edna Christensen
15. Birthplace Wisconsin

16 (a) Informant Mrs. Bert E. Lee
(b) Address 2433 Dennison

17 (a) Burial (b) Date thereof 11/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Denver, Colorado

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (b)
(Date rec'd by registrar) (Name of informant)

NOV 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940, at 10:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4-1940 to 11-5-1940 and that I last saw her alive on 11-5-1940:

	Duration
Immediate cause of death: Acute Cardiac Failure	3 days
Due to: Rheumatic Fever	23 yrs.
Due to	over
Other Conditions: Pregnancy 28th week. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town). (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McLaughlin M. D.
Address University Hospital Date signed 11-5-40

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct cause of death. The correct age is especially important. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct age is especially important.

F 74299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B ✓

F 74299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Eastern Ave
(c) Hospital or institution: 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 Yrs. years

3 (a) FULL NAME DOMINIC FERRACCI

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ~~Widow~~ Widower

6 (b) Name of ~~husband~~ or wife: late Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29 1868 72

8. AGE: Years ~~78~~ 69 | Months 1 | Days 7 8 | If less than one day ... hr. ... min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual Occupation: Scissor grinder

11. Industry or business

FATHER
12. Name: Joseph Ferracci
13. Birthplace: Italy

MOTHER
14. Maiden Name: Clara?
15. Birthplace: Italy

16 (a) Informant: Michael Ferracci
(b) Address: 1014 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cemet.
Location: German Hill Rd. Baltimore Md.

18 (a) Funeral director: Frank Dellorocco
(b) Address: 52 N. Morley St.

19 ... (Registered by registrar) (b) ... Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1940, at 7.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1940 to Nov. 6 1940, and that I last saw h~~im~~ alive on Nov. 4 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: One month (a)

Due to: ... (b)

Due to: ... (c)

Other Conditions: 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature R. J. Grimaldi M. D.
Address 244 S. Exeter St. Date signed 11-6-40.

F 74390 (40878)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ F 74300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Wey Dong

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Yellow	widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876-1877 ?

8. AGE: Years	Months	Days	If less than one day
63 ?			hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business

FATHER
12. Name Not Ascertainable
13. Birthplace China

MOTHER
14. Maiden Name Not Ascertainable
15. Birthplace China

16 (a) Informant B. V. H. Records
(b) Address

17 (a) Burial (b) Date thereof Nov. 8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn
18 (a) Funeral director Stewart Mower Company
(b) Address 108 W. North Ave.
62 (a) 1940 (b)
(Date received by registrar) Registrar

PLEASE WRITE IN INK and correct spelling is especially important. Physicians: please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5- 1940, at 9 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5- 1940, to 11-5- 1940, and that I last saw him alive on 11-5- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-6-40

74301 CGK 50565 F 74301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 n. Monument st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Cupid

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-23

8. AGE: Years 17 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Greene Cupid
13. Birthplace Va.

MOTHER
14. Maiden Name Ninie Crawley
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Md. a. co. Md.
18 (a) Funeral director Belmont Mamie M. Knight
(b) Address 1218 Pine & Elderry St
19 (a) NOV 6 1940 Huntington Williams, M.D. (Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1940, at 5 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1939 to 11/5 1940, and that I last saw her alive on 11/4 1940.

Immediate cause of death	Duration
Tuberculosis of 8-9-10 thoracic vertebrae	2 yrs
Paraplegia	1 yr
Due to Tuberculosis of the ovaries	2 yrs. ?
Emaciation	
Due to decubitus ulcer.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M.D.
Address Baltimore City Hosp. Date signed 11/5/40

PLEASE WRITE PLAINLY. Fill in all blanks with typewriter or pen and ink. Be sure to correct age is especially important. Physicians: please write your diagnosis.

VS 3

74302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. B F 74302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 856 Ontario St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Cyrus Lee Jackson

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: white
6 (a) Single, ~~married, widowed, divorced~~

6 (b) Name of husband or wife --
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 16, 1897

8. AGE: Years 43 | Months 7 | Days 21 20 | If less than one day ..... hr. ..... min.

9. Birthplace Principio Furnace, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Aberdeen Prov. Grounds

FATHER
12. Name Marion Jackson
13. Birthplace Principio Furnace, Md.

MOTHER
14. Maiden Name Laura Hartenstine
15. Birthplace Baltimore, Md.

16 (a) Informant Records-U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (b) Date thereof Nov. 9, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Angel Hill Cem.
Location Havre de Grace, Md.
18 (a) Funeral director Lee A. Patterson
(b) Address Perryville, Md.

19 (a) Nov 8 1940 (b) Thanks to Williams, Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1940, at 11:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2 1940, to Nov. 6 1940, and that I last saw him alive on Nov. 6 1940.

Immediate cause of death	Duration
Colitis, ulcerative	10 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Proctoscopy - same as above.
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. Allerton M. D.
Address U.S. Marine Hospital Baltimore, Maryland Date signed 11/6/40

PLEASE WRITE PLAINLY, with pen and ink. Fill in all items, and correct age in every case. Physicians: please write the causes of death clearly and especially important.

383815

F 74303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 W

Registered No. F 74303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 N. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carrie Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Widowed

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-12-71

8. AGE: Years	Months	Days	If less than one day
69 68	-	23	..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Louis Pack
13. Birthplace Md.

MOTHER
14. Maiden Name Celia Pitts
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9th 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery.
Location Brooklandville Md

18 (a) Funeral director Edward O Wilson
(b) Address 1000 Reed St Huntington Williams, W. Va.

19 (a) NOV 6 - 1940 (Date rec'd by registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, with ink or indelible pencil, and correct age is especially important. Physicians: please write the cause of death clearly and

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940 at 9 50 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1940 to Nov. 5 1940 and that I last saw h[illegible] alive on Nov. 5 1940.

Immediate cause of death ..... Duration

Ulcerative Cystitis — Three Months

Due to infection by diphtheroids

Due to .....

Other Conditions Calcific aortic stenosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed Nov 5, 1940

VS 3

74304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. E 74304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Fill in the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the age is correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 + 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Finland (b) County
(c) City or town Kemi (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? 6 days years

3 (a) FULL NAME Eino Makitalkkila Makitulkkila

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 6, 1913

8. AGE: Years	Months	Days	If less than one day
~~23~~ 27	-	-	hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Seaman - SS Modesta

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Capt. J. M. Isaksson
(b) Address SS Modesta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 2003 W. Baltimore St. Huntington Williams, Inc.

NOV 6 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1940, at 7:55 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture base of skull
Intracranial Hemorrhage

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/6/40
(c) Where did injury occur? S.S. Modesta, Pier 6, Port Covington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury 25 foot fall - slipped on loose hatch cover

23. Signature H. B. Vandekieft M.D. Medical Examiner.
Date signed 11/6/40

VS 6

74305 E 74305

VS 6

74305

DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. ✓ F 74305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2 Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Portland St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Grachiak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1882

8. AGE: Years 58 | Months | Days 20 19 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Poland

MOTHER
14. Maiden Name Constance
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11 7 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director C. William Kneisner
(b) Address 637 Wash Blvd

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4- 1940, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10- 1940, to 11-4- 1940 and that I last saw h alive on 11-4- 1940

Immediate cause of death	Duration
? Coronary thrombosis	?
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp Date signed 11-4-40

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the cause of death correctly and fill out all items. Information is especially important.

4306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 74306

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill all the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 577 W Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 577 W. Lee St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Bourne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 1876

8. AGE: Years	Months	Days	If less than one day
64	8 7	1	hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Henry Mason
13. Birthplace Cal. Co. Md.

MOTHER
14. Maiden Name Ella Gant
15. Birthplace Cal. Co Md

16 (a) Informant Robert Geaddler
(b) Address 517 W LEE Street

17 (a) Burial (b) Date thereof 11-7-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brooks Cemetery
Location Calvert Co Md

18 (a) Funeral director Isaiah R Brumbow
(b) Address 1080 Montgomery Street

19 (a) 1940 (Date received by registrar) Huntington Publishing Co

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1940, at 7.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 4 1940, to Nov. 3 1940, and that I last saw her alive on Nov 3 1940

Immediate cause of death Cerebral Thrombosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D T Hammett M. D.

Address 91 Warren Ave Date signed 11/8/40

F 74307

VS 3

F 74307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 74307

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1800 Morrell Park Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Simon Levanovitch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Levanovich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan / - 1885

8. AGE: Years	Months	Days	If less than one day
55	10	5	hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Simon Levanovich

13. Birthplace Lith

MOTHER 14. Maiden Name ?

15. Birthplace Lith

16 (a) Informant Helen Levanovich

(b) Address 1800 Morrell Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Blair Rd

18 (a) Funeral director Joseph Kaminska Inc

(b) Address 628 Washington Blvd

19 (a) NOV 7 1940 (Date received by registrar) (b) Huntingtown Williamsburg Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6, 1940, at 9:12 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940 to Nov 6, 1940, and that I last saw h/M alive on Nov. 6, 1940.

Immediate cause of death Bronchopneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Oscar Hartman, M.D. M. D.

Address Franklin Square Hosp. Date signed 11/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the ca

F 74308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 74308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mary Kendryna
3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Stephen Kendryna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1879

8. AGE: Years	Months	Days	If less than one day
61 62			hr. min.

9. Birthplace Poland (Town, county and state)
10. Usual Occupation Housework at Home
11. Industry or business

FATHER
12. Name Mathew Polek
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Klimek
15. Birthplace Poland

16 (a) Informant Frances Kendryna
(b) Address 2209 E. Pratt St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 9-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.
NOV 7 - 1940 (Date rec'd by registrar) [illegible] (Registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1939 to Nov. 6 1940, and that I last saw h[illegible] alive on Nov. 6 1940.

Immediate cause of death	Duration
Coronary Occlusion	Nov. 6, 1940
Due to Hypertensive Arterio-Sclerotic Cardio-Vascular	Oct.
Due to Disease	1939
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph F. Ozazewski M. D.
Address 209 S. Eliot St Date signed 11/7/40

VS 2

VS 2

74309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-a

F 74309
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 E Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 E Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Nellie Fleischell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry B Fleischell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1860

8. AGE: Years 80 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Hudson
13. Birthplace Unknown

MOTHER
14. Maiden Name Henecke
15. Birthplace Unknown

16 (a) Informant Edgar A Fleischell
(b) Address 1506 Chatsworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Mt
Location Baltimore Co Md

18 (a) Funeral director Wilhelm Cook
(b) Address 1317 E Baltimore St

19 (a) NOV 1940 (Date received by registrar) (b) Huntington Wilhelm, M.D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to state the causes of death clearly and legibly. Give correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, 6.70 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1940 to Nov. 5, 1940 and that I last saw her alive on Nov. 3, 1940.

Immediate cause of death	Duration
Arteriosclerosis	10 yrs.
Aortic Regurgitation	3 yrs.
Due to	
Due to	
Other Conditions Right hemiplegia	2yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Fitzgerald M. D.
Address 1613 E. North Ave Date signed 11-5-40

F 74310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 74310 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures where possible. Be sure to write the cause of death clearly and legibly. Physicians: please write correct cause of death. It is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Brentwood ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Brentwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lullen Lark

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-16-6237

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lethia Lark

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-90 ? 14

8. AGE: Years 50 | Months 3 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace South Carolina

MOTHER
14. Maiden Name Della ?
15. Birthplace South Carolina

16 (a) Informant Mrs Rosana Lyles Typ
(b) Address 2430 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn

18 (a) Funeral director Mrs Oda Bailey
(b) Address 1421 Jefferson st

19 (a) 1940 (Date filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940; at 7:15 P M

21. I certify that death occurred on the date above stated that I attended deceased from Nov 2 1940 to Nov 5 1940 and that I last saw h[illegible] alive on Nov 5 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rhea A. Johnson M. D.

Address 2329 Greenmount Date signed Nov 7-40

F 74311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 74311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto Genl Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 W North Ave (If rural give location)
S.S. No 215-10-8802
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Elmer Seabrease

3 (b) If veteran, name war

3 (c) Social Security Account No. do not know

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Agnes A. Seabrease
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1892

8. AGE: Years 48 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Ins collector.

11. Industry or business Not Working

FATHER 12. Name Richard H Seabrease
13. Birthplace Md

MOTHER 14. Maiden Name Louise Miss
15. Birthplace Md

16 (a) Informant Raymond Seabrease
(b) Address 839 Woodward St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 / 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location U.A.B.

18 (a) Funeral director Bernard C Hasle
(b) Address 121 E West St

19 (a) NOV 7 1940 (Date rec'd by registrar) (b) Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5, 1940, at 3:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1940 to Nov. 5 1940 and that I last saw him alive on Nov. 5, 1940

Immediate cause of death: Congestive Cardiac failure — Duration 24 hrs.
Due to: Hypertensive Arteriosclerotic Heart Disease — 5 yrs
Due to:
Other Conditions: Cerebral Hemorrhage Arteriosclerotic nephropathy — 3 mos 7 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Blumenthal M. D.
Address Ln. Balto. Gen. Hosp. Date signed Nov. 5

USE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 74312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 74312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use the usual abbreviations for the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address N. Broadway.
(c) Hospital or institution:
Church Home - Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town).
(d) Street No. 340 East. Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Bramble.

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-10-9897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	29	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name John Bramble
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Snyder
15. Birthplace Maryland

16 (a) Informant Son.
(b) Address 34. E. East Ave. 7/40

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Mauer
(b) Address 200 Allegheny Ave

19 NOV 7 1940 (b) Huntington Williams, M.D. Registrar
(Date received by Local Registrar)

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 19 40, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 6 1940 and that I last saw him alive on Nov 6 1940.

	Duration
Immediate cause of death Generalized Peritonitis	8 days
Due to Perforation Desc Colon	?
Due to Carcinoma descending colon.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. B. Crampton M. D.
Address Church Home - Inf. Date signed 11-8-40

VS-3

F 74313

F 74313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information must be answered or the word "unknown" inserted. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ~~405~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 S Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Zinkand John E. Zinkand

3 (b) If veteran, name war: WORLDS WAR.
3 (c) Social Security Account No. 219 03 5508

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED.
6 (b) Name of husband or wife: FLORENCE ZINKAND
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) FEB 27 1896
8. AGE: Years 44 | Months 9 | Days 21 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Oyster Yard

FATHER
12. Name HENRY ZINKAND
13. Birthplace BALTO.

MOTHER
14. Maiden Name SOPHIA SANDERS
15. Birthplace BALTO.

16 (a) Informant ANNA LOEBES (SISTER)
(b) Address 405 S. CHAPEL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 9/40 (month) (day) (year)
(c) Cemetery or crematory US. NATIONAL
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) NOV 7 - 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 6:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NS
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kurtz Vandersmith M.D. (Medical Examiner.)
Date signed 11/6/40

F 74314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 74314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 S. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis H. Gartner

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Gartner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6 1882

8. AGE: Years	Months	Days	If less than one day
58	1	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Supt. Maj. Mtc. Car. Barn
11. Industry or business Baltimore Transit Co.
FATHER 12. Name Charles Gartner
13. Birthplace Germany
MOTHER 14. Maiden Name Hanna Thorey
15. Birthplace Germany
16 (a) Informant Mrs. Emma Gartner
(b) Address 26 S. Pulaski St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 1940 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Baltimore Md.
18 (a) Funeral director George S. Schwartz
(b) Address 2101 Frederick Ave.
19 NOV 7 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6, 1940, at 9:45 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from ~~am~~ 11/6/1940, to 19..., and that I last saw h.im alive on 11/6/40 19....

Immediate cause of death Congestive Cardiac Failure — Duration
Due to Arteriosclerotic Cardiac Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William J. Smith M. D.
Address St. Joseph's Hosp Date signed 11/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks by typewriting or printing the correct answer. Do not abbreviate. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

VS 3

F 74315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89-a

F 74315 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct as far as especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. Fairlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 & 21 Idalard Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas L. McKinney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 11th 1940

8. AGE: Years	Months	Days	If less than one day
	8	24	..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James McKinney
13. Birthplace N. Ire.

MOTHER
14. Maiden Name Irene Thomas
15. Birthplace Cambridge Ohio

16 (a) Informant James McKenney
(b) Address 6 & 21 Idalard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7th 1940 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location O'Donnell St Ext

18 (a) Funeral director Leo D. Cooke
(b) Address 1701-03 N. Caroline Baltimore, Md.

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Hillcrest, N.Y. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1940, to 11-5 1940, and that I last saw him alive on 11-5 1940.

Immediate cause of death	Duration
Toxemia	?
Due to Streptococcus hemolyticus septicemia	?
Due to	
Other Conditions Bilateral otitis media	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R K Williams M. D.
Address Univ. Hosp. Date signed 11-5-40

Dr Hood SW. 218 Northway - 7-8 30 P.M. F 74316

74316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made clearly and legibly. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Liberty Hgts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Pinkney Haslett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28-1872

8. AGE: Years	Months	Days	If less than one day
67	11	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Robert Haslett
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eliza Hazard
15. Birthplace Taylorsville Md

16 (a) Informant Warren Winfield Haslett
(b) Address 4215 Liberty Heights Ave

17 (a) Burial (b) Date thereof Nov 8-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Charles S. Black
(b) Address 742 W. North Ave.

19 (a) NOV 9 1940 (b) Clayton Williams Reg.
(Date received by registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1940, at 9 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 6 1940, and that I last saw h Mr alive on Nov 5 1940.

Immediate cause of death	Duration
Coronary Thrombosis	30 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Brennan Hood M. D.
Address 2200 Garrison Blvd Date signed 11-8-40

F 74317

VS 3

F 74317

F 74317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct, age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Hollen Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Hollen Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

22-56

3 (a) FULL NAME Mary L. Scharrer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles J. Scharrer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1869

8. AGE: Years	Months	Days	If less than one day
71	3	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name - ----- Roesch
13. Birthplace Unknown

MOTHER
14. Maiden Name Caroline Bertram
15. Birthplace Unknown

16 (a) Informant Bertha L. Branick
(b) Address 702 Hollen Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry H. Limarck
Address 4204 Reisterstown Rd

NOV 7 - 1940
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 7 1940, and that I last saw h alive on Nov 6 1940.

Immediate cause of death (a) Hemiplegia
(b) Cerebral Embolism — Duration 10 M

Due to

Due to

Other Conditions Mitral Regurg

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas F Blake M. D.
Address 20 E Preston Date signed Nov 7-40

VS 3

F 74318

VS 3

F 74318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 74318 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not abbreviate. Write the causes of death clearly and legibly. Physicians: please write correct address especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County a a
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Brunswick & Ivanhoe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Helen Weber

3 (b) If veteran, name war: None
3 (c) Social Security Account No. ?

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Wilson Weber
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 21-1908
8. AGE: Years 32 | Months 7 | Days 15 | If less than one day hr. min.
9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual Occupation: Nurse
11. Industry or business

FATHER
12. Name: Henry M Thompson
13. Birthplace: Iowa

MOTHER
14. Maiden Name: Daisy Slaughter
15. Birthplace: Balto Md

16 (a) Informant: Henry M Thompson
(b) Address: Linthicum Heights Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10-1940 (month) (day) (year)
(c) Cemetery or crematory: Cedar Neuff
Location: Annapolis Md
18 (a) Funeral director: D L Hopkins
(b) Annapolis Md.
19 (a) 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940, at 8:15 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov. 6 1940, and that I last saw h.. alive on Nov. 6 1940.

Immediate cause of death: Thoracoplasty — Duration
Due to: Pulmonary tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Pulmonary tuberculosis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: W. Ceare Maccubbin M. D.
Address: University Hosp Date signed 11-6-40

VS 3

VS 3

F 74319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74319 Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 Stricker St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 N. Stricker (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Addie Price

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Thomas F. Price

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1860

8. AGE: Years 80 | Months 8 | Days 19 | If less than one day hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Own Home

FATHER 12. Name Wesley Tippett

13. Birthplace Maryland

MOTHER 14. Maiden Name Cecelia Mason

15. Birthplace Maryland

16 (a) Informant Mamie Thomas

(b) Address 1136 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (month) (day) (year)

(c) Cemetery or crematory Jew Cathedral

Location Balto Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Mount Hill Ave

19 (a) 1940 (Filed by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31-1940, to 11-5-1940.
and that I last saw her alive on 11-4-1940.

	Duration
Immediate cause of death Bronchial pneumonia	8 days
Due to Bronchitis	3 weeks
Due to	
Other Conditions Cerebral hemorrhage	9 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1.D.29 Stricker Date signed 11-6-40

74320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 74320 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not abbreviate. Write out full name and address. Do not use ditto marks. Be sure to write the causes of death clearly and legibly. Exact age is especially important. Physicians: please write your name and address.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cylburn Court Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Mrs) Carrie Fay Mainzer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Adolph Mainzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1875

8. AGE: Years 64 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Fay
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Belle Herzog
15. Birthplace Balto. Md.

16 (a) Informant Mrs J. Klein
(b) Address Dumbarton, Pikesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 8 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Sonneborn & Son
(b) Address 1902 Eutaw Place

19 (a) Date rec'd by registrar NOV 8 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/ 19 40, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6 1940 to 11/6 1940, and that I last saw her alive on 10/6 19 40.

	Duration
Immediate cause of death: Terminal pneumonia	24
Due to: Inoperable carcinoma of breast	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams, M. D.
Address Union Memorial Hosp Date signed 11/6/40

VS: 1940

3&67225 74321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. F 74321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered and the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Emerson Hotel (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Poe Solomon

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mildred
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 4-22-98

8. AGE: Years 51 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Merchant
11. Industry or business

FATHER
12. Name: Mark Solomon
13. Birthplace: England

MOTHER
14. Maiden Name: Linda Alderman
15. Birthplace: England

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/40 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: Balto. Md.

18 (a) Funeral director: David Londeman Sons
(b) Address: 1902 Eutaw place

19 (d) NOV 7 1940 (Date rec'd by registrar) (e) Number on line for Filing No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940, at 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1940, to Nov. 6 1940, and that I last saw him alive on Nov. 6 1940.

	Duration
Immediate cause of death: Arteriosclerotic heart disease; cardiac failure	6 mos.
Due to: generalized arteriosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Ward W. Triggs M. D.
Johns Hopkins Hosp. Date signed 11/6/40

74322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 74322 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Girl Rosmarino

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1940

8. AGE: Years | Months | Days: 1 | If less than one day: 12 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Joseph Rosmarino
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Anna Dilbegin
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 916 S. Paca St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 7 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 NOV 7 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar 6019

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1, 1940, at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940, to Nov. 1, 1940, and that I last saw her alive on Nov. 1, 1940.

Immediate cause of death Prematurity — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Nothing found

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.
Address Franklin Square Hosp. Date signed 11/2/40

F 74323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ F 74323
89a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" entered where it is impossible to obtain the information. Be sure to state the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Marriottsville 2
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thurman Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1940

8. AGE: Years	Months	Days	If less than one day
	9	29	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thurman Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Ada Cook
15. Birthplace Md.

16 (a) Informant Thurman Robinson
(b) Address Marriottsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory West Liberty
Location Howard Co. Md.

18 (a) Funeral director C. Harry Weer
(b) Address Lyndsville, Md.

19 NOV 7 - 1940 (Date rec'd by registrar) Filed by [illegible] for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1- 1940, to 11-6 1940, and that I last saw him alive on 11-6-1940.

Immediate cause of death Meningitis — Duration 8 days
Due to Pneumonia — 2 Weeks
Due to Ot otitis media
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend Jr. M. D.
Address University Hospital Date signed 11-7-40

F 74324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a ✓ F 74324 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Give the causes of death clearly and legibly. Use no abbreviations or ditto marks. Be sure that the age is correct as this is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1846 W. Baltimore St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 45 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1846 W. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry C. Powell

3 (b) If veteran, name war: —

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Sarah E. Powell
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1876

8. AGE: Years	Months	Days	If less than one day
64 65	8	22 21	hr. min.

9. Birthplace North - Virginia (Town, county, and state)
10. Usual Occupation Owner of
11. Industry or business Insurance Business

FATHER
12. Name Harry Powell
13. Birthplace North Virginia

MOTHER
14. Maiden Name Mary Cutling
15. Birthplace Virginia

16 (a) Informant Mrs. Sarah E. Powell
(b) Address 1846 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7-40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore - City
(d) Funeral director J. B. Wippert & Son
Address 1300 Eutaw Pl.

NOV 7 1940

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1940, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to Nov. 4 1940, and that I last saw him alive on Nov 4 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs —
Due to Hypertension — Duration several years —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin Fleming M.D.
Address 1904 W. Balt St. Date signed 11-6-40

VS 3

VS 3

74325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 74325

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Hoensch

3 (b) If veteran, name war

3 (c) Social Security Account No. 2140-5040

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Anna M. Weller
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1874

8. AGE: Years 66 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Edward Hoensch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Anna M. Weller
(b) Address 500 S. Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-40 (month) (day) (year)
(c) Cemetery or crematory Western
Location
(d) Funeral director Harry H. Witzke
(e) Address 4101 Edmondson Avenue

19 (a) NOV 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1940, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Eckard M.D. Medical Examiner.
Date signed 11/7/40

VS 6

74326

VS 6

3866 F 74326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 74326
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Powell

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-7640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Cecilia

6 (c) If alive, give age 99 years

7. Birth date of deceased (mo., day, yr.) 7-12-17

8. AGE: Years	Months	Days	If less than one day
23	3	22	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Powell
13. Birthplace N. Car-

MOTHER
14. Maiden Name Sadie Powell
15. Birthplace N. Car-

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Robert E. Welsh Sons
(b) Address 515 Park Ave

NOV 7 1940

19 (a) (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1940 to Nov 4 1940, and that I last saw alive on Nov 4 1940.

Immediate cause of death Tuberculosis of meninges, pericarditis
Due to Tuberculosis pericarditis + pleurisy — Duration 4 months
Due to Tubercle Bacillus — 2 years
Due to
Other Conditions Cerebral Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculous meningitis, Pericarditis & Pleurisy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arthur Klein
Address Johns Hopkins Hospital Date signed 11/5/40 M. D.

74327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 74327
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct here is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Perry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Strain

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem'l | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas Strain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1901

8. AGE: Years 39 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Youngsville, N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Harry Dunstan
13. Birthplace Youngsville N. C.

MOTHER
14. Maiden Name Sally Black
15. Birthplace Youngsville, N. C.

16 (a) Informant Sarah Simmons
(b) Address 606 N. Green St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 6 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore

18 (a) Funeral director Walter Br Engle
(b) Address 1300 Harlem Ave

19 (a) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1940, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1940, to 11-6 1940 and that I last saw her alive on 11-6 1940

Immediate cause of death Intracranial Hemorrhage — Duration 1 day

Due to Hypertensive C. V. Disease NOT Known

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond M. Cunningham M. D.
Address University Hospital Date signed 11-6-40

Howard J. Madden, M. D.
Chief Med. Examiner per E. A. Beatty

VS 3 [illegible] Chief Med. Examiner per S.E.Briant Jr.

74328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 74328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In front of 416 Rosebank Ave
(c) Hospital or institution:
27-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wesley A (James E) Nicholson

3 (b) If veteran, name war Nordic

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/1901

8. AGE: Years	Months	Days	If less than one day
39	4	25	hr. min.

9. Birthplace Penman (Town, county, and state)

10. Usual Occupation Builder

11. Industry or business

FATHER 12. Name Joseph Nicholson

13. Birthplace Penman

MOTHER 14. Maiden Name Ruby Sullivan

15. Birthplace Penman

16 (a) Informant Daniel R Nicholson

(b) Address 409 Shady Spring Ave

17 (a) Burial (b) Date thereof 11-8-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore National
Location Baltimore Md

18 (a) Funeral director Emory G Talley

(b) Address Talbot & Fayette

19 (a) 1940 [illegible] Williams, Md. Registrar
(Rec'd by registrar)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940, at 5 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Blandford M.D.
Medical Examiner.
Date signed 11/6/40

74329

vs

74329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-C Registered No. F 74329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dolores Strawderman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 19-1940

8. AGE: Years | Months | Days: 17 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl Strawderman
13. Birthplace West Va.

MOTHER
14. Maiden Name Bernice Roddy
15. Birthplace Akron Ohio

16 (a) Informant Mrs. Earl Strawderman
(b) Address 1604 Eutaw Place

17 (a) Removal (b) Date thereof Nov. 7-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Akron Ohio

18 (a) Funeral director Geo. L. Beyer Jr.
(b) Address 1512 Hollins St.

19 (a) NOV 7-1940 (b) L. Williams Registrar
(Date filed by registrar)

VS 3

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 6 1940, and that I last saw her alive on Nov 6 1940.

Immediate cause of death: Asphyxia — Duration: .....
Due to: Extreme dehydration — Failure to feed at home — .....
Due to: Thrush - stomatitis & pharyngitis — .....
Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Forest C. Meade

Address Mercy Hospital Date signed Nov 6-40.

VS 3

74330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 74330
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 W Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amalia M Vogt

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles J Vogt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	16	min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name George Romoser
13. Birthplace

MOTHER
14. Maiden Name Charlott Trautenpreis
15. Birthplace Baltimore, Md

16 (a) Informant Franklin Square Hospital
(b) Address Calhoun & Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Frederick R. Uhler
(b) Address 1200 W Lombard St

19 (a) Rec'd by registrar Nov 7-1940
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1940, at 6:32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22, 1940 to Nov. 4, 1940, and that I last saw h e alive on Nov. 4, 1940.

Immediate cause of death	Duration
Acute Coronary Occlusion	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
M. D.
Address Franklin Square Hosp. Date signed 11/4/40

F 74331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

$ 5.00

3 (a) FULL NAME Charles H. Hill

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1885

8. AGE: Years	Months	Days	If less than one day
54	10	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business Self

FATHER
12. Name Charles A. Hill
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida V. Sapp
15. Birthplace Balto. Md.

16 (a) Informant Mary A. Schmidt
(b) Address 1815 E. Lafayette Ave

17 (a) Burial (b) Date thereof 11/9/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St. Huntington Williams, Mgr.

NOV 8 - 1940
(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6th 1940 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to Nov 6 1940, and that I last saw h~~im~~ alive on Nov 6 1940.

Immediate cause of death	Duration
Acute Dilatation of Heart	2 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Gill Hall M. D.
Address 1631 E North Ave Date signed 11/6/40

VS 3

F 74332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74332
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 W. Bay Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-5-3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 W. Bay Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Thomas

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-03-8284

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Carrie
6 (c) If alive, give age 57 years

7. Birth-date of deceased (mo., day, yr.) Sept 12th 1880

8. AGE: Years	Months	Days	If less than one day
60	1	25	hr. min.

9. Birthplace: Boston Mass. (Town, county, and state)
10. Usual Occupation: Secretarial Work
11. Industry or business: Texas Oil Co.

FATHER
12. Name: Charles Thomas
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Rebecca Weins
15. Birthplace: Germany

16 (a) Informant: Carrie Thomas
(b) Address 3710 W. Bay Ave - Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7th 1940, at 4:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Nov 7 1940, and that I last saw h[illegible] alive on Nov 4 1940.

Immediate cause of death	Duration
Bronchial Asthma	5 yrs
Due to Probable Bacterial Allergy	
Due to Chronic Infected Tonsils	
Other Conditions Diabetes Mellitus	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Lloyd Lukens M. D.
Address 320 Cathedral Ave Date signed 11/7/40

VS 3

F 74333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/28

Registered No. F 74333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3533 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Sadie S. Foreman

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Mr. George K. Foreman
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 8, 1882

8. AGE: Years 58 | Months 4 | Days 28 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Joseph P. Bivgley
13. Birthplace Richmond Va

MOTHER — 14. Maiden Name Margaret J. Hammond
15. Birthplace Baltimore, Md

16 (a) Informant Husband
(b) Address —

17 (a) Burial (b) Date thereof 11/9/40
(Burial, ~~cremation~~, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) _____ (b) Huntington Williams M.D.
(Date rec'd by registrar) NOV 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13 1940, to Nov. 6 1940; and that I last saw her alive on Nov. 6 1940.

Immediate cause of death Chronic Pancreatitis — Duration 6 weeks
Due to Cholecystectomy & chronic drainage — 4 years
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pancreas hard thought to be inflammation
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul J. Kammerer M. D.
Address Church Home & Infirmary Date signed 11/8/40

F 74334
54481 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-B

F 74334
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C. Eby

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1886

8. AGE: Years 54 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Works on Ice Truck
11. Industry or business

FATHER
12. Name James M. Eby
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Sharer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

NOV 8 — 1940
(Date rec'd by Registrar)
(b) Location of Williams, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1940, at 6.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1940 to 11/7 1940 and that I last saw him alive on 11/7 1940.

Immediate cause of death	Duration
Squamous cell carcinoma of tongue & metastases	11 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ekbert Jr.
Address Baltimore City Hosp. Date signed 11/9/40

F 74335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 74335 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2658 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2658 Wilkens Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? About 32 years

3 (a) FULL NAME Andrew Valenza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maria A. Valenza

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1888

8. AGE: Years 52 | Months 8 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Shoe Maker

11. Industry or business

FATHER
12. Name Joseph Valenza
13. Birthplace Italy

MOTHER
14. Maiden Name Mary ?
15. Birthplace Italy

16 (a) Informant Maria A. Valenza
(b) Address 2658 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Baltimore

18 (a) Funeral director Albert W. Deregan
(b) Address 440 E. North Ave

19 (a) NOV 8 1940 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1940 at 9:45 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1940 to Nov 6 1940 and that I last saw h[illegible] alive on Nov 6 1940

Immediate cause of death	Duration
(a) Carcinoma of Stomach	14 Months
Due to (b)	
Due to (c)	
Other Conditions Metastasis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operation —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature L. A. Richardson M.D.
Address 1110 N. 25 Date signed Nov. 7 '40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

388253 74336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 54-P

F 74336
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Johnstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 LINCOLN
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA O Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HARRY H
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1 - 24 - 89

8. AGE: Years 51 | Months 9 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace PA
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name William Ott
13. Birthplace PA

MOTHER 14. Maiden Name Eliz Brown
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (month) (day) (year)
(c) Cemetery or crematory Grandview
Location [illegible] Pa

18 (a) Funeral director Gochr Funeral Home
(b) Address 336 Nine St Johnstown Pa

19 (a) NOV 8 1940 (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 7 1940, at 1150 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 7 1940, and that I last saw h[illegible] alive on Nov 7 1940.

Immediate cause of death: Cerebellar tumor - glioma - malignant — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland
Address Johns Hopkins Hospital Date signed 11-8 M. D.

F 74337

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74337

CERTIFICATE OF DEATH

183-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 W Lanvale St. 16-K Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Armstrong

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William L.

6. DATE OF BIRTH (month, day, year): 10-26-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Long Green, Md

FATHER

13. NAME: Charles F. Gray

14. BIRTHPLACE (city or town) (State or country): Long Green Md

MOTHER

15. MAIDEN NAME: Louise Polston

16. BIRTHPLACE (city or town) (State or country): Long Green Md

17. INFORMANT (Address): Mary Gray 1412 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cem. 11-8 19 40

19. UNDERTAKER (Address): Mrs. Geo. H. Holland 1631 Druid Hill Ave

20. FILED NOV 8 - 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-5-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1940 to 11-5, 1940

I last saw ... alive on 11-3-, 1940 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
+ Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify)

(Signed) Blye R Cutler, M. D.

(Address) 2127 D Ave

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 74338

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Orchard Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RICHARD. W. HOFFMAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Wht. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1934

8. AGE: Years 6 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation School Boy.

11. Industry or business

FATHER 12. Name Richard Hoffman.
13. Birthplace Balto Md

MOTHER 14. Maiden Name Catherine Hook.
15. Birthplace Balto Md.

16 (a) Informant Richard Hoffman
(b) Address Orchard Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Glen Haven Memorial Park Balto Md

18 (a) Funeral director Bernard C Harle
(b) Address 121 E Wed. St.

19 NOV 8 - 1940 (Date rec'd by Registrar) (b) Washington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1940, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fracture of 5th cervical vertebra — Duration:
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 7 1940
(c) Where did injury occur? Stony Creek Rd and Orchard Beach Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury Pedestrian struck by auto
23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 11-7-40

VS 6

F 74339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-D

F 74339
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 Mc Mc Culloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1942

3 (a) FULL NAME Mary Sheridan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife J. A. Sheridan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1869

8. AGE: Years 71 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Pinkney
15. Birthplace

16 (a) Informant Mrs Gertrude Gibson
(b) Address 2414 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A Hendley
(b) Address 5718 A. Biddle St.

19 NOV 8 - 1940 (b) Huntingtn Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1940, at 7.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 11-6 1940, and that I last saw h.e.r. alive on 11-6 1940.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease (decompensated)	
Due to	
Due to	
Other Conditions Cerebral Hemorrhage causing left hemiplegia (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Mezzanotti M. D.
Address Provident Hosp. Date signed 11-6-40

38663
F 74340

BALTIMORE CITY HEALTH DEPARTMENT 30 F 74340
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1501 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Gordon
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-8-~~94~~1919

8. AGE: Years	Months	Days	If less than one day
21	9	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation W.P.A.
11. Industry or business

FATHER
12. Name Harvey Gardon
13. Birthplace Md.

MOTHER
14. Maiden Name Alverta ?
15. Birthplace Md.

16 (a) Informant Records. JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.
18 (a) Funeral director Wm. Francis A. Hemsley
(b) Address 578 N. Biddle St.
19 (a) ~~April~~ 8 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1940 at 9 11 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940 to Nov 7 1940 and that I last saw h[illegible] alive on Nov. 7 1940.
Immediate cause of death Pulmonary edema
Due to Heart failure acute on hypertensive basis
Due to nephritis subacute.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Subacute nephritis

Duration 4 month plus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. A. Tierney M. D.
Address Johns Hopkins Hos. Date signed 11-7-40

VS 8

F 74341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 74341

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Skinner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Skinner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation Mariner

11. Industry or business

FATHER
12. Name John Skinner
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Lloyd Mateus
15. Birthplace Washington D.C.

16 (a) Informant Mrs Emma Skinner
(b) Address 1139 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 NOV 8 1940 (b) (Date rec'd by Registrar) Washington Heights, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1940, to 11-6 1940, and that I last saw him alive on 11-6 1940.

Immediate cause of death	Duration
Uremia	
Due to Chronic Glomerulonephritis	
Due to Malignant Hypertension	3 mos. ?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Mussenden M. D.
Address Provident Hospital Date signed 11-6-40

VS 3

74342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 74342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in harbor off Baker - Whitelock Coal Pier, Church St.
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Hanover St. (If rural give location) Canton
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES J. DALEY (DAIGLE)

3 (b) If veteran, name war

3 (c) Social Security Account No. unk

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1896

8. AGE: Years 44 | Months 7 | Days 20 | If less than one day hr. min. — 19

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16. (a) Informant Fort McHenry.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1940 (month) (day) (year)
(c) Cemetery or crematory New National Cemty
Location Frederick Road

18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bouldin St.

19 NOV 8-1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1940, at 20. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: drowning, accidental — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? accident
(b) Date of occurrence 3-40
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specify type of place) While at work? —
(e) Means of injury drowning (Canton)

23. Signature H. L. Wallbrecker M.D. Medical Examiner.
Date signed 11-4-40

VS 6

VS 6

74343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ Registered No. F 74343

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. Every item correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2507 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME: Mary E Thim

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anthony

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 10-20-1884

8. AGE: Years: 56 | Months: 0 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: George [illegible] MAULER.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Elizabeth Wolf
15. Birthplace: Md.

16 (a) Informant: B. C. H. Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Road

18 (a) Funeral director: John A. Morgan
(b) Address: 300 E. Balto. St.

19 (a) 11/8/40 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/5 1940, at 7.45 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 1940, to 11/5 1940? and that I last saw h er alive on 11/5 1940.

Immediate cause of death: Cerebral thrombosis ?
Due to: diabetes mellitus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 3 days ? /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Sidney P Gehlert Jr.
Address: Baltimore City Hosp. Date signed 11/6/40 M. D.

F 74344

VS 3

F 74344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74344
Registered No. 1706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Orchard Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THERESA MILES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1933

8. AGE: Years 7 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Brooklyn Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Elmer Miles
13. Birthplace Balto.

MOTHER
14. Maiden Name Ada Hubbard
15. Birthplace Balto.

16 (a) Informant Mrs. Charles Hubbard
(b) Address Brooklyn Pk.

17 (a) Burial (b) Date thereof 11 - 11 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director A. J. McCurdy
(b) Address 130 E. Fort Ave.

19 (a) NOV 8 1940 (b)
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7, 1940, at 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, crushing right side of face	
Due to	
Due to	
Other Conditions Contusion of right chest (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 7, 1940
(c) Where did injury occur? Stream crossing Rd and Orchard Beach Rd (Street or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury struck by auto while crossing street

23. Signature H. L. Wollenweber M.D.
for Medical Examiner.
Date signed 11-7-40

VS 6

F 74345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74345

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Cloney St (If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME James White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Cora M White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace West Va. Grafton (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name ?

13. Birthplace W. Va.

MOTHER 14. Maiden Name Flora ?

15. Birthplace W. Va

16 (a) Informant Octavia Perry

(b) Address 1025 Cloney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto, Md.

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 222 N. Schroeder St

19 (a) NOV 8 - 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5, 1940, at 12:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13, 1940, to Nov. 5, 1940, and that I last saw h.i.m. alive on Nov. 5, 1940.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Hypertension cardiovascular disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D. M. D.

Address Franklin Square Hosp. Date signed 11/5/40

VS 3

F 74346

VS 8

F 74346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 74346

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4118 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4118 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Anna Pleet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Meyers
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Meyers
15. Birthplace Russia

16 (a) Informant Isadore Pleet
(b) Address 304 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8. 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Baltimore Md

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E. Baltimore St.

19 NOV 8 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1940, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1931 to Nov. 8, 1940 and that I last saw h er alive on Nov. 8, 1940

Immediate cause of death: Acute Pulmonary Edema — Duration: 20 minutes
Due to: Arteriosclerotic C V D — several years
Due to: Hypertension
Other Conditions: Diabetes Mellitus — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Sussman M. D.
Address 2340 Eutaw Pl Date signed Nov. 8, 1940

VS 8

F 74347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

F 74347 Registered No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13d.
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2566 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Rudolf H Wiegroff - Nicholas Wiegroff.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife Caroline
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) 1855
8. AGE: Years 86 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Retired

FATHER
12. Name Rudolf Wiegroff
13. Birthplace Germany

MOTHER
14. Maiden Name Wuerpel
15. Birthplace Germany

16 (a) Informant F. B. Wippert - Boards
(b) Address 1300 Eutaw Place
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Rd.
18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Pl.
19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1940, at 7a M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1940 to Nov 7 1940.
and that I last saw him alive on Nov 6 1940.
Immediate cause of death Benign Prostatic Hypertrophy — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Brady Smith M. D.
Address St. Agnes Hosp. Date signed 11/7/40

VS 3

F 74348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 V

F 74348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Emerson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Heisler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widowed

6 (b) Name of husband or wife Christopher
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) April 4. 1869

8. AGE: Years	Months	Days	If less than one day
71	7	1	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John C. Roemer
13. Birthplace Germany

MOTHER
14. Maiden Name Mollie Henly
15. Birthplace Germany

16 (a) Informant Mr. Charles Roemer
(b) Address 2901 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) NOV 8 1940 (b)
(Filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 19 , at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 19 40 to Nov 5 19 40, and that I last saw her alive on Nov 5 19 40.

Immediate cause of death	Duration
Carcinoma of Left Breast	2
Due to Carcinoma of Left Breast	1939
Due to	
Other Conditions Hypertension Nephritis	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Breast
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Katzenberg M.D.
Address 701 Medical Arts Bldg Date signed 11/7/40

F 74349

VS 3

F 74349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74349 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 N. Fulton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES C. CULLEN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Cullen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 19, 1858

8. AGE: Years 82 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace: Somerset Co., Maryland (Town, county, and state)
10. Usual Occupation: Retired Captain
11. Industry or business

FATHER
12. Name: John Cullen
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Matilda Riggin
15. Birthplace: Unknown

16 (a) Informant: Mrs. Florence Cullen
(b) Address: 812 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) 8-1940 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1940 at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1940, to Nov. 7 1940, and that I last saw him alive on Nov. 6 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia (Bilateral)	
Due to Chr. Myocarditis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D. M. D.
Address 700 N. Fulton Av Date signed 11/12/40

F 74350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Gwynns Falls Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD WILLIAM STEINACKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Steinacker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1877

8. AGE: Years	Months	Days	If less than one day
63	5	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Meat - Retired
11. Industry or business Self

FATHER
12. Name Henry Steinacker
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Holmes
15. Birthplace England

16 (a) Informant Mrs. Bessie Steinacker
(b) Address 3109 Gwynns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1940 at 9:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938 to Nov. 7, 1940 and that I last saw him alive on Nov. 7, 1940

Immediate cause of death Pneumonia — Duration 11.5.40
Due to Generalized Arteriosclerosis
Due to
Other Conditions chronic multiple atropic-arthritis — 5 or 6 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Krupp M. D.
Address 3030 Edmondson Ave. Date signed Nov. 8 40

Lot 1656 9E

VS 3

CGK

74351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-e

55518 F 74351

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 S. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Kmiotek

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0819

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-1890

8. AGE: Years	Months	Days	If less than one day
50	9	5	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes
15. Birthplace Poland

16. (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Jesus
Location Hillen Rd - Baltimore, Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 (a) Date received NOV 8 1940 (b) Hunting Ave. Williams, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/40 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1940, to 11/1 1940, and that I last saw him alive on 11/1 1940.

	Duration
Immediate cause of death: Carcinoma of floor of mouth & metastases	?
Due to: Bronchopneumonia	4 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 11/2/40

VS 3

74352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 74352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1074 W Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GRIFFIN KATES

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-0067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife: Rosa Etta Kates

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown —

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Unknown — (Town, county, and state)

10. Usual Occupation Streetcleaner

11. Industry or business

FATHER 12. Name Henry Kates

13. Birthplace Unknown —

MOTHER 14. Maiden Name Unknown —

15. Birthplace Unknown —

16 (a) Informant Annie Smith

(b) Address 1074 W. Fairmount Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 11 40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto

18 (a) Funeral director Watts Bros Inc

(b) Address 3611 Hamby St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1940, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar, right — Duration

Due to

Due to

Other Conditions and

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmuller M.D. Medical Examiner.

Date signed 11-7-40

74353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

X F 74353

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richwood & Green Sts.
(c) Hospital or institution: University of Md. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester Co.
(c) City or town Church Creek, (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Fleming

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maurice Carl Fleming

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1916

8. AGE: Years 24 | Months 7 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Church Creek, Md. (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business own Business

FATHER
12. Name S. Clifton Riggins
13. Birthplace Church Creek, Md.

MOTHER
14. Maiden Name Vera May Hoelan
15. Birthplace Church Creek, Md.

16 (a) Informant Maurice Carl Fleming
(b) Address Westover, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10 '40 (month) (day) (year)
(c) Cemetery or crematory Dorchester Mem
Location Cambridge, Md.

18 (a) Funeral director Granville S. Le Compte
(b) Address Cambridge, Md.

19 (a) NOV 8 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 8 1940 and that I last saw her alive on Nov 7 1940.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	3 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexis F. Hartz M. D.
Address University Hosp Date signed 11/8/40

VS 8

F 74354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106-B

Registered No. F 74354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 Sherwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Sherwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmela Arcoraci

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Dominic Arcoraci
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 11 | 17 | 1911

8. AGE: Years	Months	Days	If less than one day
28	11	21	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

MOTHER | FATHER

12. Name Augustino Torre
13. Birthplace Italy

14. Maiden Name Destina Arcoraci
15. Birthplace Italy

16 (a) Informant Dominic Arcoraci
(b) Address 1918 Sherwood Ave

17 (a) Burial (b) Date thereof 11 | 11 | 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Vincent's
Location Dundalk Md.

18 (a) Funeral director George J. Roth Inc
(b) Address 1135 Hanford Ave

19 (a) NOV 8 1940 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1932, to Nov. 8 1940, and that I last saw h CR alive on Nov. 7 1940.

Immediate cause of death	Duration
Bronchiectasis	10-15 yrs
Due to Bronchial asthma	5-10 yrs
Due to	
Other Conditions Cardiac Failure	1 hour

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wiley A Weinstock M. D.
Address 713 [illegible] Date signed 11/8/40

F 74355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 74355

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 718 S. Lakewood Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 718 S. Lakewood ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Kunek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widowed married

6 (b) Name of husband or wife William Kunek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11 1863

8. AGE: Years	Months	Days	If less than one day
77	7	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name John Stasjak

13. Birthplace Poland

MOTHER

14. Maiden Name unknown

15. Birthplace Poland

16 (a) Informant Tillie Kunek

(b) Address 718 S. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 '40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Gorman, Hall Rd.

18 (a) Funeral director Stephen J. Fialkowski

(b) Address 1000 Lakewood Ave

19 (a) 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1940 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1938 to Nov. 6 1940 and that I last saw her alive on Nov. 5 1940

Immediate cause of death	Duration
Cardio-renal-vascular disease	years ? ?
Due to Auricular fibrillation Hypertension	
Due to	

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Vincent F. Tooka M.D.

Address 845 N. Patt. Pk. Ave Date signed 11/7/40 M. D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

B 74356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

B 74356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 Poland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Poland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Paula Mercy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	0	hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Thomas J. Glancy
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Mary Ann Burley
15. Birthplace ----- Ireland

16 (a) Informant Mother M. Gertrude Peters
(b) Address 712 Poland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd. & Southern Ave.

18 (a) Funeral director H. W. Means & Son
(b) Address 1600 W. Fayette St.

19 (a) 1940 (Date) (b) Received by registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1940 at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 1940, and that I last saw h er alive on Nov 7 1940.

Immediate cause of death	Duration
Angina Pectoris (probable Coronary occlusion)	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death.)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles O'Donnell M. D.
Address 5 E Read St Date signed

74357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-a

F 74357

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Gittings Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Gittings
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Maurice Causey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Minnie H
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Dec 17th 1871
8. AGE: Years 68 | Months 10 | Days 21 | If less than one day: hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name Henry Causey
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Renshaw
15. Birthplace Md

16 (a) Informant Maurice L Causey
(b) Address 705 Gittings Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodland Park
Location Parkville Md
18 (a) Funeral director William Cook
(b) Address 711 St Paul St
19 (a) (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8th 1940 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1940 to 11/8 1940 and that I last saw h[illegible] alive on 11/8 1940

Immediate cause of death: Septicemia
Due to: Pneumonia
Due to: Low Blood Pressure
Due to: Exhausted
Other Conditions
(Include pregnancy within 3 months of death)

	Duration
	5 day
	1 wk
	8 mos
	over

Major findings:
Of operations X
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Hearn M.D.
Address 4207 Harrison Ave Date signed 11/9/40

VS 3

1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 74358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME TILLIE MILLER HUDSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 25 Months Days If less than one day hr. min.

9. Birthplace Arundel Co, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Richard Miller

13. Birthplace Ayrndel Co Md.

MOTHER 14. Maiden Name Clara Miller

15. Birthplace Arundell Co Md

16 (a) Informant Lillie Miller

(b) Address Molley Neck Arundell

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-40 (month) (day) (year)

(c) Cemetery or crematory Molley Neck Mid

Location Molley Neck rd

18 (a) Funeral director E. Roy Gilwilson

(b) Address 1000 Brentley Ave

19 (a) 11/18/1940 (Date received by registrar) (b) Huntington Williams, Reg. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 1:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hemorrhage subarachnoid — Duration

Due to Blunt force

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence November 7, 1940
(c) Where did injury occur? Carolina St & Fairmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury fist fight and fall to side walk

23. Signature H. L. Ballenweber M.D. Medical Examiner.

Date signed 11-8-40

F 74359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163M F 74359 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address and especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Oakfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT L. THOMAS (Robert Lister Thomas) X

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-09-8349

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie W. Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1889

8. AGE: Years 51 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Sales Manager

11. Industry or business: Lucas Brothers

FATHER
12. Name: Samuel K. Thomas
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Pauline Slater
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Bessie W. Thomas
(b) Address: 3307 Oakfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide	
Due to mental despondency	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Nov 8, 1940
(c) Where did injury occur? 331 N. Calvert St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Exhaust gas from auto

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 11-8-40

VS 6

74360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 74360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 N. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 N. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Elizabeth Schneider

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife Henry Schneider

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 10. 1865

8. AGE: Years	Months	Days	If less than one day
75	5	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Troop
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth McCombs
15. Birthplace Maryland

16 (a) Informant Henry Schneider
(b) Address 1536 N. North Ave.

17 (a) Burial (b) Date thereof 11/11/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) 11-9-1940 (b) Huntington Williamsport
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1940, at 9.5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Nov. 7 1940 and that I last saw h alive on Nov. 7 1940.

Immediate cause of death Chronic Valvular Heart Disease — Duration 1939

Due to Chr. Interstitial Nephritis — Duration 1939

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. Brown M. D.
Address 1663 W. North Ave. Date signed 11/7/40

74361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 74361 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Shakespeare St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Barbara Ignotowska

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-4948

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Stephen Ignotowski

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 33 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Gutowski
13. Birthplace Poland

MOTHER
14. Maiden Name Helen Dombrowski
15. Birthplace Poland

16 (a) Informant Stephen Ignotowski
(b) Address 1629 Shakespeare st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)

(c) Cemetery or crematory ST. STANISLAUS
Location Baltimore md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann Street

19 (a) NOV 9 1940 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1940 to Nov. 8 1940, and that I last saw him alive on Nov 8 1940.

Immediate cause of death Subacute bacterial endocarditis — Duration: 6 months duration

Due to Rheumatic heart disease

Due to Septicemia due to streptococcus viridans

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Walter Masters M. D.
Address St Josephs Hospital Date signed 11/8/40

74362 DH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

Registered No. F 74362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 W Franklin St.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 W Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-3313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Rosalee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1888

8. AGE: Years	Months	Days	If less than one day
52	7	1	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jerimah Richardson
13. Birthplace S. C.

MOTHER
14. Maiden Name Naomi
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-13-40 (month) (day) (year)
(c) Cemetery or crematory ~~Mt Lebanon~~
Location Sumpter Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 9 S. Eutaw, Balto.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1940, at 6:50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1940, to 11/7 1940, and that I last saw him alive on 11/7 1940.

Immediate cause of death Bilateral subdural hematoma — Duration 3 yrs.?
" subarachnoid hemorrhage ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations As above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert
Address Baltimore City Hosp. Date signed 11/7/40

F 74363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a ✓ F 74363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Infant

6. (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/21/40

8. AGE: Years	Months	Days	If less than one day
	5 4	1 5	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER 12. Name Nathaniel Alexander
13. Birthplace Md

MOTHER 14. Maiden Name Mary Wooden
15. Birthplace Md

16 (a) Informant Provident Hosp
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Acord, Sons & Halstead
(b) Address 918 Druid Hill Ave.

NOV 8 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1940, at 4 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1940, to 11-6 1940, and that I last saw him alive on 11-6 1940.

Immediate cause of death Acute Gastro-enteritis (non-specific diarrhea) — Duration 14 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musenden M. D.
Address Provident Hospital Date signed 11-6-40

F 74364 ✓

74361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74364
Registered No.

Every item of information should be carefully supplied. The UNFADING INK. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Every item is important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 HUDSON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 HUDSON ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH STEINBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife HENRIETTA STEINBERGER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 11 1861

8. AGE: Years	Months	Days	If less than one day
79	4	29 27	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name GEORGE STEINBERGER
13. Birthplace GERMANY

MOTHER
14. Maiden Name THERESA W. WETZELBERGER
15. Birthplace GERMANY

16 (a) Informant HENRIETTA STEINBERGER WIFE
(b) Address 3038 HUDSON ST.

17 (a) BURIAL (b) Date thereof NOV. 11/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD
18 (a) Funeral director Sally J. Zabel
(b) Address 403 S. WOLFE ST.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH NOV. 8 1940 at 7/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1940 to Nov. 8 1940 and that I last saw him alive on Nov. 8 1940.

Immediate cause of death	Duration
Coronary Sclerosis	5 days
Due to Diabetes Mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Andrew Hunsworth M. D.
Address 2579 Eastern Ave Date signed 11/8/40

F 74365 ✓ F 74365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Holmes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Harry Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 2 1891

8. AGE: Years: 49 ? | Months | Days | If less than one day: hr. min.

9. Birthplace: Harrenton Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Raaf
13. Birthplace: Va

MOTHER
14. Maiden Name: Helen Priest
15. Birthplace: Va

16 (a) Informant:
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 10th 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvery Cem
Location: Brooklyn a.a. Co. Md

18 (a) Funeral director: Bryant Manis & Knight
(b) Address: 1228 W. Baltimore St.

19 (a) Date received by Registrar: NOV 8 1940 (b) Signature of Registrar: Thurlow [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6 1940, at 1.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940 to Nov 6 1940, and that I last saw h alive on 19

Immediate cause of death	Duration
Internal hemorrhage	One hour
Due to: gastric ulcer	
Due to:	
Other Conditions: syphilitic aortitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Sam P. Asper, Jr. M. D.
Address: Johns Hopkins Hospital Date signed: Nov 7 1940

correct age is especially important. Physicians; please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 74366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74366 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Rectory Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Rectory Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Smallwood, Sr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Barbara Smallwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 1861

8. AGE: Years	Months	Days	If less than one day
79	2	5	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Retired?
11. Industry or business?

FATHER
12. Name Wm. Smallwood.
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Md

16 (a) Informant Albert E. Smallwood.
(b) Address 139 Winthrop St. Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion.
Location Laurel, Md.

18 (a) Funeral director Honour & Donovan
(b) Address 36 15-17 Chestnut Ave. Hunting Park Indianapolis, Ind.

19 (Date received by registrar) NOV 9 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1940, at 7 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D.
Medical Examiner.
Date signed 11/8/40

F 74367. Wallis - 2114 W. Pratt St. ✓ F 74367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2150 Boyd St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore. ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2150 Boyd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lorman L. Laird. Sr.

3 (b) If veteran, name war ..... | 3 (c) Social Security Account No. .....

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alma M. Laird

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 7, 1886

8. AGE: Years 54 | Months 5 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Painter. ✓

11. Industry or business .....

FATHER 12. Name Henry Laird.
13. Birthplace Md ✓

MOTHER 14. Maiden Name Elizabeth Tendlay.
15. Birthplace Md.

16 (a) Informant Alma M. Laird.
(b) Address 2160 Boyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 11, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Marys
Location Hampden.

18 (a) Funeral director Theodore Sheehan & Sons ✓
(b) Address 3615-17 Eastern Ave

19 (a) NOV 9 1940 (Date rec'd by registrar) (b) Huntington Hillis, M.D.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1940 to Nov 8 1940, and that I last saw him alive on Nov 8 1940.

Immediate cause of death	Duration
Coronary Thrombosis	11 mo
Due to	.....
Due to	.....
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	.....

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Edward L. Wallis Jr.
Address 2116 W. Pratt St Date signed 11/9/40 M. D.

F 74368 ✓ F 74368

F 74368 F 74368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 389 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Whatcoat St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert Staton (49185)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1922

8. AGE: Years	Months	Days	If less than one day
18	1	16	hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Staton
13. Birthplace N. Car.

MOTHER
14. Maiden Name Girlenu Buell
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1203 Presstman

19 (a) Date rec'd by Local Registrar NOV 9 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1940, 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13, 1939 to Nov. 7, 1940, and that I last saw him alive on Nov. 7, 1940.

Immediate cause of death	Duration
Hemoptysis	
Due to Pulmonary Tuberculosis	1 Yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Gibson M. D.

Address Balto. City Hospitals Date signed 11-8-40

F 74369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 74369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 21 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Bayard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Girl Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-7-40

8. AGE: Years	Months	Days	If less than one day
			21 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Chambers
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ethel Smith
15. Birthplace Baltimore, Md

16 (a) Informant Viola Smith
(b) Address 1305 Bayard St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 9 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 9 - 1940 (This to be filled in by registrar) Huntington Williams M.D.

VS 3

6024

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8-40 19 , at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3-40 19 , to 19 , and that I last saw h ER alive on 11-8-1940.

Immediate cause of death Premature
7 Months — Duration 24 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Tannahill Jr. M. D.
Address University Hosp. Date signed 11-8-40

74370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27 a Registered No. F 74370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answers especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 W. Baltimore st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland ~~County~~
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 W Baltimore st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Conrad Cullimore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 30. 1940

8. AGE: Years	Months	Days	If less than one day
	2.	9 8	— hr. — min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John L. Cullimore
13. Birthplace Kent County Md

MOTHER
14. Maiden Name Stella Comrade
15. Birthplace Baltimore Maryland

16 (a) Informant John L Cullimore
(b) Address 1841 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore City

18 (a) Funeral director H. B. Stapleford's Sons
(b) Address 130 Eutaw Place

19 (a) (Signature of registrar) Hilliard L. Williams

VS 2

NOV 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 8.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1940, to Nov 8 1940, and that I last saw h alive on Nov 7 1940.

Immediate cause of death Bacillary Dysentery — Duration 1 Day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. M. Seabold M. D.
Address 104 W. Madison Date signed Nov. 9 1940

Dr Seabold

74271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 74871

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital. 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ——
(c) City or town 1855 W. Pratt St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1855 W. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Virginia Lee Barber.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: ——

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May-22-1940

8. AGE: Years | Months: 5 | Days: 17 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business None.

FATHER
12. Name Charles Be Barber
13. Birthplace Baltimore. Md.

MOTHER
14. Maiden Name Dorothy Willey.
15. Birthplace Middletown - Va

16 (a) Informant Mrs. Chas. B. Barber.
(b) Address 1855 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) Nov 9 1940 (Date received by registrar) (b) Registrar's No. 8 [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1940, at 10.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1940, to 11-8 1940, and that I last saw her alive on 11-8 1940.

	Duration
Immediate cause of death Acidosis	1 Day.
Due to Diarrhea	2 days
Due to Gastro enteritis	2 Days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. D. Williams M. D.
Address Univ. Hosp. Date signed 11-8-40

F 74372 Michaelette Orr F 74372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 E. Eager Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michaelette Orr (ORR)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12/40

8. AGE: Years	Months	Days	If less than one day
	4 5	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Gordon Orr
13. Birthplace Balt.
MOTHER 14. Maiden Name Josephine Cudrick
15. Birthplace Balt.

16 (a) Informant Josephine Orr
(b) Address 1130 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frank Crocker Sr
(b) Address 900 N Chester St

19 (a) NOV 10 1940 (Date rec'd by registrar) (b) Interment

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1940, to 11/9 1940.
and that I last saw h[illegible] alive on 11/9 1940.

Immediate cause of death	Duration
Hydrocephalus.	5 weeks
Due to Prematurity	—
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Hydrocephalus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Adele Madden M. D.
Address St Josephs Hospital Date signed 11/9/40

VS 3

F 74373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City Hospitals
(c) Hospital or institution:
4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 341 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
1419 W. Lombard St
(d) Street No. ~~1418 W. Fayette St.~~ (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Green (50566)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1872

8. AGE: Years 68 | Months 8 | Days 4 15 21 | If less than one day hr. min.

9. Birthplace Md. (Balto.) (Town, county, and state)

10. Usual Occupation None
11. Industry or business Retired Iron Moulder

FATHER
12. Name Samuel Green (D)
13. Birthplace England

MOTHER
14. Maiden Name Liza ? (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 10 1940 (Date received by Registrar) (b) Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1940, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29, 1939, to Nov. 8, 1940, and that I last saw him alive on Nov. 8, 1940.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2yrs
Due to: Pulmonary Tuberculosis	
Due to:	
Other Conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Luckett M. D.
Address Balto. City Hospital Date signed 11-9-40

F 74374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 191-B

F 74374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 3 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town St. Petersburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~601 Radcliffe Ave~~
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur F. Cate

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lillian Cate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1907

8. AGE: Years	Months	Days	If less than one day
33	4	13	hr. min.

9. Birthplace Knoxville Tenn. (Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Tourist Camp

FATHER
12. Name Frank H. Cate
13. Birthplace Dunklin, Tenn.

MOTHER
14. Maiden Name Grace Pack
15. Birthplace Mt Vernon Tenn.

16 (a) Informant Mrs Grace Cate
(b) Address Box 891 Route #2 St. Petersburg, Fla.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) Date received by local registrar NOV 10 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9, 1940, at [illegible] M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8-1940 to 11-9-1940, and that I last saw him alive on 11-8-1940.

Immediate cause of death	Duration
Chronic nephritis	7
Due to Absence of left kidney (Operative removal following accident)	20 yrs.
Due to	
Other Conditions Bronchopneumonia	48 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller M. D.
Address Univ. Hosp. Date signed 11-9-40

F 74375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 74375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 St. Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moor, Edward B.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 129-09-0172

4. Sex: Male
5. Color or race: White.
6 (a) Single, married, widowed, or ~~divorced~~: Married
6 (b) Name of husband or wife: Mrs Mary Moor
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.): April 8th 1878
8. AGE: Years 62 | Months 7 | Days 1 | If less than one day ... hr. ... min.
9. Birthplace: Bangor Maine (town, county, and state)
10. Usual Occupation: Clerical Worker
11. Industry or business:

FATHER
12. Name: Thomas Smith Moor
13. Birthplace: St. Albans Maine

MOTHER
14. Maiden Name: Susan Swett Bristow
15. Birthplace: Brewer Maine

16 (a) Informant: L. H. Mattingly Jr
(b) Address: 609 St. Paul St.

17 (a) Cremation (b) Date thereof 11/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery or~~ crematory: Greenmount
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

NOV 10 1940 (Date received by local registrar) (b) Hunting for William Cook Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9 1940 at 10:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1940 to 11-9 1940 and that I last saw h.i.m alive on 11-9 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 6 days
Due to:
Due to:
Other Conditions: Rheumatic Ht Disease
~~Autopsy or Not~~
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Cor. Thromb, ant descend Branch Left

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward L. J. Krieg M.D.
Address: Bon Secours Hosp. Date signed 11-9-40

F 74376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-W F 74376

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Walnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Walnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Native Md. years

3 (a) FULL NAME Annie Wetzel Dennis

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Widow

6 (b) Name of husband or wife Charles E Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1859

8. AGE: Years	Months	Days	If less than one day
83	9	23	hr. min.

9. Birthplace Middletown Pa
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Henry E Wetzell
13. Birthplace Penna

MOTHER 14. Maiden Name Elizabeth Bostwick
15. Birthplace Penna

16 (a) Informant Olive M Dennis
(b) Address 710 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director Fullum Co
(b) Address 1217 N Paul St

NOV 10 1940 (Date received by Registrar) (b) Filed Nov 12 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1940 to 11/8 1940, and that I last saw h.r alive on 11/8 1940.

Immediate cause of death
(a) Cerebral hemorrhage
Antecedent causes
Due to Influenza a ?
(b) Due to Cerebral degeneration
Other Conditions

Duration
465 days
Unknown

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3902 Roland Date signed 11/9/40

F 74377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1176 Cleveland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balt
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1176 Cleveland St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME MAX. BUETTNER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife GERTRUDE BUETTNER
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 12 1854

8. AGE: Years	Months	Days	If less than one day
86	0.	28?	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Henry J BUETTNER
(b) Address 1176 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belts Mt

18 (a) Funeral director Bernard E Hurley
(b) Address 121 E West St Baltimore, (Address)

NOV 10 1940 (b) [illegible] Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9th 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1940 to Nov 9 1940 and that I last saw him alive on Nov 9 1940.

Immediate cause of death Myocarditis — Duration 6 months

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Harry J Hale M. D.
Address 517 Scott St Date signed 11-9-40

F 74378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 74378

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME AARON POLLOKOFF

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-0896

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Bessie Soker

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business

FATHER 12. Name Barney Pallokoff

13. Birthplace Russia

MOTHER 14. Maiden Name Rachael Belousset

15. Birthplace Russia

16 (a) Informant Harry Pallokoff

(b) Address 9-11 S. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-40 (month) (day) (year)

(c) Cemetery or crematory Mark Rd

Location Moses Montefiore Ln

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 NOV 10 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940 to Nov 9 1940, and that I last saw him alive on Nov. 9 1940.

Immediate cause of death Heart Failure — Duration 3 da

Due to Bronchopneumonia — ?

Due to Chr. Arteriosclerosis & Arteriosclerotic Bronchitis —

Other Conditions Bronchitis & Chr. Pulm. Tuberculosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac Dilatation & Hypertrophy, Bronchitis, Pulm. Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Stein M. D.

Address Sinai Hospital Date signed 11/9/40

M. D. R. 1268-a

16 F

M. D. R. 1268-9

74379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74379

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 East Lake Avenue Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry Ellsworth Steffey 427-12

(a) Residence: No. 415 E Lake Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Steffey

6. DATE OF BIRTH (month, day, year) February 26 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	12	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Henry W. Steffey

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jestina Williams

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Ida B. Steffey

(Address) 415 E. Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 11 1940

19. UNDERTAKER A. D. Marshall

(Address) 359 Fulton Ave

NOV 10 1940

... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 3 1940 to March 8 1940

I last saw h... alive on March 8 1940 Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

Ch Myocarditis — Date of onset 1939

Ch Ed Nephritis — 1...

Other contributory causes of importance: Arterio Sclerosis Diabetes — 1940

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) P. W. Bishop M. D.

(Address) 501 Shenandoah

F 74380 Mosoman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 74380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4230 Bergen Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Mossman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1885

8. AGE: Years	Months	Days	If less than one day
54	11	10	hr. min.

9. Birthplace Battle Ground Ind (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City Park Board

FATHER
12. Name Edw A Mossman
13. Birthplace Ohio

MOTHER
14. Maiden Name Alice M Douglas
15. Birthplace Ohio

16 (a) Informant Miss Matilda Mossman
(b) Address All States Hotel Wash D C

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 10/1940 (month) (day) (year)
(c) Cemetery or crematory Lafayette Ind
Location

18 (a) Funeral director John Wesmith
(b) Address 210 Nelson

(a) (Local registrar) (b) Huntington Indiana

NOV 10 1940

VS 6

MEDICAL CERTIFICATION

20. DEATH occurred Nov 9th 1940 at 6:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vander Grift M.D. (Medical Examiner)
Date signed 11/9/40

F 74381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

Registered No. F 24381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick W. Dill

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 705-05-3202

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Dill

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 27. 1868

8. AGE: Years 72 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Pensioned - Machinist

11. Industry or business B. & O. R. R.

FATHER 12. Name William Dill

13. Birthplace Germany.

MOTHER 14. Maiden Name Elizabeth Lutz

15. Birthplace Germany.

16 (a) Informant Elizabeth Dill

(b) Address 2509 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1940 (month) (day) (year)

(c) Cemetery or crematory Western

Location Catonsville

18 (a) Funeral director Mr. & Mrs. John W. Tenfel & Son

(b) Address 801 W. Fayette St.

19 (a) (Registrar) (b)

NOV 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1940, to 19, and that I last saw h alive on 19.

Immediate cause of death	Duration
Arteriosclerotic heart disease with congestive failure	
Due to Note: This man was attended by Dr. J. A. Nastan who died after I never saw the man. Dr Dill before but the above + below are Dr Nastans diagnosis	today
Other Conditions Diabetes mellitus. Fand appears accurate (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. G. Sullivan M. D.

Address 12 E. Biddle St Date signed 11-9-40

Howard A. Kelly M. D. Chief Physician in charge

F 74382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

99

F 74382 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 W. Hoffman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John D. Ash

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-07-0834

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Newport News Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel Co

FATHER
12. Name James Ash
13. Birthplace Va

MOTHER
14. Maiden Name Mary Hopson
15. Birthplace Va

16 (a) Informant Sally J. Ash
(b) Address 249 W. Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-40 (month) (day) (year)
(c) Cemetery or crematory Newport News Va
Location

18 (a) Funeral director A. Halstead
(b) Address 218 Dundee Hall Co
(c) Huntington Williams Inc

NOV 10 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 4 1/2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Death during operation for bronchitis & pneumonia	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandeshift M.D. Medical Examiner.
Date signed 11/9/40

VS 6

F 74383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Brooklandville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Buffalo New York (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Granville Hubbard
(b) Address Brooklandville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 1940 (month) (day) (year)
(c) Cemetery or crematory Jessops
Location Sparks, Md.

18 (a) Funeral director Landon N. Brooks
(b) Address Sparks Md

NOV 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1940 to Nov. 9 1940 and that I last saw him alive on Nov. 11 1940.

Immediate cause of death	Broncho-pneumonia	Duration
	Peritonitis	
Due to	Carcinoma of Stomach.	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Haver M. D.
Address University Hosp. Date signed 11-9-40

F 74384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 74384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 N Howard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 N. Howard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Ann Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles A. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1876

8. AGE: Years 64 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Sparks Balto Co, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business —

FATHER 12. Name John Mitchell
13. Birthplace Balto Co, Md.

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs T Clarence Goode
(b) Address 2116 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Stephenson Chapel
Location Sparks Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks Md.

19 (a) (Date received by registrar) NOV 12 1940 Chesley Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1940 at 3 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8, 1940, to Nov. 9, 1940 and that I last saw h[illegible] alive on Nov. 8, 1940

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to
Due to
Other Conditions: Generalized Arteriosclerosis & Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret Adams M. D.
Address 312 E 23rd St. Date signed 11-9-40

74385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55B

F 74385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4101 Belvieu Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15/10
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Belvieu Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minna Dorothy Buehner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 1875

8. AGE: Years	Months	Days	If less than one day
65	1	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business Balto City Schools

FATHER
12. Name Otto Buehner
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Gude
15. Birthplace Germany

16 (a) Informant Miss Eda Buehner
(b) Address 4101 Belvieu Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry D. Armacost
(b) Address 4204 Ridgewood Ave

19 NOV 10 1940 (Registered by Registrar) (b) Filed by [illegible] Registrar, Nov 13

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1940, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to 11/8 1940, and that I last saw h[illegible] alive on 11/8 1940.

Immediate cause of death Cancer of vertebrae, pulmonary spread & metastasis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dieger Hendell M D
Address 3902 Greenland Date signed 11/9/40

F 74386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-W

F 74386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 W. Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 H
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 W. Hoffman
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harriet E. Boyer Young

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Calley Young
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) — 1910

8. AGE: Years	Months	Days	If less than one day
30	—		hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER 12. Name Benjamin Boyer
13. Birthplace Balto

MOTHER 14. Maiden Name Maggie Bonn
15. Birthplace Md

16 (a) Informant Maggie Boyer
(b) Address 309 W Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director James A Taylor
(b) Address 942 W Pratt St

19 (a) NOV 10 1940 (Date rec'd by registrar) (b) Huntington Williamson M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1940 at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1940 to Nov 8 1940, and that I last saw h[illegible] alive on Nov 8 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 Day
Due to Acute Prognatation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Harrold M. D.
Address 911 Warren Ave Date signed 11/9/1940

14 74387 LH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓ F 74387 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 Union Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Baker X

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Sep.

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	14 13	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clay Robey
13. Birthplace ?

MOTHER
14. Maiden Name Agnes
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11/10/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory White's Cem.
Location Oella, Md

18 (a) Funeral director Leonard L. Covington
(b) Address 2625 W. Pratt St.

NOV 10 1940

19 (a) (Date rec'd by registrar) (b) Huntington Titus, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8- 1940, at 7 49 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14- 1940, to 11-8- 1940, and that I last saw h-r alive on 11-8- 1940

Immediate cause of death	Duration
Bronchopneumonia	?
Due to: Diabetes mellitus	?
Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 11-8-40 M. D.

F 74388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 74388 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp 16 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Presstman Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H SAPP.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9903

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Fannie E. Sapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years	Months	Days	If less than one day
72	4	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation ~~Night watchman~~ Carpenter
11. Industry or business John E. Marshall & Sons (Bldrs)

FATHER
12. Name John T. Sapp
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jane M. Eckels
15. Birthplace Hoggstown, Pa.

16 (a) Informant Mrs. Grace Stickell
(b) Address 2226 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. Willis Lamoreaux
(b) Address 1003 W. Baltimore St.

19 (a) NOV 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1940, at 7 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fracture, compound both leg bones

Due to

Other Conditions ~~No~~

(Include pregnancy within 3 months of death)
Major findings:
Of operations ~~No~~
Of autopsy ~~No~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 7, 1940
(c) Where did injury occur? Bloomingdale Rd and Presstman Av (Specify city or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury struck by auto while crossing street

23. Signature H. L. Wolkenstein M.D.
Medical Examiner.
Date signed 11-7-40

F 74389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E ✓ F 74389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E-33rd St.
(c) Hospital or institution: U.M.H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah Bayne Campbell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife Wm. L.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1873

8. AGE: Years 67 | Months 910 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation 0
11. Industry or business 0

FATHER
12. Name Roger Dawson
13. Birthplace Va

MOTHER
14. Maiden Name Martha Chamblin
15. Birthplace Va

16 (a) Informant C. M. Lawson
(b) Address 1113 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11/40 (month) (day) (year)
(c) Cemetery or crematory Lorrid Ridge Cem
Location Pikesville Md

18 (a) Funeral director H. Hjenkins & Sons
(b) Address Orchard & Mc-Culloh St

19 (a) ____ (Date received by Registrar) (b) Huntington Williams M.D.

NOV 10 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1940, at 9.07 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1940 to 11/9 1940 and that I last saw her alive on 11/9 1940

Immediate cause of death	Duration
Carcinomatosis	1 month
Due to Carc. of Transverse Colon	2 yrs.
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp Date signed 11/9/40

74390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-BF 74390 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 N. Front St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 N. Front St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GIUSTINO C. VALENTI

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12 1924

8. AGE: Years 16 | Months 8 | Days 26 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Joseph Valenti
13. Birthplace Italy

MOTHER
14. Maiden Name Margherita Di Girolamo
15. Birthplace Italy

16 (a) Informant Joseph Valenti (Father)
(b) Address 225 N. Front St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.11-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

NOV 10 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1940, at 5:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940 to 11-8 1940 and that I last saw him alive on 11-8-40

Immediate cause of death Meningitis

Duration 2 days

Due to Grippe. Symptoms of Pneumonia & Collapse.

Duration 14 days

Due to Cold -

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Smack M. D.
Address [illegible] Date signed 11-9-40

74391

HEALTH DEPARTMENT—CITY OF BALTIMORE

STILLBIRTH No. F 74391

CERTIFICATE OF DEATH

160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

50min.

2. FULL NAME Baby Hepner

If U. S. Veteran specify WAR.

(a) Residence: No. 4145 Marx Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11.6.40

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Francis Hepner

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Almina Simms

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Night Nurse
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Carmel Date 11/6 19 40

19. UNDERTAKER Geo. A. Fahey
(Address) Linthicum Heights, Md.

20. FILED ... 19 ...
Registrar.

NOV 6 1940 Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 11.6.40 6:25A.M. to 11.6.40 7:15A.M.

I last saw him alive on 11.6.40, 19 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	over
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Leo L. Kupperle M. D.
(Address) 1265 Portman Place

Information should be carefully supplied. AGE should be stated EXACTLY. If STILLBIRTH, state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 74392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183-a

F 74392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Robert Apts, 25th & Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alma Grace Medinger Martin

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Luther

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 9 1882

8. AGE: Years 58 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Francis X Hooker
13. Birthplace Md

MOTHER 14. Maiden Name Adela King
15. Birthplace Md

16 (a) Informant Elizabeth E Medinger
(b) Address 23 Connecticut Ave Takoma Park Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson & Co
(b) Address 1314 Fawn St

NOV 11 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1940 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940, to Nov 8 1940, and that I last saw her alive on Nov 8 1940.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	
Due to Arteriosclerosis with Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H E Proctor M D M. D.
Address 1123 N Paca St Date signed Nov 10 1940

F 74393

BALTIMORE CITY HEALTH DEPARTMENT

DH

CERTIFICATE OF DEATH

83-B

F 74393 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Smothers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Rodney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Maryland
13. Birthplace Md.

MOTHER
14. Maiden Name Emaline
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Calvary
18 (a) Funeral director Geo. A. Nelson
(b) Address 1303 Eastern Ave
(b) Huntingtown, Williams, Md.

NOV 11 1940 (Date received by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8- 1940, at 7 20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6- 1940, to 11-8- 1940, and that I last saw h-r alive on 11-8- 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	P
Due to Cerebral arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-9-40

F 74394

1610 E North Ingersoll

74394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-F

F 74394 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 E. 25th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 E. 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick W. Klank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Albertina Klank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1866

8. AGE: Years	Months	Days	If less than one day
74	4	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired silver Manufacturer

11. Industry or business

FATHER
12. Name Conrad Klank
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret F.
15. Birthplace Germany

16 (a) Informant Mr Conrad Klank
(b) Address 1610 E. 25th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Albert W Seragan
(b) Address 440 E North Ave

19 (a) 11 1940 (Date received by registrar) (b) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1940 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to Nov. 7 1940 and that I last saw h. alive on Nov. 6, 1940.

Immediate cause of death	Duration
Carcinoma of the Gall Bladder	6 Mos.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Chronic Myocarditis	5yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert L. Singerwald M. D.
Address 613 E. North Ave Date signed 11-8-40

F 74395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 74395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 15 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Raimondi

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1940.

8. AGE: Years	Months	Days	If less than one day
		16½	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Joseph Raimondi
13. Birthplace Italy Balto

MOTHER 14. Maiden Name Mary Brocato
15. Birthplace Italy Balto

16 (a) Informant Joseph Raimondi
(b) Address 3801 Park Heights Ave

17 (a) Burial (b) Date thereof Nov 11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Albert W Zuccaro
(b) Address 440 E North Ave

19 (a) Nov 11 1940 (b) Huntington Williamsville Md.
(Registered in this number) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940 at 6 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1940, to Nov. 9 1940, and that I last saw h~~im~~ alive on Nov 6 1940.

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Dodd M. D.
Address Mercy Hospital Date signed 11/9/40

F 74396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74396 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Block Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie May

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-5982

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant R. Morton Chase, Undertaker
(b) Address 638 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Jane E. N. Chase Son
(b) Address 638 N. Gilmor St.

19 (a) NOV 11 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-1940 at 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Active Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions Aortic Insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Andersen M.D.
Medical Examiner.
Date signed 11-8-40

F 74397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 S Regester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 S. Regester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 21 years

3 (a) FULL NAME CARL D. SKOGLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
52				

9. Birthplace Bodo Sweden
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Arthur Hallstrom
(b) Address 632 S Bond St

17 (a) Burial (b) Date thereof Nov 11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director A Reiley Slade
(b) Address 490 Towson Road

19 (a) (b) Registrar
(Date acc'dtg registrar)

NOV 11 1940
VSB

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, at 9:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary, acute — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 11-5-40

F 74398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 74398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 S. Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 & 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 S. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Struck

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife of the late John Struck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 79 yrs.			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael Gschmeisner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Mayer
15. Birthplace Germany

16 (a) Informant Michael J. Struck
(b) Address 5213 Traymore Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.-12-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Stueck & Sons Inc.
(b) Address 1301 E. Eager St.

19 NOV 11 1940 (Date rec'd by Registrar) (b) Huntington Station, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1940, at 12 Ko P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Artery Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 11-9-40

VS 6

F 74399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74399 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 Gough St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah M. Roberts

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	F	W	Widowed

6 (b) Name of husband or wife Wm. Eugene Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1850

8. AGE: Years	Months	Days	If less than one day
90	1	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Duncan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Frances Hobbs
(b) Address Mardella Springs Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director H. Sander & Son Inc.
(b) Address North Ave. & Broadway

19 (a) NOV 11 1940 (Date received by Registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1940, at 10:30A

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21. 1940, to Nov. 8. 1940, and that I last saw her alive on Nov. 8, 1940.

Immediate cause of death	Duration
Intestinal Obstruction	20 days
Due to ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 514 Druid Lane Date signed 11/9/40

F 74400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74400

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Jo Balto Gen'l Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54 days
(e) Length of stay in Baltimore (yrs., mos., or days) ''

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Jacobsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Mountain Rd. Pasadena R.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** William Helmstetter

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise D.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 23 1880

8. AGE: Years	Months	Days	If less than one day
60	1	17	..... hr. ..... min.

9. Birthplace Brooklyn Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Simon Helmstetter
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Werline
15. Birthplace Md

16 (a) Informant Mrs Louise D. Helmstetter
(b) Address Jacobsville A A Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

NOV 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1940 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18/ 1940 to 11/9/ 1940 and that I last saw h alive on 11/9/ 1940.

Immediate cause of death	Duration
Pulmonary Embolus	9 days
Pulmonary Infarction (or Hemorrhage)	..
Due to Benign Prostatic Hypertrophy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostatic Hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J B Bernstein M.D.
Address [illegible] Date signed 11/9/40

F 74401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74401 Registered No.

Please write plainly. Every item of information should be carefully supplied. Use ink. Do not abbreviate. Where not applicable, write the words "Not applicable." Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4230 Pk. Hgts. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Louis Rosenthal

3 (b) If veteran, name war

3 (c) Social Security Account No. Business to self

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Rose Rosenthal

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47? | Months | Days | If less than one day hr. min.

9. Birthplace Russia Poland (Town, county, and state)

10. Usual Occupation Insurance Broker

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Poland

MOTHER 14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Rose Rosenthal
(b) Address 4230 Pk. Hgts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)

(c) Cemetery or crematory Ach Chajm Cong.
Location Wash. Blvd.

18 (a) Funeral director Jack Heine Inc.,
(b) Address 1439 E. Balto. St

NOV 11 1940 (Date rec'd by Registrar) (b) Huntington Hillis, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940 at 3:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1940 to Nov 10 1940 and that I last saw him alive on Nov 10 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 hours
Due to Hypertensive Cardio Vascular disease & Purpura Hemorhagica	30 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B Nuttall M.D.

Address University Hosp. Date signed 11/10/40

F 74402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 74402

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 15 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Mollie Tamres

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife Elias Tamres
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland — Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Moses Rosenstein
13. Birthplace Poland

MOTHER
14. Maiden Name Yetta Schreiber
15. Birthplace Poland

16 (a) Informant Bessie Tamres, daughter
(b) Address 3604 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory Ark Church
Location Wash Rd

18 (a) Funeral director Jack Lewis Jr.
(b) Address 1439 E. Balto St
(c) [illegible]

NOV 11 1940
(Date rec'd by registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9-1940, at 8-45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Shock - Haemothorax	
Due to Fractured Cervical vertebrae " " Thoracic vertebrae	3 + 4 hr.
Due to " " Nil -	
Other Conditions Generalized Atherosclerosis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-9-40
(c) Where did injury occur? 3600 block Reisterstown Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? On street
(e) Means of injury Struck by Automobile while crossing

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-10-40

VS 6

F 74403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74403 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Clay Home
(c) Hospital or institution Edward Aged Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lernadale
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Golpie Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis J. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1826

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Kansas (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Kansas

MOTHER 14. Maiden Name Not Known
15. Birthplace Kansas

16 (a) Informant Mrs Brown daughter
(b) Address 927 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Fairfield & Brewerton Rd

18 (a) Funeral director Jos. Lewis Sons
(b) Address 1439 E. Balto St.

19 (a) NOV 11 1940 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1940, at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1940 to 11-11 1940, and that I last saw her alive on 11-10 1940.

Immediate cause of death	Duration
Broncho-pneumonia	
Arteria sclerosas, Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Lewis M. D.
Address Lernadale Date signed

F 74404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 B

F 74404
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 S. Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S. Potomac St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Krummeck

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-0387

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna Krummeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10 1879

8. AGE: Years	Months	Days	If less than one day
61	2	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Daniel Miller Co

FATHER
12. Name Chas Krummeck
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise Mauter
15. Birthplace Baltimore

16 (a) Informant Mrs Anna Krummeck
(b) Address 9 S Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2224 Orleans St

19 (a) Date received by local registrar NOV 11 1940 (b) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Nov 9 1940 and that I last saw h. alive on Nov 8 1940

Immediate cause of death	Duration
Tuberculosis	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Lod M. D.
Address 4676 Eastern Ave Date signed

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-aF 74405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Royal Oak Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-2
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Royal Oak Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ida C. Price

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harry L. Price
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1875

8. AGE: Years: 65 | Months: 10 | Days: 19 | If less than one day: ..... hr. ..... min.

9. Birthplace: Centreville, Maryland (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business:

FATHER
12. Name: William Kent Sparks
13. Birthplace: Md.

MOTHER
14. Maiden Name: Annie Duhamel
15. Birthplace: Md.

16 (a) Informant: Harry L. Price
(b) Address: 2605 Royal Oak Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory: Chesterfield
Location: Centreville, Maryland

18 (a) Funeral director: John O. Mitchell Sons
(b) Address: 1000 Eutaw Place, Baltimore

NOV 11 1940 (Date received by local registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940 at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4/40 19... to 11/10/40 19..., and that I last saw her alive on 11/10/40 19...

Cause	Duration
Immediate cause of death: Coronary embolism	
Due to: Fractures of rt. fibula & left fifth meta-tarsal	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Fell 10/3/40
(b) Date of occurrence: accident
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury: Fell going down outside steps

23. Signature: H. W. Harper, M. D.
Address: 5201 Gwynn Oak Ave. Date signed

H. L. Wallenwein, M.D. Asst. Medical Examiner

F 74406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-D F 74406
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Methodist Home
(b) Street address 2211 Rogers Ave.
(c) Hospital or institution: Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Yrs. 27-9-37
(e) Length of stay in Baltimore (yrs., mos., or days) 61 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Methodist Home
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Merchant

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8/ 1855

8. AGE: Years 85 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas Riley
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Roop
15. Birthplace Maryland

16 (a) Informant Mary B. Trout
(b) Address 2211 Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Ave.

18 (a) Funeral director George J. Smith
(b) Address 1900 Eutaw Place

NOV 11 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1940 at 5-54 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1940 to Nov. 9 1940, and that I last saw her alive on Nov. 7 1940.

Immediate cause of death	Duration
Chronic Nephritis	
Due to Hypostatic Pneumonia	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Shannon M.D. M. D.
Address 700 N. Fulton Ave. Date signed

F 74407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E-33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apts - St. Paul + 31st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Belle Newman FITZPATRICK

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Charles F. FitzPatrick
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1867

8. AGE: Years 76 | Months — | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Lawson Newman
13. Birthplace Md.

MOTHER
14. Maiden Name Lurella McLanahan
15. Birthplace Md

16 (a) Informant Geo H. FitzPatrick
(b) Address 427 Ninnetta Road

17 (a) Burial (b) Date thereof Nov. 12, 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Green Mt. ave. + Oliver St

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) NOV 11 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 | 8 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 | 1 1940 to 11 | 8 1940, and that I last saw her alive on 11 | 8 1940.

	Duration
Immediate cause of death: Pre-renal azotemia	2 days
Due to: Cardiac failure	8 days
Due to: Coronary thrombosis	8 days
Other Conditions: Hypertensive cardio-vascular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy: confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp. Date signed 11-8-40

F 74407

F 74408 L

Schiffhauer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74408

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life. years

3 (a) FULL NAME Anna Schiffhauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tailoress

11. Industry or business

FATHER
12. Name Valentine
13. Birthplace ?

MOTHER
14. Maiden Name Mary Hartmann
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12th 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd.

18 (a) Funeral director Geo. M. Fink & Son.
(b) Address # 811 N. Wolfe. St.

NOV 11 1940 (Registered by Registrar) Huntington Williams, M.D. Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1940 19 6p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to Nov 9 1940, and that I last saw h[illegible] alive on Nov 8 1940

	Duration
Immediate cause of death: Edema of Lungs	1 day
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall

Address 1631 E. North ave Date signed Nov [illegible] 1940

F 74409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74409 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 888 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Montrose Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Charles Norton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth C. Atkinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1888

8. AGE: Years	Months	Days	If less than one day
51	11	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Medical Doctor
11. Industry or business

FATHER
12. Name John C. Norton
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Catherine St Ledger
15. Birthplace Baltimore, Maryland

16 (a) Informant John C. Norton Jr.
(b) Address 5 Montrose Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd & Augusta Ave.
18 (a) Funeral director H. W. Meares and Son
(b) Address 805 North Calvert Street
19 (a) (Registrar's signature) (b) Registrar

NOV 11 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1940, to 11/9 1940, and that I last saw h[illegible] alive on 11/9 1940

Immediate cause of death: Coronary Thrombosis — Duration 3 months
Due to: Myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence L. Schwalbe M. D.
Address 1945 W. Balto[illegible] Date signed 11/11/40

74410 60673 MS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amos Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-25-1873

8. AGE: Years	Months	Days	If less than one day
66	11	12	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER 12. Name Anthony
13. Birthplace ?

MOTHER 14. Maiden Name ?ury ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Auburn

18 (a) Funeral director Elam B Wilson
(b) Address 1000 Bentley Ave

19 (a) (Date rec'd by registrar) NOV 11 1940 (b) Huntingtn Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7- 1940, at 7 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5- 1940 to 11-7- 1940, and that I last saw h[illegible] alive on 11-7- 1940.

Immediate cause of death Subarachnoid Hemorrhage — Duration ?
Due to Gen. A-S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Subarach. Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Newaglubstein M. D.
Address Balto City Hosp Date signed 11-9-40

F 74411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-C

F 74411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Bethel st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Chester

3 (b) If veteran, name war

3 (c) Social Security Account No. No number

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 27 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Chester

13. Birthplace Md

MOTHER
14. Maiden Name Fannie Banks

15. Birthplace Md

16 (a) Informant George R Chester

(b) Address 618 N. Bethel st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Mt Winans

18 (a) Funeral director Edwin O Wilson

(b) Address 1 E Preston

19 NOV 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1940 at 6 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary edema -	
unexplained.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm L Sandstrom M.D. Medical Examiner.

Date signed 11/9/40

257860

387860
F 74412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B F 74412 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Somerset St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arnita Baylor

3 (b) If veteran, name war

3 (c) Social Security Account No. No number

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-30

8. AGE: Years 10 | Months | Days 26 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Baylor
13. Birthplace Va

MOTHER
14. Maiden Name Mary Ware
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 '40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Md

18 (a) Funeral director Edwin C Wilson
(b) Address 1900 Riggs Ave

19 (a) (Date rec'd by registrar) (b) Huntingtown Williams, Md. Registrar

NOV 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1940 to Nov 9 1940 and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Miliary tuberculosis	1 mo.
Due to	
Due to	one
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address John Hopkins Hosp Date signed 11-9-40

F 74413

F 74413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 74413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 S. Bradford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Novak (Nowacki)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Adam

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Milecki
13. Birthplace Poland

MOTHER
14. Maiden Name Kowalewska
15. Birthplace Poland

16 (a) Informant Mrs. Anna Nowacki
(b) Address 509 S Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell St

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1809 Eastern Ave

19 (a) Date received by Local Registrar (b) Huntingtop Pottsville, Md. Registrar

NOV 11 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31, 1940, to Nov 8 1940, and that I last saw him alive on Nov. 8 1940.

Immediate cause of death	Duration
(a) Lung Amputation	
Due to (b) Pulmonary Tuberculosis	
Due to (c)	
Other Conditions Ventral Hernia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No gross findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel V. Tompakov M. D.
Address Sinai Hospital Date signed 11/8/40

Home Physician M. D.
1st Asst. Resident M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

74414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 11 6 28
(e) Length of stay in Baltimore (yrs., mos., or days) 10 11 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Sharon Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. Convent of the Holy Child (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mother St. Jude Shields

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1871

8. AGE: Years 69 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Michael Shields
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Tookman
15. Birthplace Ireland

16 (a) Informant Mrs Agnes Burns.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-14-40 (month) (day) (year)
(c) Cemetery or crematory Sharon Hill Pa
Location Shepinstell-Pa

18 (a) Funeral director Stuart Morris Co
(b) Address Baldwin

NOV 11 1940 (c) Huntington Williamsville Md
(Entered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1940, at 4:05 am M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1934 to Nov 11 1940 and that I last saw her alive on Nov. 11, 1940.

Immediate cause of death	Duration
Myocardial degeneration with failure	2 yrs
Due to Arteriosclerotic Condition	
Right apical tuberculosis	
Due to arrested stage	10 yrs
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglass P Alyea M. D.
Address 336 Windsor Rd Date signed

F 74415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 74415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 S. Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 S. Ann St (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Ignacy Wasik

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Wasik

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Jan Wasik
13. Birthplace Poland

MOTHER 14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Caroline Dombrowski
(b) Address 238 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

NOV 11 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940, to Nov 9 1940, and that I last saw him alive on Nov 9 1940.

Immediate cause of death: Pulmonary Edema — Duration: 3 days
Myocarditis
Due to
Due to
Other Conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Lipsey M. D.
Address 432 N. Patterson Pk. Date signed 11/9/40

F 74416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

F 74416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 LaSalle Ave-
(c) Hospital or institution: Franklin Square Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 LaSalle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Marie Betsch

3 (b) If veteran, name war: no.
3 (c) Social Security Account No.: none

4. Sex: Fe | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Otto G. Betsch
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) September 8 1870

8. AGE: Years 70 | Months 2 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Christian Hafner
13. Birthplace Germany
MOTHER 14. Maiden Name Frederica Kroul
15. Birthplace Germany

16 (a) Informant Otto G. Betsch
(b) Address 4212 La Salle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (month) 12 (day) 1940 (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave
18 (a) Funeral director Howard R. Blight, Jr.
(b) Address 4914 Belair Road
19 (a) ... (b) Washington Williams Registrar

NOV 11 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940, at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940, to Nov. 10 1940, and that I last saw h e r alive on Nov. 10 1940.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Cerebral arteriosclerosis Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 11/10/40

PERSONS WRITING HEREIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74417 — 88-2045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 74417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Histerbour Rd — (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harry Kreps
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER 12. Name John Kreps
13. Birthplace Md —

MOTHER 14. Maiden Name Unknown
15. Birthplace Pa —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Rest Haven
Location Hagerstown Md
18 (a) Funeral director Hyder-Kenland
(b) Address Cleargring Md

NOV 11 1940 (Date filed with registrar) (b) Hagerstown Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940 at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1940 to Nov 10 1940, and that I last saw h alive on Nov 10 1940.

Immediate cause of death Peritonitis Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Strangulated Rt inguinal hernia
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Monroe Mason II M. D.
Address Johns Hopkins Hospital Date signed Nov 11, 1940.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

14

74418 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 95 cF 74418

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Paca St. 17-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolly Nelson

If U. S. Veteran specify WAR

(a) Residence: No. 609 N. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colrd	Wid

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5-10-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	1	29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scottsville Va

FATHER

13. NAME Charles Hoomes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Linda

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Butler
(Address) 1359 Etting

18. BURIAL, CREMATION, OR REMOVAL
Cemetery Scottsville Va Date 11-11- 19

19. UNDERTAKER William J. Jackson
(Address) 916 Pleasant ave

20. FILED NOV 11 1940 19 Registrar
VS 3 (Huntington Hillsman)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 40

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 40 to Nov 9, 19 40

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Dis of Heart	?

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F Hammond M. D.

(Address) 1020 Eager St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14-D

F 74419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Appleton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Leo Kane

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 164-05-7458

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mable Kane

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) June 16, 1893

8. AGE: Years 47 | Months 4 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Sprinkler Fitter

11. Industry or business " Union

FATHER 12. Name James J. Kane
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Sarah Page
15. Birthplace Fredrick Co. Md.

16 (a) Informant Albert Kane
(b) Address 911 N. Appleton St.

17 (a) Burial, cremation, or removal Druid Ridge (b) Date thereof Nov 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Bikesville Md

18 (a) Funeral director Roland L. Fenkler
(b) Address 612 N. Monroe St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

NOV 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8 1940 at 11.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1940, to 11/8 1940, and that I last saw h[illegible] alive on 11/8 1940.

Immediate cause of death	Duration
Asphyxiation from strangulated rupture of a chronic emphysema	10 minutes
Due to Chronic emphysema	3 wks (app.)
Due to Chronic tuberculosis	2½ yrs (app.)
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmation of above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams
Address Sinai Hospital Date signed 11/9/40 M. D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 E. York St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 1
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 E. York St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Glick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Isidore Zfass
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie ?
15. Birthplace Russia

16 (a) Informant Meyer Glick
(b) Address 25 E. York St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd.
Location Landsdowne Md.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) (Date received by Registrar) Huntington Williams, M.D.

NOV 11 1940

VS 3

MEDICAL CERTIFICATION 11.45

20. DATE OF DEATH Nov 11, 1940, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1939, to 11/11, 1940, and that I last saw her alive on 11/9/1940.

Immediate cause of death Coronary thrombosis — Duration few minutes
Due to Hypertensive heart disease with congestive failure — 9 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Samuel Morrison, M. D.
Address 1013 N. Charles St Date signed 11/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-W

F 74421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 E Clement St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM SAUER

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-05-6220

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Catherine Sauer

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Dec 27th 1911

8. AGE: Years 28 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business S. A. Williams Co.

FATHER
12. Name Frederick Sauer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Henglein
15. Birthplace Balto. Co. Md.

16 (a) Informant Frederick Sauer
(b) Address 1300 Beason st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/13/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul st

19 (a) (Date received by registrar) NOV 11 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1940 at 8:55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Laceration of right lung	
Due to Fracture, upper	
Due to same right ribs	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-9-40
(c) Where did injury occur? Brooklyn (City or town) Anne Arundel Co. (County) East (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? yes
(e) Means of injury fell 70 ft ladder

23. Signature H. G. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-12-40

VS 6

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74422 59890 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 74422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Hartford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 yrs. years

3 (a) FULL NAME David Rutley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Linnie S
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 8-31-1875

8. AGE: Years	Months	Days	If less than one day
65	2	9	hr. min.

9. Birthplace Wales (Town, county, and state)
10. Usual Occupation Retired Cable Spliceer
11. Industry or business

FATHER
12. Name Thomas Rutley
13. Birthplace England

MOTHER
14. Maiden Name Letetia Roberts
15. Birthplace Wales

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation~~, removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st
19 (a) (Date rec'd by registrar) NOV 11 1940 (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10-1940, at 8 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10-9-1940, to 11-10-1940 and that I last saw h~~im~~ alive on 11-10-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Mwagfeldstein M. D.
Address Balto City Hosp Date signed 11-11-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 74423

74423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1951 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1951 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Hunt.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: late Wm. W. Hunt
(c) If alive, give age years

7. Birth date of deceased (mo., da., yr.) Sept 6 1856

8. AGE: Years 84 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Hanley
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs Jos. Hunt (Son)
(b) Address 125 Smithwood Ave (Catonsville)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvert
Location Old Frederick Rd

18 (a) Funeral director Henry H. Withe
(b) Address 4101 Edmondson Ave

18 (c) (Date received by registrar) NOV 14 1940 (b) Huntington Wilson, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1940, at 5.9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1940 to Nov 8 1940 and that I last saw h alive on Nov 8 1940.

Immediate cause of death: Pneumonia Bronchial
Due to: Thrombosis
Due to:
Other Conditions: Arteriosclerosis Senilitis
(Include pregnancy within 3 months of death)

Duration: 15 days, 24 hrs

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Kemp M.D.
Address 711 Medical Arts Date signed 11/11/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74424

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60657 F 74424
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Hollins Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Zittle

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1870

8. AGE: Years 70 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Cohee
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (b) Date thereof NOV 12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greensboro Md
Location

18 (a) Funeral director William Cook
(b) Address 121 St Paul Streets

19 (a) (b)
(Date received by local registrar) Registrar

NOV 11 1940
Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1940, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940, to 11-10 1940; and that I last saw h.e alive on 11-10 1940

Immediate cause of death: Carcinoma of Pancreas — Duration: P.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip S. Brooks M. D.
Address Balto. City Hospitals Date signed 11-11-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74425 Registered No.

Please write plainly with pen or indelible pencil. Information about to be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Cedric Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Cedric Rd (If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late John H. Alexander | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1851

8. AGE: Years 89 | Months 0 1 | Days 13 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Andrew R. Henderson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Roxanne Rutledge
15. Birthplace North Carolina

16 (a) Informant Mrs Mary A. Johnston
(b) Address 1903 Cedric Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1940 (month) (day) (year)
(c) Cemetery or crematory Hopewell Presby. Cem.
Location Charlotte, North Carolina

18 (a) Funeral director Henry L Wittle
(b) Address 4101 Edmondson Ave Huntington Heights, Md

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Nov 11 1940, and that I last saw h[illegible] alive on Nov 10 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arterio sclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Tibbett M. D.
Address 2220 Garrison Blvd Date signed Nov 11 1940

F 74426

F 74426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 74426

Registered No. .....

Please write clearly with pen or ink. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2134 N North ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2134 N Northave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret A Lemcke.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife John H Lemcke

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4/14/1875

8. AGE: Years	Months	Days	If less than one day
65	6	26	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER 12. Name John R VanCourt

13. Birthplace Accomac - Md.

MOTHER 14. Maiden Name Johanna Maher

15. Birthplace Ireland

16 (a) Informant Mrs. Frank

(b) Address 2134 N. North ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)

(c) Cemetery or crematory Cremation

Location Baltimore

18 (a) Funeral director John J Tobey Sons

(b) Address 1218 Light St.,

NOV 12 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940 at 11:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940, to Nov. 1940, and that I last saw her alive on Nov. 6 1940.

Immediate cause of death	Duration
CARCINOMA LEFT BREAST,	
WITH METASTASIS	5 mos
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature L W Hoffman M.D. M. D.

Address 8 East Read St Date signed 11/11/40

F 74422 Gesben F 74427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Born at 19 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hosp
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4137 Fairview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Judith Gesben (Birth F 18707)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1940

8. AGE: Years | Months | Days 18 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Aaron Gesben
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Sachs
15. Birthplace Maryland

16 (a) Informant Father
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-40 (month) (day) (year)
(c) Cemetery or crematory Gesben Friendship
Location Balto & Conkling Sts

18 (a) Funeral director Jos. Sauer Inc
(b) Address 1439 E. Balto St

NOV 12 1940 (Date received by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1940, to 11/11 1940, and that I last saw h alive on 11/11 1940.

Immediate cause of death: Cardiac failure — Duration 5 hrs.
Due to Toxemia — 4 days
Due to Acute diarrhea — 2 wks
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Mary L. Sayler M.D.
Address Union Memorial Hosp. Date signed 11/11/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74428 R

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74428 Registered No. 119

Please write the information asked for below carefully and correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town ~~Baltimore~~ Rural
(If outside city or town limits write RURAL and give town)
(d) Street No. 3137 Tilden Drive
(If rural give location)
Hampden, Md.
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME David Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1940

8. AGE: Years | Months: 2 | Days: 4 1/2 | If less than one day: hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Raymond Johnson
13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden Name Dorothy Glover
15. Birthplace Los Angeles, Calif.

16 (a) Informant Raymond Johnson
(b) Address 3137 Tilden Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
Address 3415-17 Chestnut Ave

19 (a) NOV 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH (Nov 11 1940, at 4:00 AM)

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 11 1940, and that I last saw him alive on Nov 11 1940.

Immediate cause of death	Duration
Pulmonary edema & internal hemorrhage.	3 hrs.
Due to Severe diarrhoea & Dehydration.	13 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Forest C. Meade M. D.
Address Mercy Hospital Date signed Nov 11, 40

Ex. for Female 1962 yr.

F 74429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-31-40 74429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Falls Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Falls Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura V. Yeagle.
3 (b) If veteran, name War
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. married.
6 (b) Name of husband or wife George W. Yeagle
6 (c) If alive, give age 76. years
7. Birth date of deceased (mo., day, yr.) July 18, 1866
8. AGE: Years 74 Months 3 Days 4 If less than one day hr. min.
9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Samuel Stansbury.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant George W. Yeagle.
(b) Address 4304 Falls Road.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville
18 (a) Funeral director Leonard F. Donovan
(b) Address 3615-17 Gwynn Ave Huntington Williams, Inc.

NOV 12 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9. 1940. at 8 30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Nov 9 1940
and that I last saw h[illegible] alive on Nov 9 1940
Immediate cause of death Arterio-sclerosis Cardio Myocarditis and Chronic Nephritis
Duration 2 yrs.
Due to
Due to
Other Conditions Cerebral Hemorrhage
2 mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Leonard F. Donovan M.D.
Address 3615 Gwynn Ave Date signed 11/11/40

VS 3

correct age is especially important. Physicians: please write

F 74430 30703 Js

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 74430 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Rutland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Johnson

3 (b) If veteran, name war.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1884

8. AGE: Years	Months	Days	If less than one day
56	10	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ignactious Farmer
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Jemson
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 13/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto. Co.

18 (a) Funeral director Carmen Sanders
(b) Address 1412 E Preston St

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

NOV 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9-1940, at 9 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6-1940 to 11-9-1940 and that I last saw h-r alive on 11-9-1940

Immediate cause of death Cardiac failure

Due to Rheum. Ht. Dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kolb M. D.
Address Balto City Hosp Date signed 11-11-40

Please write the causes of death clearly and legibly. Physicians: please correct if especially important. Information is currently supplied. The

F 74431

38696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 74431 Registered No.

Correct age is especially important. Physicians: please write the cause of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 W. 28th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Mae Lofton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-14

8. AGE: Years	Months	Days	If less than one day
26	5	9	hr. min.

9. Birthplace N. Car (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Eddie Lofton
13. Birthplace N Car -

MOTHER
14. Maiden Name Mary Arbuckle
15. Birthplace N Car -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12/1940 (month) (day) (year)
(c) Cemetery or crematory Shipped
Location Goldsboro N. C

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 NOV 12 1940 (Date received by Registrar) (b) [illegible] Williams, M.D. Registrar

V8-8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940, at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to Nov 10 1940, and that I last saw h[illegible] alive on Nov 10 1940

Immediate cause of death
Uremia
Due to malignant nephrosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same

Duration
Three months
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed Nov. 11, 1940

F. 74432

COK

56898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

304

Registered No. F 74432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Rosalie Slade

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1913

8. AGE: Years	Months	Days	If less than one day
27	7	12	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John Slade
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Larey
15. Birthplace N. C.

16. (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Burial 11/14/40
Location Washington, N. C.

18 (a) Funeral director Chas. H. Alexander
(b) Address 1200 McCulloh St.

19 NOV 12 1940 (b) Registrar's signature
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10- 1940 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1940, to 11-10- 1940 and that I last saw h[illegible] alive on 11-10- 1940

Immediate cause of death Cardiac Failure — Duration ?
Due to Syphilitic Ht. Dis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underling the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 11-11-40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

74433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 S. Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1010 S Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNA C. FISHER

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 20, 1859

8. AGE: Years 81 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired Governess

11. Industry or business

FATHER
12. Name John Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Lohnau
15. Birthplace Germany

16 (a) Informant Mrs. Chas. F. Godwin
(b) Address 626 Wicklow Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) (Date received by local registrar) (b) Registrar

NOV 12 1940

Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 10 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to:

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no

Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.

Date signed 11-13-40

F

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 74434

COK 34655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lorena Steele

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1862

8. AGE: Years	Months	Days	If less than one day
78	6	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Abram England
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director Wm. J. Dickman, Sons
(b) Address North & Ha. Ave.

19 (a) Huntington Williams, M.D.
(Local registrar) Registrar

NOV 12 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1938 to 11-9- 1940 and that I last saw h-- alive on 11-9- 1940

Immediate cause of death Cardiac failure — Duration ?

Due to 9-5. Hyt. Dis. — Duration ?

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 11-10-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

Walch

74435 BALTIMORE CITY HEALTH DEPARTMENT 186-N 74435

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Walch

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Florence Walch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20-1886

8. AGE: Years	Months	Days	If less than one day: hr.	min
54	5	19		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business U.S. Marine Hospital

FATHER
12. Name John. Walch
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bertha Grantmann
15. Birthplace Balto. Md.

16 (a) Informant Florence Walch
(b) Address 1541 N. Patterson Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12-40 (month) (day) (year)
(c) Cemetery or crematory Immanuel Evangl. Location Grindon Lane

18 (a) Funeral director Jas. H. Valentine
(b) Address 2326 Aisquith St.

NOV 12 1940 (Date rec'd by registrar) (b) Filing Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1940, at 2.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture - skull; cerebral concussion & subarachnoid	
Due to Hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/8/40
(c) Where did injury occur? Marine Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fall Medical Examiner

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 11-8-40

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c F 74436 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Taken
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Mrs~~ HALL Eugene Brown
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	~~Married~~

6 (b) Name of husband or wife Jennie Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 1883

8. AGE: Years	Months	Days	If less than one day
57	1		hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Jacob F. Brown
13. Birthplace Md

MOTHER
14. Maiden Name Alice Flater
15. Birthplace Md

16. (a) Informant ~~Mrs~~ Jennie Brown
(b) Address 2939 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-40 (month) (day) (year)
(c) Cemetery or crematory Ashbury Cem.
Location Reisterstown Md
Funeral director Frank H Seitz
(b) Address 814 W 36 St

19 (a) NOV 12 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940 at 8½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death
Fractures, skull & both legs
Intracranial hemorrhage
Laceration of intestines
Evisceration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/7/40
(c) Where did injury occur? Washington St & North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by automobile

23. Signature W. H. Candelmeyer Medical Examiner M.D.
Date signed 11/9/40

F 74437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 S. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 S. Wolfe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50Yrs. years

3 (a) FULL NAME Kazmierz) Casimir Rakowski

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1863

8. AGE: Years 77 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ignatius Rakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Katherine Rakowski
(b) Address 424 S. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 NOV 12 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at 4pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to Nov 1940, and that I last saw h... alive on Nov 9 1940

Immediate cause of death: Myocardial Failure — Duration: —

Due to: Senility — Duration: over

Due to: Asthma — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo T. Kulacke M. D.
Address 176 S. Patterson Park Ave Date signed Nov 11/40

If any item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 74438 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution: Levindale Home 30 min
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13d
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAULINE JACOBY

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Samuel Jacoby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Rubin Jandorf,
13. Birthplace Germany

MOTHER 14. Maiden Name Sallie Cohen
15. Birthplace Balto. Md.

16 (a) Informant Mr. H. Reinberg
(b) Address Rochester Cohen & Gotb.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 NOV 12 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 1 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture of 3rd cervical vertebra	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 10, 1940
(c) Where did injury occur? Greenspring Ave & Belvedere (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Collision of two autos

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 11-10-40

F 74439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Robert st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Robert st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M.

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Zula E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1878

8. AGE: Years 62 | Months 2 | Days 2/30 | If less than one day hr. min.

9. Birthplace Haymarket Va
(Town, county, and state)

10. Usual Occupation Private Janitor

11. Industry or business " Family

FATHER
12. Name Edward Harris
13. Birthplace Virginia

MOTHER
14. Maiden Name Mildred Baker
15. Birthplace Virginia

16 (a) Informant Mrs. Virginia Colona
(b) Address 304 Robert St.

17 (a) Burial (b) Date thereof 11/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Hunting Town Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1940 at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 11/9/40

Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

74440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1. ft

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernice Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gaylord Harris
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 12-28-1911

8. AGE: Years 24 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business

FATHER
12. Name Howard Barrett
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susie Thomas
15. Birthplace Wash. D.C.

16 (a) Informant Susie Yarney
(b) Address 1511 E. Madison St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annearundel Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 1900 Druid Hill Ave

19 (a) (Date rec'd by registrar) Huntington Williams (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1940, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1940 to 11/10 1940 and that I last saw h-r alive on 11-9 1940

Immediate cause of death Pulmonary Tuberculosis — Duration apprx 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Brown

Address 1500 E. Madison St Date signed 11/11/40

Rayner Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE 74441

F 74441

CERTIFICATE OF DEATH √159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME DOROTHY VIRGINIA SLATER

If U. S. Veteran specify WAR .....

(a) Residence: No. 426 E. EAGER ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 5, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Steward Paul Slater

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Noel

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Steward Paul Slater
(Address) 426 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathews Date Nov. 12, 1940

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Gruenmount Ave.

20. FILED ..... 19... by ..... Registrar.

NOV 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1940 √

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1940 to November 11, 1940

I last saw her alive on November 11, 1940 Death is said to have occurred on the date stated above, at 12.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Bronchopneumonia	11/10/40

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Kennard Gaye M. D.

(Address) Volunteer's of America Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

74442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 F 74442 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Windsor Mill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Frederick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-5

3 (a) FULL NAME Charles Hopkins Knight

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lora Mills Knight
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 30 1873

8. AGE: Years	Months	Days	If less than one day
67	—	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name Octavius O Knight
13. Birthplace Balto Md

MOTHER
14. Maiden Name Laura V. Hopkins
15. Birthplace Balto Md

16 (a) Informant Mrs. L. Knight
(b) Address 2521 Frederick Ave Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Bernard Hoffman
(b) Address 2224 N. Charles St.

19 (a) NOV 12 1940 (b) Huntington Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10th 1940 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on Nov 10 19 40.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hr
Due to Arteriosclerosis	?
Due to	
Other Conditions Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Klemmer M. D.
Address 687 Mosher Ave Date signed Nov 11 40

N. L. Wollenweber M.D.
Asst. Med. Examiner for Balto City

74443 (Copy)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 74443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DFT
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street, No. 603 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH SYKES

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Southhampton Co Va (Town, county, and state)

10. Usual Occupation Sailor
11. Industry or business Farming Pt pd

FATHER
12. Name James Robt Sykes
13. Birthplace Southampton Co Va

MOTHER
14. Maiden Name Mary Sykes
15. Birthplace So Hampton Co Va

16 (a) Informant Emma R. Sykes
(b) Address 140 S. Ft Portsmouth Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13-1940 (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Virginia

18 (a) Funeral director Robt E. Williams
(b) Address 1515 McElderry St

19 (a) NOV 12 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7th 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of chest.
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Nov. 7, 1940
(c) Where did injury occur? alley at 1508 McElderry St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Another - shot during argument
23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The F... NK. ...ADING INK.

74444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46-D

F 74444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 N. Luzerne ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N Luzerne ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Kaminski

3 (b) If veteran, name war: Nor
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank Kaminski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months - | Days - | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Tomaszewski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Frank Kaminski
(b) Address 208 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozmentas
(b) Address 1930 Eastern Ave

NOV 12 1940 (Date rec'd by registrar)
(a) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940 at 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1940 to Nov. 10 1940 and that I last saw h-er alive on Nov 10 1940.

Immediate cause of death: Carcinoma of Rectum — Duration: 2 Years
Due to: Generalized metastasis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John J. Kraczyk M. D.
Address 2017 Eastern Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 74445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Eastern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas P. Dougherty

3 (b) If veteran, name war —

3 (c) Social Security Account No: 213-16-6467

4. Sex	5. Color or race	6 (a). Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie B. Dougherty
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Apr. 1 - 1902

8. AGE: Years	Months	Days	If less than one day
38	6	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Attorney at Law

11. Industry or business

FATHER
12. Name Thomas P. Dougherty
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary McDonough
15. Birthplace Baltimore Md

16 (a) Informant Rosalie Dougherty
(b) Address 2246 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pistone
(b) Address 281 S E. Baltimore st

19 (a) Nov 12 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10-1940 at 7 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 11-10-40

VS 6

correct ... especially important. Physicians: please ... the causes of death clearly and legibly.

F-74446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 E Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1317 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alan Russell Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-2360

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5, 1921

8. AGE: Years 19 Months Days If less than one day hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Russell Mitchell

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Ethel Minor

15. Birthplace Richmond Va

16 (a) Informant Ethel Mitchell

(b) Address 1317 E. Monument St

17 (a) Burial (b) Date thereof November 13, 1940
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Carrollton Ave

(c) [illegible] (b) Huntington, Williamsport, Md

NOV 12 1940
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1940 to 11-10 1940 and that I last saw him alive on 11-9 1940.

Immediate cause of death Tubercular pneumonia
2 dry pleurisy — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.

Address 1500 E. Madison St Date signed 11/11/40

Rayner Browne

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 74447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4605 Vogts Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Vogts Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Edward Vogt

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	216-16-5278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1869

8. AGE: Years	Months	Days	If less than one day
71	0 10	29	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Retired

FATHER
12. Name Albrecht Vogt
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Gamm
15. Birthplace Germany

16 (a) Informant Mr. Leonard A. Vogt
(b) Address 4605 Vogts Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

NOV 12 1940 (a) Filed by Registrar [signature] Registrar
(b) Registered by [signature]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940, to Nov 10 1940, and that I last saw [illegible] alive on Nov 9 1940

Immediate cause of death Carcinoma 5 stomach — Duration 8 mo

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Hundley M. D.
Address 4710 Belair Rd. Date signed Nov 11/40

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

74448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 74448 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3310 Rose Kemp Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Rose Kemp Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis H. Ditman

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Cleade Davis Ditman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1877

8. AGE: Years	Months	Days	If less than one day
63	7	0	hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Baltimore Post Office

FATHER
12. Name Lewis Ditman
13. Birthplace Carroll Co. Maryland

MOTHER
14. Maiden Name Martha E. Rosenberger
15. Birthplace Carroll Co. Maryland

16 (a) Informant Mrs. Cleada D. Ditman
(b) Address 3310 Rose Kemp Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory Deer Park Methodist
Location Smallwood Carroll Co. Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) Filed by registrar Washington Williams Registrar

NOV 12 1940
VS 8

MEDICAL CERTIFICATION A

20. DATE OF DEATH November 11th 1940, at 11.35M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1940, to Nov. 11 1940, and that I last saw HIM alive on Nov. 11 1940.

Immediate cause of death	Duration
Hypertension	over 5 years
Cardio-vascular disease	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature George Dennings, Jr. M.D. M. D.
Address 4716 Harford Rd. Date signed 11/11/40

F 74449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

Registered No. F 74449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 147 N. Milton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 147 N. Milton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Barthel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Late Anna Engel Barthel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1870.

8. AGE: Years	Months	Days	If less than one day
69	10	28	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Phillip Barthel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Leonard Pilkerton, (Daughter)
(b) Address 147 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13/40. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Harry F. Kutzler
(b) Address 4101 Edmondson Ave.

19 NOV 12 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10th 1940, at 5:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7th 1940 to Nov 10th 1940 and that I last saw h— alive on Nov 10th 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	1
Due to Arteriosclerosis	8
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Tankersley M. D.
Address 1192 N. Milton Ave Date signed 11/11/40

Correct age if especially important. Physicians: please write the causes of death clearly and legibly.

F 74450 XV F 74450

F 74450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-F

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Woodstock
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME
Mr. Charles M. Brennan - S.J.

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4/23/10

8. AGE: Years	Months	Days	If less than one day
30	6	18	..... hr. ..... min.

9. Birthplace New York City
(Town, county, and state)
10. Usual Occupation Student. (Religous)
11. Industry or business

FATHER
12. Name Charles Brennan
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Carroll
15. Birthplace U.S.A

16 (a) Informant Husband
(b) Address Woodstock. Md.

17 (a) Burial (b) Date thereof Nov 13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodstock Cem
Location Balto Co
18 (a) Funeral director Bernard C Hasle
(b) Address 121 E West St
19 (a) Filed (year) (b) Registrar Huntington Williams, M.D.

NOV 12 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1940, at 10:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 .., to 11-10 1940, and that I last saw him alive on 11-10 1940.

Immediate cause of death	Duration
Lymphosarcoma	4 months
Due to	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Edward L. J. Kane M.D.
Address Bon Secours Hosp Date signed 11-10-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74451 DH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D

F 74451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph George

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1886

8. AGE: Years 54 | Months 9 11 | Days 10 20 | If less than one day ... hr. ... min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Market place

FATHER
12. Name Jim George
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 12 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 12 1940 (Date rec'd by registrar) Registrar

6028

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-1940 at 8:50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2-1940 to 11-4-1940 and that I last saw h alive on 11-4-1940

Immediate cause of death	Duration
Lung abscess	
Due to Ca of Lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ... M. D.
Address Balto City Hosp Date signed 11-11-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FD 46152

F 74452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

✓ F 74452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 3mo. 29dys.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 W. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Scipio Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 149-05-9854

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-1878

8. AGE: Years	Months	Days	If less than one day
62	3	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation waiter
11. Industry or business

FATHER
12. Name Richard Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Goldsborough
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 12 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) NOV 12 1940 (b) Filed by Huntington Williams, M.D.
(Date rec'd by registrar)

6029

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1939, to 11-1- 1940, and that I last saw h[illegible] alive on 11-1- 1940.

Immediate cause of death	Duration
Carcinoma Jejunum	P
Due to A-S Nt. Dis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 11-11-40

F 74453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74453

Please write the causes of death clearly and legibly. Information should be carefully supplied. Items correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Emmitsburg (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Asen McPherson
FATHER 13. Birthplace ?
MOTHER 14. Maiden Name ?
MOTHER 15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1940 (month) (day) (year)
(c) Cemetery or crematory Emmitsburg, Md.
Location Maryland

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Fayette St.

19 (a) Filed NOV 12 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 11a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1- 1940, to Nov 11- 1940. and that I last saw her alive on Nov 10- 1940.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to Arterio Sclerosis	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Gill Hall M. D.
Address 1631 E North Ave Date signed 11/12/40

F-74454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182

F-74454
Registered No.

Type or print. Entry made of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Dover St
(c) Hospital or institution:
U of M Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Dover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosemarie Ohl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) M-23

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Nun

11. Industry or business

FATHER 12. Name Edward Ohl

13. Birthplace Ohl

MOTHER 14. Maiden Name Edna Singer

15. Birthplace Bells

16 (a) Informant Edna Ohl

(b) Address 1803 Dover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13th 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director Leo D. Crook

(b) Address 1701-03 N. Patt Park Ave

(Date received by registrar) NOV 12 1940 (Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940, at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia by bed clothes	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/12/40
(c) Where did injury occur? 1803 Dover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Covered - bed clothes

23. Signature Huntington Williams M.D.
Medical Examiner
Date signed 11/12/40

F 74455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119 aF 74455 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write carefully. All items are important. Please see that no item is carelessly supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Work Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

542

3 (a) FULL NAME Albert B Jordan Jr

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 - 1940

8. AGE: Years | Months: 1 | Days: 20 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Albert Jordan
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ruth Cooksey
15. Birthplace Balto Md

16 (a) Informant Albert Jordan
(b) Address 25-28 Work Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location

18 (a) Funeral director Edward Toulson
(b) Address 219 Work Blvd.

19 (a) NOV 12 1940 (month, day, year) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1940 to 11-11 1940, and that I last saw h(im) alive on 11-10 1940.

Immediate cause of death: Enteritis — Duration: 2 days

Due to: Diarrhea — 1 week

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R W Williams M. D.
Address Univ. Hosp Date signed 11-11-40

VS 3

F 74456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 74456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address HOME HOFFMAN NURSEING
(c) Hospital or institution: Old Fr-Ha-Falls Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M.D. (b) County BALTO.
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Somerset St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beaty - Mrs. Sarah Katherine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John BEATY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-28-1865

8. AGE: Years 74 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace BALTO MD. (Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER 12. Name UNKNOWN

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant CARLINE BEATY

(b) Address 3807 GLENMORE AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-13-40 (month) (day) (year)

(c) Cemetery or crematory PARKWOOD

Location

18 (a) Funeral director Leonard J Rinck

(b) Address 6300 Harford Road

19 (a) (Date received by registrar) Herrington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1940, to Nov. 11 1940, and that I last saw her alive on Nov 8 1940.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to:	
Due to:	
Other Conditions: Cystitis Depressum	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Tuttereman M. D.

Address 2324 Reisterstown Rd Date signed 11/12/40

Physicians: please write the causes of death clearly and legibly. Spelling important. Information should be carefully supplied.

F 74457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 F 74457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 White Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK KAUFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-10-7485

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-1904

8. AGE: Years	Months	Days	If less than one day
37	-	13	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation General Work

11. Industry or business

FATHER 12. Name Frank Kaufman

13. Birthplace Md

MOTHER 14. Maiden Name Florence Harrington

15. Birthplace Md

16 (a) Informant Florence Kaufman

(b) Address 3301 White Ave

17 (a) Burial (b) Date thereof 11/14/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Pikesville

Location Baltimore Md

18 (a) Funeral director Sanford Myers

(b) Address 3 Huntington Williams, Md

19 (a) 12 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11th 1941, at 9 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Status epilepticus — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.

Date signed 11-11-41

VS 6

NG INK. Every item of information should be carefully supplied. The
s: please write the causes of death clearly and legibly.

F 74458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 74458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Simon (60107)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1881

8. AGE: Years	Months	Days	If less than one day
59	2	10	hr. min.

9. Birthplace S. Car.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Simon
13. Birthplace ?

MOTHER
14. Maiden Name Harriet ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Park
Location Laurel Md

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1310 Light St

19 (a) NOV 12 1940 Washington Nilli

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1940, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15, 1940 to Nov. 4, 1940, and that I last saw him alive on Nov. 4, 1940

Immediate cause of death Tuberculosis of lungs — Duration May 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence M. Lerra M. D.
Address Balto. City Hospitals Date signed 11-4-40

Please write the causes of death clearly and legibly. Supply all items if information is available. Typewriting important. Physicians: please write carefully and supply all information requested.

7445.9 40627 MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-D

Registered No. 74459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aveme
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 506 N. Howard Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Coylie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/1873

8. AGE: Years	Months	Days	If less than one day
67	4	1	hr. min.

9. Birthplace Conn.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Coylie (d)
13. Birthplace Mass.

MOTHER
14. Maiden Name Annie Greging (?)
15. Birthplace Mass.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)
(c) Cemetery or crematory Loyola Memorial Park Co.
Location Govans Md. Baltimore Co. Md.

18 (a) Funeral director John J. Fahey Sons
(b) Address 1218 Druid Hill Ave.
(Signature and address of undertaker)

NOV 12 1940
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7 1940, at 4:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1940 to 11/7 1940, and that I last saw him alive on 11/6 1940.

	Duration
Immediate cause of death: Carcinoma of the penis & metastases	2 yrs.? 1 wk
Due to: Uremia	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 11/7/40 M. D.

VS 8

Spec.—1-13-39—M&T—600 Blks.

74460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74460

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Bayonne Ave ST. 26 1 WARD)

2-FULL NAME ~~Baltimore~~ Baby Steele

(a) RESIDENCE NO. 4214 Bayonne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/9/40

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Albert R. Steele

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Iona Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fortino N.C.

14 Informant Mrs. Ann Fellenbaum

(Address) 4214 Bayonne Ave.

15 NOV 12 1940 Registrar

6026

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9 1940

17 I HEREBY CERTIFY, That I attended deceased from 11/9 1940, to 11/9 1940, that I last saw h alive on 1940, and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Spontaneous abortion

5 1/2 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1256 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY MEDICAL SCHOOL — DATE OF BURIAL: NOV 12 1940

20 UNDERTAKER Commissioner of Health — ADDRESS

Per H. A. Moore

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state what it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

74461
38263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 74461

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Staten

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-81

8. AGE: Years 59 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cabinet maker

11. Industry or business

FATHER 12. Name Louis Staten
13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Williams
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location MARYLAND MEDICAL SCHOOL NOV 12 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore,

19 (a) NOV 12 1940 (Registrar) Washington Nilliamsport 6035

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Nov 9 1940. and that I last saw h[illegible]alive on Nov 9 1940.

Immediate cause of death	Duration
Emaciation Cancer Bile ducts and liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Cancer bile ducts and liver
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Pearrell M. D.
Address [illegible] Date signed 11.10.40

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The [illegible] especially important. [illegible] supplied.

74462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-e

Registered No. E 74462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1hr. 30mm

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Gilford Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 18, 1940

8. AGE: Years	Months	Days	If less than one day
		4	1 hr. 30 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Gilford Williams
13. Birthplace La.

MOTHER
14. Maiden Name Vashti Valentine
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL NOV 12 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 NOV 12 1940 (Date rec'd by registrar) Huntington Williams Registrar

6084

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 6 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 22 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death	Duration
Hemorrhage in disease	
Due to By postoperative hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Williams M. D.
Address Johns Hopkins Date signed 11-7-40

74463
387453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 74463

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Mosher
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Barnes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-40

8. AGE: Years	Months	Days	If less than one day
	3	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Laurence Barnes
13. Birthplace Md

MOTHER
14. Maiden Name Ruth Myleo
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL NOV 12 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) NOV 12 1940 (Date rec'd by Registrar) Huntington Williams M.D. 16633

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1940, at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1940, to Nov 8 1940 and that I last saw her alive on Nov 8 1940.

Immediate cause of death	Duration
Staphylococcal septicemia	1 wk.
Due to (focus unknown)	
Due to	
Other Conditions Flexner dysentery (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 11-9-40 M.D.

Please write the causes of death clearly and legibly. Physicians: please write as especially important. Physicians: please write the causes of death clearly and legibly. The

Born at Volunteers Hosp

74464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a ✓

Registered No. 74464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 S. Eagert St
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter D. Page (Birth T-18233) ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
Nil	Nil

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26 1940

8. AGE: Years	Months	Days	If less than one day
X		16	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Walter D. Page
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Audrey R. Adams
15. Birthplace Baltimore Maryland

16 (a) Informant Walter Page - Father
(b) Address 3711 - Wilkens Ave

17 (a) Burial (b) Date thereof 11-12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eastern Ave

19 NOV 12 1940 Washington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1940 to 11-12 1940, and that I last saw him alive on 11-11 1940.

Immediate cause of death	Duration
Diarrhea, infantile	5 days
Due to	
Due to	
Other Conditions Dehydration, malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Gibbons M. D.
Address So. Balto. General Hospital Date signed 11-12-40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Pennell

F 74465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5618 Belair Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Pennell

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-14-0608

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced.~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 '21

8. AGE: Years 19 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Ohio (Town, county and state)

10. Usual Occupation Laborer, Laboratory Supplies

11. Industry or business Evaporator

FATHER 12. Name Melvin Pennell

13. Birthplace Ohio

MOTHER 14. Maiden Name Minnie McClintock

15. Birthplace Ohio

16 (a) Informant Home

(b) Address 1301 Woodbourne Ave

17 (a) Burial (b) Date thereof 11/13/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ St Mathews

Location Balto Md.

18 (a) Funeral director Williams Cook Co

(b) Address 1625 E. Fayette St

NOV 13 1940 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1940 at 2.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1940 to 11-11 1940 and that I last saw h er alive on 11-11 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hours
Due to Thrombocytopenic purpura	4 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abner Willen M. D.

Address Sinai Hospital Date signed 11-11-40

Please write the causes of death clearly and legibly. Physicians: Please write the causes of death clearly and legibly. The ~~certificate~~ ~~must~~ be carefully supplied.

V

F 74466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V94-a

F 74466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Bernard Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Bernard Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES HENRY ARNOLD

3 (b) If veteran, name war None
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Virginia T Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1873

8. AGE: Years 67 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business City

FATHER 12. Name Charles H Arnold
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant George F Arnold
(b) Address 1564 Abbotson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 13 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Baltimore Md

18 (a) Funeral director Pulhorn Co
(b) Address 1211 E Pratt St

NOV 13 1940 (Registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 19 40, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above:

Immediate cause of death Coronary occlusion — Duration

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 11-12-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 F 74467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3820 Milford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3820 Milford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth (Daisy) T Coleman

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William H Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1865

8. AGE: Years 75 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Unknown
15. Birthplace Unknown

16 (a) Informant William H Coleman
(b) Address 3820 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Ervin
(b) Address 1211 E Fayette

19 (a) (Date received by Registrar) By Huntington Williams M.D.

NOV 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 8:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940 to 11-12 1940 and that I last saw her alive on 11-11 1940.

Immediate cause of death Cerebral Vasc. Accident | Duration 5 days
Due to Hypertensive Cardio Vasc Disease
Due to Arteriosclerotic Cardio Vasc Renal
Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos G Abbott M. D.
Address 4509 Liberty Heights Ave Date signed 11-12-40

If death occurred in a hospital or institution, please write the causes of death clearly and legibly. Physicians: please write as especially important. The

74468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 74468 Registered No.

Please write the causes of death clearly and legibly. The ... carefully supplied. Physicians: please ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) **FULL NAME** Frank Raimondi

3 (b) If veteran, name war. | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 10/24/40

8. AGE: Years | Months | Days 18 | If less than one day 19 hr. 26 min.

9. Birthplace Balto Md — (Town, county, and state)

10. Usual Occupation — }
11. Industry or business — } none

FATHER 12. Name Joseph Raimondi
13. Birthplace

MOTHER 14. Maiden Name Mary Brocato
15. Birthplace Balto. Md.

16 (a) Informant Joseph Brocato
(b) Address 3801 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 13 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W Zerega
(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) NOV 13 1940 (b) Huntington Williams, M.D.

VS 3.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1940, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1940, to 11/12 1940, and that I last saw him alive on 11/12 1940.

Immediate cause of death	Duration
Premature &	18-19 days
Due to Mal-Spec of Heart	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Rd. Bed M. D.
Address Mercy Hospital Date signed 11/12/40

F 74469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 74469 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 99 Vagrant 1801 Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Harry Fisher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1887

8. AGE: Years 53 | Months - | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business -

FATHER 12. Name John M. Fisher
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Margaret Colburn
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Joseph F. Fisher
(b) Address 1751 Carswell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4301 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hanover St. Huntington Williams, Md.

19 (a) NOV 13 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1940 at 1:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Vanderhoof M.D. Medical Examiner.

Date signed 11/12/40

F. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 74470 Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write all items of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4812 Haddon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

2641

3 (a) FULL NAME Anna Seasholtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jesse Seasholtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1864

8. AGE: Years	Months	Days	If less than one day
75 76	11	13 14	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Wilhelm Landsburg
13. Birthplace Germany

MOTHER
14. Maiden Name Thelka --------
15. Birthplace Germany

16 (a) Informant W. Spaulding Albert
(b) Address 5 E. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co Md

18 (a) Funeral director Harry A. Amacost
(b) Address 4204 Ridgewood Ave

19 (a) [illegible] Huntington Williams

NOV 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31 1938 to Nov. 12 1940, and that I last saw her alive on Nov. 12 1940.

Immediate cause of death 1) Cerebral Sclerosis
Heart disease — Duration 5 yrs. ?
Due to
Due to
Other Conditions Tertiary Syphilis (2) - with central neuritis following
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts Date signed 11/13/40

F 74471

74471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 e Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address York Road & Gittings Ave
(c) Hospital or institution Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Gerson Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Edward J Geis

3 (b) If veteran, name war

3 (c) Social Security Account No. 213 09 9468

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mildred N. Geis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 5 - 1891

8. AGE: Years 49 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Guessing Supplies

FATHER 12. Name Frank A. Geis

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary M Codori

15. Birthplace Penna

16 (a) Informant Bernard Valentine Geis

(b) Address 2900 Garrison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. J. Braun & Son Inc.

(b) Address 118 W. Mt. Royal Ave.

NOV 13 1940 (Date rec'd by registrar)

(c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940, at 5:25 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture Transverse Fracture of neck	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/12/40
(c) Where did injury occur? York Rd at Gittings Ave (City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Thrown against Truck pylon

23. Signature H B Vandegrift M.D. Medical Examiner.

Date signed 11/12/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74472 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 74472

J 48-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Roland Ave. 43-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Effie E. Bryant.

If U. S. Veteran, specify WAR.

(a) Residence: No. 3419 Roland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Bryant

6. DATE OF BIRTH (month, day, year) Oct 16 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Francis Yingling.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Estella Deacon.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George H. Bryant.

(Address) 3419 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Nov 14, 1940

19. UNDERTAKER Chamberlain & Donovan

(Address) 3615-17 Eastern Ave.

NOV 13 1940 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to Nov. 11, 1940

I last saw her alive on Nov 11, 1940 Death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jules Gilbert M. D.

(Address) 848 W. 36th St.

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83

F 74473 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as carefully as possible. The information is especially important. Physicians: please write as carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Homewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Homewood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES H. FACKNER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louise E. Fackner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 12, 1866
8. AGE: Years 74 | Months 0 | Days 29 | If less than one day hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Designer-Men's Clothing
11. Industry or business Retired

FATHER
12. Name Zachary Fackner
13. Birthplace Unknown

MOTHER
14. Maiden Name Peninna Gass
15. Birthplace Unknown

16 (a) Informant Mrs. Louise E. Fackner
(b) Address 2123 Homewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) NOV 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1940, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940 to Nov 11 1940, and that I last saw h. alive on Nov 11 1940

Immediate cause of death: Cerebral Hemorrhage, Left Hemiplegia — Duration

Due to: Arteriosclerosis

Due to: Hypertension

Other Conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ✓
(b) Date of occurrence: ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury: ✓

23. Signature F. J. Sturla M. D.
Address 1106 E. Northern Date signed Nov 12, 40

F 74474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 24071

Please write the causes of death clearly and legibly. The age is especially important. Physicians: please write carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hospt.
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (~~yrs.~~, mos., ~~or days~~) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 S. Pulaski
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Mary Murry

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1940

8. AGE: Years	Months	Days	If less than one day
0	4	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Charles E. Murry, Jr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hilda I. Albin
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Charles E. Murry, Jr.
(b) Address 509 Pulaski Street

17 (a) Burial (b) Date thereof 11/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

NOV 13 1940
(Date rec'd by registrar)

19 (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1940, to Nov 12 1940, and that I last saw h~~er~~ alive on Nov 12 1940.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Baumenthal M. D.
Address W B M H Date signed 11-12-40

V8 3

F 74475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 74475 Registered No.

Please write clearly, item of information should be carefully supplied. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Pontiac Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Huber

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-9830

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1894

8. AGE: Years 46 | Months - | Days 29 | If less than one day hr. min.

9. Birthplace Brooklyn, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Huber

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Maggaret Meek

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Maggaret Mehrling

(b) Address 416 Pontiac Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn, Maryland

18 (a) Funeral director William M Mareck

(b) Address 715 Light St.

19 (a) Filed by registrar Nov 13 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 9:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of chest Fractures of both bones of both legs	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/10/40
(c) Where did injury occur? Stoney Creek Rd Anne Arundel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury getting out of car - struck by automobile

23. Signature [illegible] M.D. Medical Examiner.
Date signed 11/12/40

74476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 74476 Registered No.

Write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 22d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE CITY
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 PARK AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME SARAH JAY PARKER

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex: Female | 5. Color or race: WHT. | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) JUNE 19, 1876

8. AGE: Years 64 | Months 4 | Days 24 23 | If less than one day ____ hr. ____ min.

9. Birthplace ANNAPOLIS, MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name COMM. F. A. PARKER
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name CAROLINE DONALDSON
15. Birthplace MARYLAND

16 (a) Informant Mrs Winder
(b) Address 2703 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1940 (month) (day) (year)
(c) Cemetery or crematory Naval Academy Cem
Location Annapolis Md

18 (a) Funeral director H. Jenkins & Son Co
(b) Address Orchard & McCulloh St

19 (a) (Date) (b) Received by registrar Huntington Williams MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 5 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to Nov 12 1940, and that I last saw her alive on Nov 12 1940.

Immediate cause of death: PERIPH. VASC. COLLAPSE — Duration: 2 DAYS

Due to GEN. CARCINOMATOSIS — 3 YRS

Due to CARCINOMA OF RECTUM — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy CARCINOMA OF RECTUM

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray L. Johnson
Address Union Memorial Hospital Date signed 11-12-40 M. D.

F 74477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-3

F 74477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Mos. 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Margaret Plunkett
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Thomas Plunkett
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 19, 1874

8. AGE: Years	Months	Days	If less than one day
66	7	23	-- hr. -- min.

9. Birthplace N. Y. City (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Kennedy
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Butler
15. Birthplace N. Y. City

16 (a) Informant Thomas Plunkett
(b) Address 1001 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Calvary
Location Long Island City, N. Y.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (Date received by registrar) NOV 13 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12, 1940, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1940, to 11/12 1940 and that I last saw h[illegible] alive on 11/12 1940.

Immediate cause of death	Duration
Carcinoma of Tongue with general melanosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm A. Moore M. D.
Address St Agnes Hosp Date signed 11/12/40

VS 2 Via Pennsylvania Railroad Escort Mr. Thomas Plunkett

74478 JS 60575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 74478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 930 Morris St. Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Morris St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Burbage

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-?-1891

8. AGE: Years	Months	Days	If less than one day
49	0	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Burbage
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Lolloway
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11. 14. 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pedonia ave

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

NOV 13 1940

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1- 1940, to 11-9- 1940 and that I last saw her alive on 11-9- 1940.

Immediate cause of death	Duration
Pulmonary edema resulting from	12 hrs.
Due to Diabetes mellitus	?
Due to Syphilitic Heart Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-12-40

74479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 E 74479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W Lemberg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-1

3 (a) FULL NAME CHARLES SAMPLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-1897

8. AGE: Years	Months	Days	If less than one day
43	2	2	hr. min.

9. Birthplace Cape Charles Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Loyd Sample
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Louise Howell
(b) Address 641 W. Franklin St

17 (a) Burial (b) Date thereof 11-14-40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

(c) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 5 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, 2nd & 3rd degree, face & body	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 10, 1940
(c) Where did injury occur? 658 W Lemberg St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury home apart - conflagration
23. Signature H L Williams M.D. Medical Examiner.
Date signed 11-11-40

Nov 13 1940

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 74480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 74480 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw + Lanvale Sts
(c) Hospital or institution:
Altamont Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write RURAL and give town)
(d) Street No. 549 W. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

11-4

3 (a) FULL NAME Leroy A. Hisely

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Doris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1894

8. AGE: Years	Months	Days	If less than one day
46	7.	14/15	hr. min.

9. Birthplace Iowa (town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Silverware

FATHER
12. Name J. W. Hisely
13. Birthplace Creston Iowa

MOTHER
14. Maiden Name Unknown
15. Birthplace Iowa

16 (a) Informant Mrs Doris Hisely
(b) Address 549 W. Washington St

17 (a) Shipped (b) Date thereof 11/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chicago Ill.
Location Chicago Ill.

18 (a) Funeral directors F. B. Wippert + Son
(b) Address 1300 Eutaw Pl.

19 (a) NOV 13 1940 (b) Huntington Williams, M.D.
Date received by registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 8:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Williams Wright M.D.
Medical Examiner.
Date signed 11/12/40

M. D. B. 1268-9

M. D. B. 1268-9

74481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 74481

CERTIFICATE OF DEATH 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Booth St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME Cora Belle Hunley

(a) Residence: No. 2217 Booth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvanus Hunley

6. DATE OF BIRTH (month, day, year) May 7 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own-Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkton Md

FATHER

13. NAME Royston C. Bacgar

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Mitzel

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Alfred Squires

(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 14 1940

19. UNDERTAKER Easton Sons

(Address) Ellicott city

20. FILED 19

NOV 13 1940

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-12 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept-10 1940 to Nov-11 1940

I last saw her alive on Nov. 11 1940 Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF GALL BLADDER WITH METASTASIS TO LIVER

Date of onset Sept 1940

Other contributory causes of importance:

Name of operation Abdominal Exploration Date of Oct-24

What test confirmed diagnosis? SECTION Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Lufkin M. D.

(Address) 320 Cathedral St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 74482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74482 Registered No. [redacted]

Type [redacted]

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	9	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Rundel Sand Co.

FATHER
12. Name James L. Johnson
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary E. Brood
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Nellie Weyaugh
(b) Address 2707 Hugo St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location

18 (a) Funeral director M C Lyfer
(b) Address 1600 W. Fifth ave

NOV 13 1940 Huntington Williams M.D. (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1940, at 10 15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Pneumonia, bilateral	
Due to: Fracture of right tibia and fibula	
Due to:	
Other Conditions: nil (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-2-40
(c) Where did injury occur? 1613 Eutaw St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury struck by auto while crossing street

23. Signature W. H. Wallenmeyer M.D. Medical Examiner.
Date signed 11-11-40

VS 6

F 74483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 74483

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 W. Conway St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ● years

3 (a) FULL NAME Walter Green (58516)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-9053

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1890

8. AGE Years	Months	Days	If less than one day
50	6	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Armsted Green
13. Birthplace Va.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 15 40 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Balto.

18 (a) Funeral director Walter B. Pugh & Sons
(b) Address 1394 Hanover St.

(c) NOV 13 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1940, at 11:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19, 1940, to Nov. 8, 1940, and that I last saw him alive on Nov. 8, 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis	1yr
Due to Pulmonary tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 11-9-40

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-W

Registered No. 59835

F 74484

F 74484

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Greenmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Zeep (C. Zepp)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Wm.
13. Birthplace Md.

MOTHER
14. Maiden Name Mgt. Bolling
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Mary M. Woodside
(b) Address

NOV 13 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/40 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1940 to 11/11 1940 and that I last saw h[illegible] alive on 11/11 1940.

Immediate cause of death: Hypernephroma of kidney & metastases — Duration: 2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney W. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 11/12/40

74485 59245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

Registered No. F 74485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 W. Lee St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allen Bruton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Carmilla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-1880

8. AGE: Years	Months	Days	If less than one day
59	10 20	20	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Calvin
13. Birthplace Va.

MOTHER
14. Maiden Name Lydia Rush
15. Birthplace S. C.

16 (a) Informant B. V. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 15 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.Co. Md.
18 (a) Funeral director Isaiah L. Brown Son
(b) Address 1086 W. Pratt Street
NOV 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1940, at 9:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1940, to 11-12 1940.
and that I last saw h/ alive on 11-12 1940.

Immediate cause of death Uremic Retention

Duration

Due to Peripheral Neuritis
Due to Carcinoma of Prostate
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ca of prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address Balto. City Hosp. Date signed 11-12-40

F 74486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-N F 74486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 S. Washington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Stanislawa Smidt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Smidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1, 1882

8. AGE: Years	Months	Days	If less than one day
58		9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrzej Smiglewski
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina Chojnacka
15. Birthplace Poland

16 (a) Informant Frank Smidt
(b) Address 227 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director W. F. Sadowski & Son
(b) Address 1808 Eastern Avenue

NOV 13 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1940, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1940, to Nov 10 1940, and that I last saw h Σ alive on Nov 10 1940.

Immediate cause of death Myocardial Failure — Duration

Due to

Due to

Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Leach M. D.
Address 1765 Pattison St. Date signed Nov 12

VS 2

Please write the causes of death clearly and legibly. Physicians: please write as carefully as possible. The information should be carefully supplied. The

4487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 74487

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 N. Lakewood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Bauernschub

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Andrew Bauernschub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6 - 1880

8. AGE: Years	Months	Days	If less than one day
60	2	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Wolb
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Andrew J. Bauernschub
(b) Address 614 N Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director John A. Miller
(b) Address 2134 Jefferson St

19. Date rec'd by registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 11 1940, at 9.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30 1940 to 11-11 1940, and that I last saw her alive on 11-11 1940.

Immediate cause of death	Duration
Acute Cardiac dilatation	
Due to Lobar pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address 1 Jos Date signed

Please write the causes of death clearly and legibly. Certainty supplied.

4488

F 74488
3 & 31 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 74488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Greenbelt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Crescent Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Walsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sally

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-16

8. AGE: Years	Months	Days	If less than one day
24	7	4	hr. min.

9. Birthplace New York
(town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Benjamin Walsky
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Erkus
15. Birthplace Austria

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 11-13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Beth-David
Location Long Island N.Y.

18 (a) Funeral director John D. Mildrillon
(b) Address 1000 Eutaw Place

19 NOV 13 1940 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 2.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to Nov 12 1940, and that I last saw him alive on Nov 12 1940.

Immediate cause of death	Duration
Pulmonary embolism or Coronary occlusion	
Due to Post-operative Spinal fusion	
Due to	
Other Conditions Spondylolisthesis	over

(Include pregnancy within 3 months of death)

Major findings:
Of operation Spondylolisthesis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Everett D. Bugg
Address Johns Hopkins Hosp. Date signed 11/13/40

VS 3

11 30

74489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 N Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town write RURAL and give town)
(d) Street No. 607 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Fader

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Helen Fader

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 19

8. AGE: Years 36 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Robert E. Fader

13. Birthplace Balto.

MOTHER 14. Maiden Name Florence Vogler

15. Birthplace Balto.

16 (a) Informant Florence Fader

(b) Address 607 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/40 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem.

Location Balto. & North Ave.

18 (a) Funeral director Wm. G. Miller

(b) Address 2334 Jefferson St.

19 (a) NOV 13 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940 at 7:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Stelzich M.D. Medical Examiner.

Date signed 11/13/40

Please write the causes of death clearly and legibly. Physicians: please state, as expertly important, the duration of each cause or condition should be carefully supplied.

74490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B ✓

Registered No. F 74490

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 161 W Bramwell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 161 W. Bramwell (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H Klebe

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Klebe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1853

8. AGE: Years 87 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Retired Cabinet

11. Industry or business Maker

FATHER
12. Name Peter Klebe
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Brach
15. Birthplace Germany

16 (a) Informant Adam J. Klebe Jr.
(b) Address 161 W Bramwell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location W. Baltimore & Fulton Aves

18 (a) Funeral director Wm H Holland & Evans
(b) Address 1400 Druid Hill Ave

19 NOV 13 1940 Huntington Williams M.D.
(Date rec'd by Registrar) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/8/40 19 to 11/12/ 1940.
and that I last saw him alive on 11/11/ 1940.

Immediate cause of death: Sarcoma involving left frontal region of skull — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 H anover St Date signed 11/13/ 1940

Fred K. Douglas Custis 13-3 ✓

F 74491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 W. Mulberry St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sgt. Douglas Custis ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-16-4030

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Carrie Custis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17th 1904

8. AGE: Years 36 | Months 7 | Days 24 26 | If less than one day hr. min.

9. Birthplace Accomack County, Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jacob Custis
13. Birthplace Acco. Co. Va

MOTHER
14. Maiden Name Elizabeth Bundick
15. Birthplace Acco. Co. Va

16 (a) Informant Mary Jane Cust.
(b) Address Metompkin Va

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11, 17, 40 (month) (day) (year)

(c) Cemetery or crematory Metompkin Va
Location Metompkin, Va

18 (a) Funeral director Edgar Thomas
(b) Address Accomac, Va

NOV 13 1940 (Date rec'd by registrar)

(a) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/40 19 at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16/40 19 to 10/27/40 and that I last saw him alive on 10/27/40.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
Three years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Whitelock
Address 524 E. Cary Date signed 11/13/40

NOTE—Especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

39228 JS

74492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 74492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Marion Kay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Essie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-1881

8. AGE: Years	Months	Days	If less than one day
59	0	24	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Westley
13. Birthplace S. C.

MOTHER
14. Maiden Name Louise Jane Smith
15. Birthplace S. C.

16 (a) Informant B. V. S. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-16-40 (month) (day) (year)
(c) Cemetery or crematory
Location Charleston S. C.

18 (a) Funeral director John E. Miller Sons
(b) Address 1435 E. Oliver St

NOV 13 1940

(Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12- 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22- 1938, to 11-12- 1940, and that I last saw him alive on 11-12- 1940.

Immediate cause of death Bronchopneumonia — Duration 1 day
Due to Gen. A-S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 11-13-40 M. D.

VS 3

F 74493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 74493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4303 Hanford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Hanford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Hannah Jane (Jennie) Weidemann

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married, widowed, or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Charles F.

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Nov 26 1854

8. AGE: Years	Months	Days	If less than one day
85	11	17	..... hr. ..... min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business: Self

FATHER
12. Name: Richard Bonn
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Harriett Rissig
15. Birthplace: "

16. (a) Informant: Hattie Fehler
(b) Address: 4303 Hanford Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 127 St Paul st

19 (a) ..... (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)
NOV 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13th 1940, at 1/45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1940, to Nov. 13 1940, and that I last saw h[er] alive on Nov. 13 1940.

Immediate cause of death: Carcinoma of breast — Duration

Due to: Lung. —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Radium Sulf Implant for Carcinoma breast 3 wks ago
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible]

Address 122 Sager Ave, Balto Md Date signed 11.3.40 M. D.

385688 74494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370 F 74494 Registered No.

Please write the causes of death clearly and legibly. The physician's signature must be entered on the certificate when it is currently supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Frick

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-05-4860

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Sing'l

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-74

8. AGE: Years	Months	Days	If less than one day
66	5	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. R. R.

FATHER
12. Name Edward Fick
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Ward
15. Birthplace Cecil Co Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Entombment (b) Date thereof 11/16/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Mausoleum
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 14 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940, at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1940, to 11-13 1940, and that I last saw him alive on 11-13 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	?
Due to Uremia x Coma Paralysis	?
Bronchopneumonia	?
Due to	
Other Conditions Benign Prostatic Hypertrophy	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign Prostatic Hypertrophy
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl E. Burkland M. D.
Address Johns Hopkins Hospital Date signed 11/13/40

F 74495

BALTIMORE CITY HEALTH DEPARTMENT 1636

CERTIFICATE OF DEATH

F 74495 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Winifred M. Dent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Walter P. Dent Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1888

8. AGE: Years 52 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Portsmouth Va. (Town, county, and state)

10. Usual Occupation Owner Operator

11. Industry or business Apartment House

FATHER
12. Name [illegible] Maupin
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Bond
15. Birthplace A. A. Co. Md.

16 (a) Informant Walter P. Dent Jr
(b) Address 2316 Harlem Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/15/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ All Saints
Location Oakley St. Marys Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Day of month) (b) Registrar

NOV 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940, at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Acute Fluoride poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11/13/40
(c) Where did injury occur? 508 N. Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Sodium fluoride by mouth

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 11/13/40

Please write the causes of death clearly and legibly. The information should be carefully supplied. Physicians: please

F 74496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 74496 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2415 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Hoffman

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5 1873

8. AGE: Years 67 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name John Krause
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Unknown
15. Birthplace Germany

16 (a) Informant Henry Hoffman
(b) Address 2415 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Jct Md

18 (a) Funeral director Tilhom Co
(b) Address 1219 E Fayette St

19 (a) NOV 14 1940 (Date rec'd by Registrar) (b) Huntington Tilhom Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 5:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1940 to Nov 12 1940 and that I last saw h alive on Nov 11 1940.

	Duration
Immediate cause of death Carcinoma of Rectum	6 mo
Due to Anemia	
Due to Metastases (Liver)	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Rectum.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Mengert M. D.
Address 1520 E 33rd St Date signed 11/14/40

IMPORTANT: Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 74497

387690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90-B Registered No.

F 74497

Please write the causes of death clearly and legibly. The information should be carefully supplied. Physicians: please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Heneman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifford C Yeagley

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-01

8. AGE: Years	Months	Days	If less than one day
39	3	25	hr. min.

9. Birthplace: Balto. Maryland (Town, county, and state)
10. Usual Occupation: Helper on Truck Beneath
11. Industry or business: Furniture Store

FATHER
12. Name: Martin Yeagley
13. Birthplace: Germany

MOTHER
14. Maiden Name: Maisy Fry
15. Birthplace: Penn

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (month) (day) (year)
(c) Cemetery or crematory: Balto.
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) NOV 14 1940 (Date received by registrar) (b) Huntington for Williams Hall (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1940 to Nov. 12 1940 and that I last saw him alive on Nov. 12 1940.

Immediate cause of death	Duration
Constriction pericarditis	ca. 7 yrs.
Due to: etiology not determined	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Dense pericardial & pleural adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: F. T. Billings Jr. M.D. M. D.
Address: J. H. Hospital Date signed 11-13-40

F 74498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 153

F 74498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & N. & Rutland Ave
(c) Hospital or institution: Lynn Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Woodland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN SHEIN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David I. Shein
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Samuel Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie ?
15. Birthplace Russia

16 (a) Informant David I. Shein
(b) Address 3201 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) Date received NOV 14 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1940 to 11-13 1940 and that I last saw her alive on 11-12 1940.

Immediate cause of death Uremia — Duration 4 weeks
Due to Lupus erythematosus disseminatus — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Lynn Hospital Date signed 11/13/40

F 74499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74499 Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2611 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Theatre Business

FATHER
12. Name Meyer Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie Gochrach
15. Birthplace Russia

16 (a) Informant Tom Goldberg
(b) Address 2611 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E. Baltimore St.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

NOV 14 1940 (a) (Date received by registrar) (b) Thomas J. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

3.45

20. DATE OF DEATH Nov. 12, 1940 at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 12 1940, and that I last saw h[illegible] alive on Nov 12 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Ch. Myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A L Goodstein M. D.
Address 733 Augusta St Date signed 11/13/40

F 74500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 74500 Registered No.

Write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Eastern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 4
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Elkton City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Frey
13. Birthplace Maryland

MOTHER
14. Maiden Name Mattie Wallace
15. Birthplace Md.

16 (a) Informant Records
(b) Address Mercy Hospital

17 (a) Burial (b) Date thereof Nov. 14th/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Frederick Md
Location Frederick Co. Md

18 (a) Funeral director Calvary O. Wilson
(b) Address 1000 Brantley Ave.

19 (a) Date received (b) Registrar

NOV 14 1940

Huntington Hollowell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940 at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Nov. 11 1940, and that I last saw her alive on Nov. 11 1940

Immediate cause of death Embolism

Due to Carcinoma of Cervix uteri

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ca. of cervix, embolism

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Freeman Jr. M. D.

Address Mercy Hosp. Date signed 11/13/40

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6/19 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #70775 AND ENDING WITH 74500 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Dorothy Booker

END OF REEL

KP 23607